A COMPARATIVE STUDY OF THE CHILD SUPPORT GRANT AND *BOLSA FAMÍLIA* CASH TRANSFER PROGRAMS IN SOUTH AFRICA AND BRAZIL

Francesca G. Reece

TC 660H
Plan II Honors Program
The University of Texas at Austin

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Wendy A. Hunter, PhD
Department of Government
Supervising Professor

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Raúl Madrid, PhD
Department of Government
Second Reader

Abstract

Author: Francesca G. Reece
Title: A Comparative Study of the Child Support Grant and *Bolsa Família* Cash Transfer Programs in South Africa and Brazil
Supervising Professor: Wendy A. Hunter, PhD

This thesis examines the *Bolsa Família* and Child Support Grant cash transfer programs in Brazil and South Africa along two aspects: children's educational attainment and health outputs. Drawing on available statistical information and impact studies by other scholars, metrics for the aspects above are analyzed to determine where and why adjustments to either program design or state capacity are needed to accomplish each program's respective goals. The primary conclusion for Brazil's *Bolsa Família* program is that—despite widespread and replicable successes within each aspect—numerous adjustments to program design are needed to standardize opportunities for success, particularly for participants in rural regions. For South Africa's Child Support Grant program, a major overhaul of state capacity is long overdue. Supply-side issues in program administration fundamentally disrupt the program and inhibit its goals attainment. Overall, Brazil's program provides a reliable and feasible model for South Africa and other countries to draw on when modifying the program design of their own cash transfer programs. However, without adequate state capacity for carrying out such changes, South Africa's program will continue to fall far short of the expectations set by Brazil's, revealing that the state capacity context into which cash transfer programs are introduced matters more for success or failure than mere program design. There are simply no easy fixes to the development issues cash transfer programs are designed to address.

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Table of Contents

Introduction

The Child Support Grant (from here, the CSG) and the *Bolsa Família* (from here, the *Bolsa*) are cash transfer programs in South Africa and Brazil, respectively. Cash transfers are a popular method employed by national governments to attempt immediate poverty alleviation and improve health and education outcomes for vulnerable populations over time. Many of these programs are conditional cash transfer programs (CCTs). They operate by guaranteeing the poorest population in the country a basic minimum income in exchange for fulfillment of certain human development benchmarks, usually involving children's health and educational attainment. While the immediate goal is poverty reduction, the end goal of cash transfer and CCT programs is to produce economic development by reaching a population that has never before met the human capital requirements needed for employment in the formal sector of the economy and uplifting them to become educated, healthy, and productive.

This thesis is an investigation of the efficacy of the CSG in South Africa and the *Bolsa* in Brazil along two aspects: children's educational attainment and health outputs. Drawing on statistical information and impact studies by other scholars, metrics for the aspects above are analyzed with reference to two primary arguments: one, that smart, effective program design can achieve cash transfer program goals in the short term and even offset poor administrative capacity to monitor, oversee, and refine the program; and two, that nevertheless, the underlying state capacity to support a large-scale social protection program is *the* key component of a cash transfer program's long-term success or failure. In addition to allowing for general conclusions to be drawn about the role of program design and state capacity in explaining the outcomes of South Africa's and Brazil's programs, this examination also suggests some modifications to both programs. The overall conclusion of this thesis is that there is simply no social protection

program which can easily "fix" the development problems which plague Brazil, South Africa, and other countries with similar demographics, histories, and development levels.

Research Design

It is critical to study the efficacy of cash transfer and conditional cash transfer programs for two interlinked reasons. First, many such programs constitute a significant portion of national budgets and international aid. For example, the World Bank has given more than $500 million in loans per year to the *Bolsa* program for some time. Any social program enjoying a high level of national and international investment should be designed and administered to maximum effect to justify diverting funds away from traditional social ministries such as education and health and/or not spending on other broad development programs. Second, analyzing programs across countries, and especially across continents, is worthwhile for determining the viability of a one-size-fits-all social program (if such a thing exists). Taking a program from one country and plonking it down in another could prove disastrous if socioeconomic and historical contexts are not accounted for. If a cash transfer program is going to be lauded as a model for the world by major development institutions, compelling, well-researched evidence for the feasibility of implementing the same program in another country is absolutely essential. Since large-scale, national programs like those covered in this thesis are relatively new (1990s-2000s), there is a current lacuna of cross-continental comparative research of this sort. This project aims to begin closing that gap.

South Africa and Brazil were selected for this project on the basis of the "most similar systems" research design. The two countries are similar in demographic makeup as well as development level; both are middle-income, middle-development, recently-democratized

countries. According to the CIA World Factbook, South Africa is considered a "middle-income emerging market with an abundant supply of natural resources" and "well-developed financial, legal, communications, energy, and transport sectors" (*The World Factbook* 2016-17). It is 80.9% black African, 8.8% mixed-race, 7.8% white, and 2.5% Indian/Asian. 66.4% of its population resides in urban areas, slightly less than Brazil's. It also has a declining population growth rate due to lower fertility rates, resulting in an aging population overall now that average life expectancy has mostly recovered from the AIDS epidemic of the mid-1960s. Median age is 27.4 years, and South Africa is judged to have failed to achieve meaningful economic dividends with its large working-age population due to persistent high unemployment (particularly for black youths) in the wake of apartheid, the global recession of 2008, and deaths from HIV/AIDS. Finally, because the political turmoil of the 1990s-2000s catalyzed a "brain drain", South Africa now suffers labor shortages in skilled jobs such the medical professions (*The World Factbook* 2016-17).

As for Brazil, the country is 47.7% white, 43.1% mulatto (mixed white and black), 7.6% black, 1.1% Asian, and approximately .4% indigenous. 86.6% of the total population of Brazil lives in urban areas. According to the Factbook, "more than half of Brazil's population is considered middle-class" (with incomes around the national average), but "poverty and income inequality levels remain high" especially for women, black, mixed-race, and indigenous peoples. These "disparities in opportunities foster social exclusion and contribute to Brazil's high crime rate," exacerbated by Brazil likewise not taking "full advantage of its large working-age population to [sufficiently] develop its human capital" despite the *Bolsa*'s successes (*The World Factbook* 2016-17). This could pose an even graver problem in the future, as the current favorable age structure in Brazil (median age of 32.4 years) is predicted to shift around 2025.

The elderly will come to compose a larger share of the Brazilian population over time due to fertility decline in the country since the 1960s and a high life expectancy of 74.3 years, potentially straining state resources for the elderly (*The World Factbook* 2016-17).

As this comparison demonstrates, despite the different historical causes of inequality within each country, the challenges to human development for South Africa and Brazil are similar. Additionally, by most measures, the countries are starting the state-run process of human development from similar demographic and economic positions. Superficially, this indicates the feasibility of using a similar cash transfer program model for both and refining each program's design using lessons from the other.

These programs were also selected for their stark differences. Quantitatively and qualitatively, Brazil's *Bolsa* is much more effective than the CSG in South Africa. The *Bolsa* has been studied as a model CCT program for more than forty countries across the developing world and has earned praise from organizations like the Center for Global Development, which likened it to a "magic bullet," and publications such as *The Economist*, which called it "a stunning success" (Tepperman 2017, 47). South Africa's CSG program has received no such praise and in fact is largely thought to be struggling to accomplish much meaningful progress, especially compared to Brazil's program. Therefore, these similarly-situated cash transfer programs together provide a strong basis for comparing two extremes of cash transfer program success and failure.

In all, the development levels of South Africa and Brazil demonstrate that their two cash transfer programs can be soundly compared as this project intends. Socioeconomic and demographic factors such as historical racial discrimination against the African-descended populations in both countries and the percentage of each population which is indigent (living on

less than 1 USD per day) will only be considered as causal insofar as they affect or are directly affected by the aspects of program design or state capacity under examination at any point. In other words, because the demographics, economies, and development levels of Brazil and South Africa are similar enough to not present any glaring causal issues or outsize effects on the arguments examined, this thesis project will solely focus on the state-level, bureaucratic aspects of the two programs described above to determine what influences program success and failure.

This project draws entirely on the substantial body of work published on the two programs by other scholars and institutions. These studies and reports will be read with a critical eye, with keen attention paid to research design, methodology, and year of publication to ensure a firm and coherent analysis can be conducted using the information pulled directly from these sources.

Central Arguments

This thesis is centered around two main arguments. The first concerns program design. Eligibility rules, monitoring and follow-up models, targeting of the participant population, manner in which the stipend is disbursed, and many more administrative and design aspects of CCTs affect their efficacy in terms of goals attainment (Kaknes 2019, 7). Brazil's program design strengths include well-reasoned and effective conditions of program participation, integrated on-the-ground services, and administrative decentralization to enable sensitive local care. Its program design weaknesses are primarily its broad eligibility criteria and poor method of monitoring. As for South Africa, its program design strengths are its methods of targeting the most at-risk participants for specialized services and its lack of formal conditions (for now). South Africa's program design weaknesses are a lack of institutional coordination and its poor

methods of increasing access to and communication about the CSG. Each of these strengths and weaknesses have been analyzed in assessments of these two programs by scholars and institutional studies over many years. Program design, then, clearly plays a major role in the first-order outcomes produced by the cash transfer programs in each country, and this thesis argues exactly how and why it makes a difference for program success or failure.

Underlying the argument about program design is a second, higher-order argument regarding the state capacity of Brazil as compared to South Africa. In this sense, state capacity means the ability of a state's institutions and civil personnel to deliver on their mandates and accomplish policy goals for the vast majority of the country's population. Both Brazil and South Africa score in the fourth quintile of the Brookings Institution's Index of State Weakness in the Developing World, again indicating their similar development levels (Rice and Patrick 2008). Yet, Brazil's social welfare measure is a full quintile higher than South Africa's, reflecting a much higher overall state capacity for delivering on the social protection needs of the most at-risk. This fact comes through strongly in the literature review to follow; Brazil's level of investment in infrastructure, its bureaucratic know-how, and its tradition of inclusive social program registration have all strongly influenced the formulation of the successful program design aspects mentioned above and play a major role in allowing the health and education aspects of the program to flourish. South Africa lacks anything even close to this strong state capacity. Its civil services, infrastructure, and capacity for monitoring program eligibility are comparatively dismal, severely undercutting nearly every aspect of its program design and especially limiting its education outcomes. However, there are some select areas of smart program design in South Africa which are mitigating the underlying failures of state capacity, and these will be addressed and expanded on in the sections below to clarify that program design

cannot be entirely subsumed under state capacity as responsible for cash transfer program success. Altogether, I argue that state capacity is the primary variable which influences cash transfer program success or failure, though program design has a strong, offsetting impact in some cases and thereby also merits attention and discussion.

As a caveat, it is important to note that, while Brazil is certainly a gold-star model of cash transfer program success, it is not entirely immune from some of the same failures of state capacity which plague program design outcomes in South Africa. For example, Brazil's state capacity differs remarkably *between* institutions within the country, with a number of key agencies (such as the Ministry of Social Development (MDS), which administers the *Bolsa*) regarded as world-class due to a history of adequate budgetary support and insulation from the clientelism and corruption rampant in Brazil (Sugiyama and Hunter 2013). At the same time, the infrastructure and educational institutions in Brazil are well known to be ridden with corruption and malfeasance with low overall capacity and high degrees of capture by politicians and other interest groups. (Bersch, Praça, and Taylor 2016; Sátyro and Cunha 2018). In addition, Brazil's education system, while expansive, is one of very poor overall quality. Examining these and other discrepancies in state capacity within the two countries as well as between them will help to further explain the successes and failures of the programs and suggest wider changes to national political and budget priorities.

The Programs: History, Structure, and Rationale

The establishment of cash transfer programs is grounded in the human capital theory of development. It holds that the most effective way to produce long-term human and economic development in a country is to increase access to education and technology for the poor,

especially through incentivization. Economic growth will occur over time as a young and educated workforce enters the competitive formal sector, contributing to the national economy and innovating using new technologies (Psacharopoulos 1988). Returns on primary education are especially high in terms of extra lifetime income and productivity gains due to literacy. Further, these gains are particularly pronounced for women and girls, a historically underdeveloped population across the world (Psacharopoulos 1988, 101). Thus, CCTs aim to intervene early in the lives of underprivileged children, encouraging their primary school attendance and physical health to maximize their long-term productive potential, promote future economic growth, and foster peace and political stability.

It is therefore well-established in human development theory that a causal factor for persistent, intergenerational poverty and low economic productivity is poor education (Psacharopoulos 1988). The poorest population of any country has less access to education due most often to a dearth of local, high-quality schools and educational resources as well as factors that inhibit attendance and learning such as food insecurity, risk of illness and disease, the need to use child labor for supplemental income, overall psychological distress related to financial difficulties, poor health, and/or a lack of parental and institutional support (Simoes and Sabates 2014, 154). CCT programs are expected to improve children's environments, support and learning conditions at home by compensating parents for the opportunity cost that would otherwise arise from children attending school rather than working (Simoes and Sabates 2014, 154). In keeping with the human capital theory of development, both the *Bolsa* and CSG monitor school attendance, encouraging participant children to become literate and learn crucial skills such as basic mathematics. This thesis will examine school enrollment and participation levels as well as data on grade promotion/grade repetition and dropout rates to determine the effects of

each program's design and state capacity on children's educational attainment in both countries. Attention will also be given to factors like racial and gender disparities and indicators of regional school quality, which could impact results and warrant special attention.

The CSG and the *Bolsa* also prioritize children's and maternal health to accomplish their human capital goals. The reason for this is twofold. One, the programs are designed to increase the probability that participant children live past infancy and attend school at lower risk of contracting or spreading illnesses that may interrupt their studies. Two, healthy children are better able to reach their full economic potential after their schooling by not suffering unduly from treatable conditions as well as by having more access to personal health information, hygiene products, and basic drugs. The *Bolsa* in particular prioritizes making healthcare more accessible for poor families by reducing monetary barriers to care such as doctor's fees as well as eliminating indirect costs like transportation expenses or planning for multiple follow-up visits (Skoufias, Lindert, and Shapiro 2010). To get a full picture of the impact of each country's CCT in this area, the specific health outputs examined in this thesis are vaccination rates, frequency of primary care checkups, and children's nutritional levels, with additional attention paid to access and supply issues relating to state capacity.

Finally, the method of intervention utilized by both the CSG and the *Bolsa* develops human capital in a more secondary way. By predominantly making the cash payouts to female heads-of-household in both countries, both programs contribute to women's empowerment through a variety of metrics. Aspects of greater financial independence for women can be measured by number of bank accounts newly opened by women, whether women in the programs are working outside the home more, and whether women report having more influence in household decision-making as a result of receiving the stipend (De Brauw et al. 2014; Patel,

Knijn, and Van Wel 2015). Greater autonomy for women can be examined through reports of domestic violence or spousal abuse and higher rates of contraceptive use (Thorpe 2017). Emotional and social development for women can be demonstrated through reports of positive mental health attitudes and the perception of increased agency over choices affecting livelihood, including feelings of state inclusion, pride, and solidarity amongst female beneficiaries of these programs (Sugiyama and Hunter 2014). Though not the primary audience of the cash transfer programs, participant women have experienced positive outputs for nearly all of these measures in both countries. This reveals that the human capital of the current generation of female beneficiaries is also being improved by these programs, a spillover effect discussed in passing in this thesis in conjunction with the first-order outcomes described above. This effect deserves further research.

As for specific program design, the CSG was introduced in 1998 to target the primary caregivers of any children under seven years of age living in conditions of extreme poverty. This age cut-off has increased over time to a maximum of age eighteen as of 2012. After ensuring that applicants had reported household incomes below the program's thresholds (at first $170 per month for rural applicants compared to $234 of urban applicants—substantially higher thresholds than in Brazil), South Africa's Department of Social Development (DSD) guaranteed a supplemental grant of approximately $21 per eligible child per month to contribute to the cost of proper education and healthcare for the child (Delany et al. 2008, 1). That amount is now approximately $35 per child per month and the minimum monthly income for eligible households has been standardized to no longer account for geographic region, but rather for marital status ($324 if single; $647 if married) (Patel et al. 2012, 5; Temin 2016, 155).

Unlike CCT programs like the *Bolsa*, participation in the CSG is not strictly conditional upon fulfillment of a set of basic human development requirements beyond a "soft conditionality" placed on education, wherein the school attendance of beneficiaries is monitored with no punitive action for truancy. Instead, the South African government uses the CSG program registry to link participants to other helpful information and services aimed at human development. Though the CSG does not force beneficiaries to do anything or use any particular service, this was not always the case. When the program was initially introduced, conditions of participation in other social protection programs and proof of immunization schedules were required, amongst others. However, all CSG conditions were soon done away with due to slow uptake and the inability of the participant population to fulfill them (Temin 2016, 152). Now, the CSG is simply viewed as a "gateway" referral program for registering and connecting South Africans to other social services such as school nutrition programs, foster-care grants, and adult basic education and financial training. This new aspect of its program design makes the CSG primarily an attempt to reduce poverty through a combination of social interventions, starting with an unconditional, supplemental grant designated for immediate poverty alleviation.

Since its introduction in 1994, the CSG has grown to cover more than 11 million children as of 2016, thought to be three-quarters of all eligible children nationwide (Temin 2016, 152).

Similarly, the *Bolsa* makes payments to the mothers of poor households if they and their children meet certain conditions. From the program's inception in 2003-2004, the primary target population of the program was the extreme poor, defined then as those making a monthly salary of $17 USD or less (PROJECT APPRAISAL DOCUMENT 2004, 2). This population generally has no conditions placed on its program participation since the additional cash may be critical as a sort of living wage for these participants. Conditions are introduced when the remaining

participants enter or fall into the category of "moderately poor," those making $17-34 USD monthly. Monthly payments of $5-33 USD per child (average amount $24 USD as of the program's inception) are then determined by individual household income level and makeup. These numbers have changed for inflation since 2004, with the "extreme poor" now being defined as those making $70 or less per month. There is no time limit placed on program participation except that children age out at seventeen years old (PROJECT APPRAISAL DOCUMENT 2004, 10).

Conditions of continued participation for the moderately poor include but are not limited to those in the below table pulled from Kathy Lindert, Anja Linder, Jason Hobbs, and Bénédicte De La Briére's 2007 World Bank Report "*The Nuts and Bolts of Brazil's Bolsa Família Program: Implementing Conditional Cash Transfers in a Decentralized Context*":

Table 3 – Menu of Bolsa Família Conditionalities

	Health Conditionalities	Education Conditionalities
Children	For all children ages 0-7 years old: • Vaccine schedules • Regular health check ups and growth monitoring of children	• Enroll all children ages 6-15 in school • Guarantee at least 85% minimum daily school attendance each month for all school-aged children
Women (pregnant or lactating)	• Pre-natal checkups • Post-natal checkups • Participate in educational health and nutrition seminars offered by local health teams	• (Parents) • If child misses school, inform the school of the reason • Inform the local BFP coordinator if the child moves schools

Similar to the CSG, the *Bolsa* program also offers participants access to a variety of optional, complementary human capital development services, including financial literacy education programs, job training programs, and several other poverty alleviation initiatives which fall under the umbrella of Brazil's Unified Registry for Social Programs (the *Cadastro Único*) (PROJECT APPRAISAL DOCUMENT 2004, 34). The *Cadastro Único* serves as the single national social registry for which all national social programs are designed and targeted,

including the *Bolsa* (Organization for Economic Cooperation and Development 2013, 130; hereafter OECD). It is very comprehensive and well-run.

Brazil's MDS monitors *Bolsa* compliance at the federal level, temporarily suspending benefits for conditionality violations until expulsion from the program for repeat offenders is justified. State-level governments oversee capacity building for the program and assist municipalities with identifying and entering families into the *Cadastro* registry so that they may be considered for eligibility for all social programs, including the *Bolsa* (OECD 2013, 130). Since its introduction in 2004, the *Bolsa* has ballooned to cover 13.8 million Brazilian households and lifted an estimated twenty-two million people out of extreme poverty in the country. This makes it the largest and most successful program of its kind in the world.

In sum, the CSG and the *Bolsa* both draw on human capital theory and proven poverty reduction techniques in their designs, including determining the conditions and/or linked services for participants. Based on human capital theory, one would expect to immediately see an increase in primary and secondary school enrollment across the two countries, higher rates of vaccinations and health checkups with lower rates of malnourishment, and growth in indicators of women's empowerment. Over time, the theory predicts a higher proportion of the South African and Brazilian populations entering the workforce as well as increased average wages and GDP due to higher literacy rates, fewer health-related interruptions to productivity, and increased technological skills.

Based on these expectations, this project sets out to examine the successes and shortcomings of the CSG in South Africa and the *Bolsa* in Brazil, comparing metrics for the aspects described above and determining where and why modifications to either program design or state capacity are needed to better accomplish each program's human development goals. This

thesis ultimately concludes that state capacity is the most important factor influencing cash transfer program success or failure, though program design can have some independent and off-setting effects. Countries without the supporting infrastructure for large-scale cash transfer programs like the CSG must first build capacity in both government administration and civil infrastructure before trying to adapt the Brazil model for their own needs (Hunter and Sugiyama 2017, 133). Yet, because investing in the state capacity needed for a robust cash transfer program is often financially and politically a tall order, this is often not a feasible prospect. Development institutions and national governments must realize that there simply is no easy fix for the social protection problems cash transfer programs help to address, and they cannot by themselves be the solution.

Section I: Children's Educational Progression

This section examines the impacts of the CSG and the *Bolsa* on educational attainment for children in South Africa and Brazil, comparing academic studies and official government reports to determine the outcomes of each program along the metrics of school enrollment, grade promotion and repetition rates, and dropout rates. It includes a discussion of the key differences underlying the two programs' educational outcomes, offering suggestions for adjustment and improvement to both program's designs as well as calling attention to shortcomings in state capacity in both countries, especially in South Africa. The failures of state capacity evident in this examination may be difficult or impossible to overcome without further investment in both country's national education systems to more equitably distribute the determinants of school quality and/or without narrowing of the target population of each cash transfer program.

I.1: Literature Review: CSG and Children's Education

The primary finding in this subsection is that the CSG shows some promise in increasing school enrollment and attendance. However, its effect on the very high nationwide rates of grade repetition and dropouts is indiscernible, though there are some tentative indications that it is changing the economic conditions and social attitudes which have historically contributed to students (especially girls) failing out of or leaving school. Therefore, the CSG is producing a mixed bag on these indicators of educational progress in South Africa. Underlying these mixed results are severe state capacity limitations on the education system and difficulty implementing evidence-based program design changes. A lacuna of literature on the second-order outcomes of the CSG, including educational outcomes, is complicating the process of refining program design. Further, persistent barriers to birth registration in hard-to-reach areas of the country

coupled with a struggling civil service sector overall reflect a larger failure of administrative capacity in the country, especially compared to Brazil. In all, without addressing the need for more institutional coordination, investment, and professionalization among South Africa's civil services and NGOs, it is difficult to imagine how changes to the design of the CSG could be undertaken any time soon.

School Enrollment and Attendance Levels

First, a 2011 evaluative research report by UNICEF, the South African Social Security Agency (SASSA), and the South African Department of Social Development (DSD) covers issues of access to the grant program, including barriers to education. This report is especially interesting in the context of a "soft conditionality" on education which was introduced in 2010 and requires school staff to report on the school attendance rates of CSG beneficiaries (UNICEF, SASSA, and DSD 2011, 66). Unlike they would for a formal condition, parents face no consequences for their child's poor school attendance; monitoring merely serves as information for the program's administrators. Though the research contained in this report was conducted too soon after the introduction of this soft conditionality for the authors discern whether it produced any effects on school attendance and enrollment in South Africa, this report highlights renewed interest in the 2010s in building out the educational outcomes of the CSG, perhaps through the introduction of conditionalities in the future.

Overall, the report issues the sweeping find that the CSG is associated with higher rates of school enrollment and attendance within South Africa (UNICEF, SASSA, DSD 2010, 8). It dives deeper into the educational effects of the cash transfer by zooming in on both economic and social reasons why children are more frequently absent from school and on how the CSG

seems to be effective at incentivizing attendance. Their findings are presented the below table, cut directly from the report:

Table 13 Why children miss days of school

Province	Locality U = Urban P = Peri-urban R = Rural	Lack of money and material things	Dislike school or laziness	Work outside of school	Take care of family members	Crime	Drug or alcohol use	Prostitution	To be with boyfriends/ girlfriends	Pregnancy	Peer pressure	Gangs	Home situation	Problems with teachers	No money for food	No money for uniforms	No money for school fees	Lack of transportation or money for transportation
Gauteng	Shoshanguve (U)	•	•			•	•	•							•	•		•
	Lenasia (U)	•			•	•					•		•		•	•		•
	Meyerton (P)	•	•			•	•				•		•		•	•		
Limpopo	Seshego (P)	•	•			•	•				•		•					•
	Groothoek (R)	•				•					•				•	•		•
	Moletije (R)	•		•			•				•	•	•	•	•	•		•
KwaZulu-Natal	Umlazi (U)	•	•				•				•	•			•	•		
	Izingolweni (P)	•	•	•	•		•											
	Merrivale (R)	•	•		•		•		•		•	•			•	•		•
Eastern Cape	Port Elizabeth (U)	•		•	•					•		•	•	•	•		•	
	Engcobo (R)	•	•	•			•		•		•		•	•	•			
	Umtata (P)	•					•				•		•	•	•		•	•
	TOTAL	12	7	4	4	5	9	1	2	1	9	4	7	4	10	7	2	7

Source: DSD, SASSA, and UNICEF 2011, 51.

While this table conveys the range of broad, community-specific factors for poor school attendance and indicates which regions face particular challenges, it is the frequency with which those factors were raised amongst those surveyed which permits helpful, generalizable conclusions to be drawn. Though "lack of money and material things" was a concern voiced in all communities, the issues raised most often across all provinces were, in order, illness, laziness/not feeling like going to school, drugs and alcohol, and a lack of sufficient food (DSD, SASSA, and UNICEF 2011, 52). Poverty underlies many of these economic reasons for poor attendance as well as some others included in the table above, such as all fees associated with

school attendance and the need to provide care for other family members. This information indicates that the CSG program has the potential to cover these relatively small expenses and dramatically increase educational retention if properly designed and implemented on the state and local levels (DSD, SASSA, and UNICEF 2011, 4).

On the more complex subject of the myriad social causes of low school attendance, "peer pressure", as in to just hang out, was cited as a reason for missing school in almost every community listed in the table above. Though this factor is less clearly linked to underlying poverty, the authors detail numerous instances in which surveyed participants described children being bullied by and feeling jealousy toward richer classmates for the quality of their clothes or their ability to afford school lunches (DSD, SASSA, and UNICEF 2011, 58). Further, teenagers are especially thought to be prone to alcohol, drug use, and crime in some of the lowest-income communities in South Africa, a pattern which surveyed school officials attributed to "difficult home situations and resulting stress", absent parents, and typical teenage rebellion (DSD, SASSA, and UNICEF 2011, 58). These clearly are all also consequences of living in conditions of poverty, allowing them to be viewed as economic causes of low attendance as well.

Though this speculation is useful, unfortunately for this project, this 2011 report lacks hard data on exactly how much the CSG impacts school enrollment and attendance. It likely lacks this information because the school attendance monitoring system in South Africa was too poor to be reliable at the time this research was conducted. Therefore, the authors rely on independent outside research and theorizing based on their survey results to support their claim that the CSG has increased school enrollment overall and has the potential to increase school attendance rates in the long-run by mitigating some of the main factors contributing to poor attendance through poverty alleviation (DSD, SASSA, and UNICEF 2011, 8).

Because the exact effect of the program on attendance and enrollment needs clarification, the report issues a few recommendations for South Africa to expand this category of positive CSG impacts: implement, first and foremost, better systems for monitoring attendance, then look to increase enrollment in or implement more educational interventions and programs. The authors believe these could include "involving social workers and psychologists" in schools or providing "free transportation through school buses." These suggestions imply that the government needs to expand the capacity and professionalization of the South African education system to increase the positive CSG outcomes in this area (DSD, SASSA, and UNICEF 2011, 4).

This need grows more apparent when the report authors concur with interviewed school staff members and community leaders in their rejection of any formal educational condition being introduced to CSG participation. The reasons these educational leaders and scholars oppose making the CSG formally conditional are: (1) taking the grant away from children because of poor school attendance could exacerbate the economic factors contributing to it in the first place, (2) the primary school enrollment rate was already very high in South Africa prior to the introduction of the soft conditionality, indicating no further incentivization is needed (a sentiment echoed in Fultz and Francis 2013, 22), and (3) the capacity of state agencies to fully monitor any attendance condition is much too low for such a major change to program design to be feasible (at least as of the time the research was conducted) (DSD, SASSA, and UNICEF 2011, 7; Temin 2016, 153). The authors lament this reality because, in almost half of the surveyed communities, participants "expressed the need for government involvement in keeping children in school" and listed services they believed the government should provide to this end but is unable to (DSD, SASSA, and UNICEF 2011, 66). This report proves, then, to be a scathing assessment of the social protection capability of the South African state in relation to

schooling and implies that state capacity changes must precede program design changes in the area of education.

For added clarity, a report published two years later by researchers at the Centre for Social Development in Africa at the University of Johannesburg contains statistical information about school enrollment and attendance within the 10th "most deprived" ward in Johannesburg, Doornkop. Of the 10% of 3,500 households with children surveyed, 73.5% of resident children attended school regularly, with almost universal enrollment among children ages 6-15 (Patel et al. 2012, 30). This squares with the national total: 88.8% of school-aged children enrolled in the CSG were observed to attend school regularly according to official government records gathered in 2012 from the soft attendance conditionality reports. As for reasons negatively impacting school attendance within Doornkop, as in the above 2011 report, "a lack of access to food at school," "uniforms" and difficulties with "transport" were the main culprits (Patel et al. 2012, 33).

While the authors acknowledge the laudable statistics stated above and express concern over the factors contributing to truancy, to posit ideas for continuous improvement in children's education they also turn to the larger question of how constraints on state capacity in South Africa are eroding the value of the CSG as a whole. Within Doornkop specifically, recipients reportedly spent much of their grant money on public services and necessities which should be freely available to all CSG-eligible families, but which are either not available or accessible to many due to "inefficiencies in service delivery". These necessities include school fees, uniforms, access to health services, and food for consumption at school due to short supply in school nutrition programs (Patel et al. 2012, 23). For example, 64.9% of beneficiaries reported using some CSG grant money to pay for school fees and uniforms despite how (1) children who

receive a national grant are legally exempt from paying school fees and (2) the DSD provides free school uniforms within Doornkop (Patel et al. 2012, 21). Yet, 16.5% of CSG children in surveyed households had no school uniform at all. Arguing that the high proportion of beneficiaries who reported spending at least some of the CSG money on goods and services supposedly provided at no cost indicates an underlying failure of communication and program planning on behalf of the CSG administrators within the Johannesburg area, the report authors assert that public service agencies and NGOs within South Africa must undertake efforts to work more in concert with each other if they ever hope to strategically optimize the benefits the CSG could yield in the area of education (Patel et al. 2012, 23). Unfortunately, the authors acknowledge that this suggestion is really only feasible in a large city like Johannesburg, which at this time was rolling out a large, thorough "social package" including free water, electricity, and sanitation services for all CSG recipients (Patel et al. 2012, 39). Whether this project could feasibly extend to other, more rural localities is unclear and, therefore, appears to come down to overall state capacity—a question these authors do not engage with further.

Grade Promotion and Repetition

The aforementioned 2012 study from the Centre for Social Development in Africa also covers grade promotion and repetition. In their sample, the rate of grade repetition among CSG children versus non-beneficiaries was about the same at a very high 25% (Patel et al. 2012, 30). This statistic is consistent with the high national average, highlighting how failure to progress in school is a serious issue within the poorest areas of South Africa in particular. The authors argue that not only does a student's failure to advance in school increase his risk of dropping out, but it also feeds a cycle of continuing inequality in household expenditures, parental education levels,

and children's education levels among racial groups, as black South African children overwhelmingly suffer the consequences of limited resources at home and school compared to white children (Patel et al. 2012, 30). This is the very intergenerational cycle of poverty cash transfer programs like the CSG intend to break, and it is not proving effective at doing so.

A 2012 impact assessment also from the DSD, SASSA, and UNICEF gives more information on the high rates of grade repetition and glaring disparities in educational attainment within South Africa. Their survey found that 37% of all respondent children had repeated a grade (DSD, SASSA, and UNICEF 2012, 84). 21.5% of children across grades 1-4 had repeated one grade, with another 5.8% having repeated two or more grades even at this very young age (DSD, SASSA, and UNICEF 2012, 52). There is also a stark gender difference in favor of females: 32.6% of all boys surveyed repeated at least one grade as compared to 20.9% of girls (DSD, SASSA, and UNICEF 2012, 52). This observed higher likelihood for boys of all ages to repeat a grade corresponds to national grade attainment statistics, with girls in South Africa obtaining .26 more years of schooling on average (52). These numbers are unacceptably high.

Interestingly, as with the "cash-effect" described below in the findings of Simoes and Sabates on the *Bolsa*, this 2012 report found a correlation between earlier receipt of the CSG (before age six) and both (1) earlier entry into school and (2) completing more school. Children in surveyed households who were enrolled in the program in very early childhood (around 0-2 years) were found to be 12.5-14.8% less likely to delay entry into primary school compared to beneficiaries enrolled in the CSG in later childhood (around or after about age 5) (DSD, SASSA, and UNICEF 2012, 53). This positive effect is especially pronounced for girls and for children whose mothers completed less than eight grades, reflecting the premium cash transfers often place on educating female children rather than relegating them to roles as caretakers and domestic workers. Girls

who received the CSG in early childhood even demonstrated better grade performance in math and reading than their peers which received the grant later or not at all (Fultz and Francis 2013, 22).

However, there was no observed correlation for the "time-effect" Simoes and Sabates describe for Brazil; the number of years a child was enrolled in the CSG while in school had no effect on his grade promotion or attainment rates. In fact, the researchers find no statistically significant impact of early CSG receipt once children are enrolled in school. The grant simply seems to induce some beneficiaries into school earlier, likely by reducing the costs of school enrollment and the purchasing of school supplies (DSD, SASSA, and UNICEF 2012, 56). Therefore, unlike in Brazil, earlier receipt of the CSG only affects *when* select subgroups of children start school and has null effects on their actual performance.

This finding, as well as the shockingly high grade repetition rate, speaks to a larger problem with quality of the South African education system. The overall educational infrastructure in South Africa is inconsistent and unequal to the point of being labeled a "crisis" (Yates 2018) Funding backlogs and poor government planning have left as many as 269 schools in rural and impoverished areas without electricity, and many others lack basic services such as piped water (7,816) and sanitation facilities (37) (Yates 2018, Gibberd 2007). Meanwhile, schools that were predominantly white under apartheid are well-provided with not only safe facilities but additional resources like fully-stocked laboratories and irrigated sports fields (Gibberd 2007, 1). Certainly, failure to reform the education system is exacerbating the educational barriers vulnerable populations like those enrolled in the CSG already face. This strongly suggests that South Africa's state capacity is hindering the potential positive impacts of the CSG's on the educational aspects examined in this project and forcing the CSG to fall short of its purpose.

Dropout Rates

The following table is also pulled directly from the 2011 UNICEF, SASSA, and DSD report cited above:

Table 15 Why children drop out of school

Province	Locality U = Urban P = Peri-urban R = Rural	Lack of money and material things	Dislike school or laziness	Work outside of school	Take care of family members	Crime	Drug or alcohol use	Older men	Prostitution	To be with boyfriends or girlfriends	Held back or failed	Pregnancy	Peer pressure	Gangs	Abuse	Home situation	Problems with teachers	No money for food	No money for uniforms	No money for school fees	Orphaned
Gauteng	Shoshanguve (U)	•		•		•	•	•		•	•	•	•			•	•	•			
	Lenasia (U)	•	•		•	•	•	•		•	•	•	•			•			•		
	Meyerton (P)	•	•	•	•	•	•			•		•	•			•	•	•			•
Limpopo	Seshego (P)	•		•			•	•		•	•	•	•			•		•	•	•	
	Groothoek (R)	•				•	•			•	•	•	•			•		•	•		
	Moletije (R)	•	•	•	•	•	•	•		•	•	•	•	•		•		•	•	•	
KwaZulu-Natal	Umlazi (U)	•			•	•	•			•	•	•	•	•	•	•	•	•			•
	Izingolweni (P)	•		•		•	•	•				•	•		•	•			•		
	Merrivale (R)	•	•	•		•	•			•		•	•	•	•	•	•	•	•		•
Eastern Cape	Port Elizabeth (U)	•	•	•		•	•			•	•	•	•	•		•		•	•		
	Engcobo (R)	•		•	•		•			•	•	•	•			•	•	•	•	•	
	Umtata (P)	•	•	•			•		•	•	•	•	•		•	•	•		•	•	
TOTAL		12	6	9	5	9	12	5	1	11	9	12	12	4	4	12	6	9	9	4	3

Source: DSD, SASSA, and UNICEF 2011, 54.

As shown, the most frequent reasons parents gave for their children dropping out of school are economic in nature: school fees, uniforms, and transportation again come into the picture as prohibitive, just as they were for school attendance. The authors of this report therefore reiterate their argument that many of the dropout factors that are more social in

nature—such as involvement with significant others, crime, and pregnancy—are also caused by underlying poverty and the need to work for income rather than attend school as a teenager (DSD, SASSA, and UNICEF 2011, 4). Therefore, by the same reasoning summarized above, the authors underscore how the CSG seems effective at inducing more children to stay in school not only by offsetting the need to work for additional income or assist with responsibilities within the home, but also by reducing the economic and social pressures that stem from conditions of poverty and increase the school dropout rate.

One issue worth further consideration for its effect on school dropout rates is teen pregnancy. Pregnancy was mentioned in all 12 surveyed communities as a dominant reason why girls (and boys, though to a far lesser extent) drop out of school. Though the obvious economic pressures—that the need to care and provide for an infant prohibits young parents from attending school—certainly factored into decisions to dropout, the authors point out that social pressures appeared to play an equal or greater part in decisions to drop out due to pregnancy. According to surveyed female CSG beneficiaries, many girls drop out because they are embarrassed about being pregnant or because of social repercussions and the conflict at home caused by pregnancy, including being kicked out of the house (DSD, SASSA, and UNICEF 2011, 61). Additionally, some schools expel pregnant female students and/or boys who impregnate girls simply because they do not want pregnant students setting an example for others or because the pregnancy resulted from an inappropriate teacher-student relationship. While the CSG could encourage girls who have babies to return to school by giving them additional money to pay for childcare, alleviating the social stigma against pregnant girls and addressing the economic reasons many pursue relationships with older men will almost certainly require more clever intervention by social workers, better sex education, and improved school resources and policies—an unlikely

proposition considering the state capacity concerns highlighted in every CSG impact assessment examined thus far (DSD, SASSA, and UNICEF 2011, 64).

For another perspective on this issue, Miriam Temin of The Brookings Institution researched the social opposition to pregnant teenage girls in South Africa in 2016. She describes how stigma against sexually-active young women bled over into early conservative political opposition to the CSG as a program, with many politicians asserting that the grant money encourages teenage girls to "breed" in order to be eligible for more money (Temin 2016, 155). This accusation came around the time of CSG rollout in the late 1990s when 40% of all pregnancies in South Africa were among teenage girls (Temin 2016, 152). Now, this charge has been unequivocally disproven. Temin summarizes how the CSG actually *reduces* risky adolescent behavior in beneficiaries, making recipient children more likely to abstain from sex by keeping them in school longer and alleviating pressure on girls to engage in transactional sex. This effect, in turn, has reduced teen pregnancy rates and the risk of HIV among young women (Temin 2016, 155-56). Thus, indirectly, the CSG appears to influence patterns of adolescent behavior and reduce instances of risky sexual behavior in and of itself without any corollary cultural changes or program design alterations (Kilburn et al. 2018). This promising result begs the question of how much more this effect could reduce the school dropout rate if direct intervention by CSG administrators and better sex education programs were integrated into the program's design. Certainly, more attention should be paid to proactive, rather than reactive, social interventions within schools to lower the dropout rate in South Africa, especially for girls.

Additional Findings of Note

One underlying problem with increasing school enrollment concerns the birth certification process in South Africa. Caregivers for eligible children must provide SASSA with a host of official documentation to be tested for program eligibility, including birth certificates for their children and national identification for themselves. Additionally, identity documents must be presented to enroll children in school. According to Temin's 2016 chapter, these requirements prevented more than one in four guardians from even applying to the CSG in 2008 (155). Since then, SASSA has introduced an online birth registration process and has begun to allow hospitals to issue certificates for children directly to eligible mothers after delivery rather than requiring travel to an off-site registry location (Temin 2016, 155). As a result, significant improvements in the birth registration rate have been observed in South Africa since 2008 and it is now considered a model for inclusive citizenship on the continent, with 95% of citizens now properly registered (up from under 25% in 1991) (Wong and Skead et al. 2016, 1).

However, despite this amazing success, the incentive of the CSG and the streamlined registration process have been insufficient to completely alleviate barriers to birth documentation in South Africa. Persistent barriers are posed by problems including but not limited to: fees associated with applying for documentation or for the grant program itself, cultural naming practices which prevent birth documentation for many months, penalty fees for late birth registration, a lack of internet and/or mobile phone access in some remote areas of the country, and, most significantly, inefficient communication from the government (Temin 2016; Wong and Skead et al. 2016, 30). SASSA recently introduced a free CSG advice phone line to complement its ongoing road shows, radio broadcasts, and school announcements and flyers aimed at spreading the word about the CSG and changes to its structure (Temin 2016, 156). Yet,

fixable cracks in the system of outreach remain, and the University of Toronto Reach Report on this subject concludes that South Africa's civil infrastructure is still not nearly advanced enough to address the most complex birth registration cases (Wong and Skead et al. 2016, 28). This state capacity issue will certainly continue to pose a problem for social service administration in the country with many consequences for human development and social inclusion. Additionally, as a result of this ongoing challenge, the CSG will continue to experience severe limitations in its targeting and expansion, limiting its positive educational outcomes through a ripple effect.

Limitations and Future Issues

Though the CSG imposes no formal conditions on recipients, means-testing and targeting the most at-risk populations within South Africa still poses a major problem for the government. As with the MDS in Brazil, SASSA was created in 2005 to administer social protection grants and oversee means-testing for eligibility. While SASSA has been credited with centralizing grant implementation, commissioning unbiased studies of the CSG, accounting for local contexts and cultures in government outreach efforts, and remaining independent from political forces in the country over the years (Academy of Science of South Africa 2016, 19; Temin 2016, 156), vulnerable children are still falling through the cracks in droves because of low state capacity for meeting the demands of the large eligible population (Temin 2016, 156; Wong and Skead et al. 2016). Taxation and economic growth have appropriately funded the CSG since its inception, but the program's reach, especially (and surprisingly) in large urban areas, is simply still not thorough nor strategic enough to bring some families most in need into the program. For example, around one-quarter of all eligible children are still not enrolled in the CSG because the program's information management system "is not nuanced enough to track specific groups of

eligible vulnerable children" (Temin 2016, 157). This serious, devastating issue is exacerbated by the state of South Africa's various social work agencies: social workers are too few in number and too overstretched to follow up with individual families already enrolled in the grant. Thereby, they cannot help potentially-eligible caregivers access the CSG or the other linked social programs in the way the CSG design intended, making it so that the program has hit an artificial ceiling in enrollment (Temin 2016, 156).

These severe limits on CSG administration are covered with specificity the Reach Report compiled by Joe Wong's team at the University of Toronto. As far as suggestions for improvement, the researchers first explain the need for South Africa to improve its state capacity by reducing variation in the quality of services and staff at birth registration points. Reports of discrimination and applicants being given misleading or incorrect information are common, including requests for additional but unnecessary documentation. As a result, frontline service remains poor in many areas already facing severe challenges, posing a disincentive or outright barrier to registration for the most at-risk (Wong and Skead et al. 2016, 28). This feeds the secondary problem of some families being forced to make multiple trips to complete the birth registration process. For those who must travel long distances, have trouble with access to transportation, or must take time off work, the cost of birth registration is quite high and can easily prove prohibitive. This especially affects the children of migrants and refugees born in South Africa; this huge subgroup faces the most onerous documentation requirements in the country and often face discrimination or fear of deportation at access points due to the politicization of illegal immigration in South Africa in recent years. As a result, many migrant families are "invisible" to the government, with their children unable to enjoy the CSG or other social services despite being citizens (Wong and Skead et al. 2016, 29).

Clearly, without addressing these severe structural issues in the process of even enrolling in the CSG, the program's human capital development goals will continue to be undercut by persistent inequality and destitution among a significant portion of the country's poor. Because almost all the rest of South Africa's social welfare programs are predicated on the success of CSG model, this limitation spells defeat for them as well and threatens the positive cost-benefit assessment summarized above if left unaddressed.

Lastly, an overarching limitation complicating both program design and state capacity changes to the CSG is the quantity and quality of research into the program. It seems to this author that the body of evidence-based, professional research on the impacts and reach of the CSG could be built out further despite the aforementioned praise for the independent studies commissioned by SASSA in the past. Most of the research on the CSG examined for this thesis is conducted by the same development institutions and/or scholars, creating concerns over whether an echo chamber is muddying results (especially because development institutions have an interest in seeing their investments pay off). Though a stronger South African civil society is certainly needed to implement the findings of any further research into the program's design and administration, it is unclear whether solutions-oriented research is being thoroughly conducted at this time except by some international organizations in conjunction with domestic institutions and by some independent scholars without much political force within the country's public policy apparatus. Perhaps better NGO coordination and a re-examination of the research agenda is needed in order to shed more light on the successes and failures of the CSG program, their causes, and potential solutions—especially a major state investment in the educational infrastructure and resources necessary for the CSG structure to succeed.

Conclusions and Suggestions

Because the underlying administrative challenges to the CSG are so pressing, the conclusions and suggestions presented here do not directly address the educational aspects in the section above but rather their contributing factors. First, Miriam Temin ties together the CSG's lack of formal conditionalities with its capacity and administration problems to suggest that one possible solution to the continued exclusion and maladroit educational outcomes could be simply universalizing the grant. Giving the CSG to all children and doing away with the means-testing, she argues, would reduce many barriers to access (such as lack of knowledge of the grant or no cash points in the areas at which to receive the transfer) as well as free up state employees to focus more on enrolling and linking recipients to other social services as the program design originally intended (Temin 2016, 157). This is an interesting argument. Rather than seeing a state capacity shortcoming and calling for the CSG to be more narrowly targeted to match the means the state has on hand, Temin sees expanding the program—which is already the largest social protection program in the country—as a viable solution in the realm of program design instead.

However, Temin's argument is misguided. Cash transfers are intended to solve the problems of intergenerational poverty and income inequality within developing countries. Though Temin accurately identifies some glaring state capacity problems hurting the CSG model, universalizing the program would put a mere band-aid on the festering wound of low state capacity for providing social protection in a country which desperately needs it. Incentivizing more students to enter into the dismal national education system which is leaving the most vulnerable behind the curve will not accomplish the CSG's purpose. Further, simply giving everyone more money but keeping the quality and quantity of public services the same would result in a country with the exact same amount of income inequality, just with a nominally

higher income per capita. Therefore, if anything, the scope of the grant should be *narrowed* so that extra money and state employees can be freed for building out the civil and social infrastructure desperately needed to enable long-term program success in education and other development areas. As the *Bolsa* model will illustrate in greater detail, universalizing the grant is not a proven means of success for long-term CCT goals. Instead, universalization would prove a handicap, especially in this case.

Second, to address the persistent problems surrounding birth registration, South Africa should use the momentum generated by its earlier efforts to streamline the birth registration process to further standardize staff training, procedures, and oversight at civil service access points. More integration with social service outreach personnel is necessary in order to identify and pursue the most challenging birth registration cases, as is hiring more social workers and support staff in key geographic areas. This represents a relatively simple ministerial capacity reform aimed at uncovering more proactive solutions to the local-level development challenges plaguing the CSG and social protection in the country as a whole.

This suggestion has already been piloted in some areas in South Africa with much success. For example, the very successful 2007 Integrated Community Registration Outreach Programme (ICROP) coordinated "one-stop" service delivery in key rural areas and produced positive outputs along a variety of metrics for the targeted communities (Wong and Skead et al. 2016, 18-19). Therefore, duplicating, refining, and expanding efforts to combine government and NGO manpower on the national level to reach excluded populations in cities and migrant camps with professional, integrated services—including birth registration—is an immediate requirement for South Africa's program. To this end, another relevant model is Brazil's *Cadastro Único.*

In any case, investment in capacity-building and infrastructure is an absolute must to maintain and grow the few positive outcomes, especially educational advances, produced thus far by the CSG. Absent state capacity reforms in the realm of education and in human security more broadly, the program's success will continue to be severely limited.

I.2: Literature Review: the *Bolsa* and Children's Education

The primary finding in this subsection is that while the *Bolsa* has indeed been successful at producing short-term impacts like increased enrollment and better school performance for the participant population—and especially for girls in rural areas and children ages 15-17—its long-term development outcomes are somewhat limited by the sheer number of people enrolled (program design) and by Brazil's inconsistent education infrastructure and low educational quality (state capacity). The Brazilian government should better target participation by narrowing eligibility or differentiating payouts along racial, gender, and/or locational lines if it hopes to reduce the persistent inequality inhibiting high-quality learning outcomes and amplifying existing achievement gaps. Additionally, Brazil should invest in the national education system to standardize determinants of school quality across the country. National investment in infrastructure for access in rural areas—particularly in the northeastern region—is also in order, as is focusing attention on the allocation and use of federal funds for education. This suggests that significant reforms beyond the CCT program are needed. However, while the state capacity for making these changes is present, the political will to address these issues underlying the *Bolsa* model is lacking.

School Enrollment and Attendance Levels

Alan De Brauw, Daniel O. Gilligan, John Hoddinott and Shalini Roy examine household data to determine the impact of the *Bolsa* on the education levels of children ages 6-17 (De Brauw et al. 2015, 304). They find that the *Bolsa* increases school participation by 8.2% amongst girls overall with the most significant positive effects concentrated for girls ages 15-17 in rural areas, who are 22.5 percent more likely to attend school if their families are enrolled in the program (De Brauw et al. 2015, 303). These significant findings are supported by the work of Paul Glewwe and Ana Lucia Kassouf (2012). Glewwe and Kassouf examine school census data and disaggregate results based on gender, location, school size, and participant race, adding useful demographic depth to their results. They find that for grades 1-4, schools with *Bolsa* students have 2.8% higher enrollment than schools with no participants (Glewwe and Kassouf 2012, 512). Additionally, they find that the *Bolsa* has more impact on enrollment in schools with more girls eligible to attend than boys, further reinforcing De Brauw et al.'s findings (Glewwe and Kassouf 2012, 513).

Glewwe and Kassouf additionally find that the *Bolsa*'s impacts on school enrollment are more limited in large schools than small, which they plausibly attribute to the fact that large schools are more likely to be located in urban areas and therefore have a higher enrollment percentage to begin with (Glewwe and Kassouf 2012, 513). The *Bolsa* also seems effective at equalizing enrollment by race, vastly increasing the school enrollment of black, *mulattos*, and indigenous children relative to white children (Glewwe and Kassouf 2012, 513). This of course is due in part to the already high enrollment rate among white children, who are generally not a target population of the *Bolsa* from a socioeconomic standpoint.

Lastly, in their chapter "Assessing the Bolsa Família: Successes, Shortcomings, and Unknowns," Wendy Hunter and Natasha Sugiyama cite a longitudinal study by the International Food Policy Research Institute which demonstrates a 4.5% increase in school attendance by beneficiary children compared with unenrolled children (Hunter and Sugiyama 2017, 143). This study also notes that this positive effect is most marked in the very poor northeastern region of Brazil, with older children (ages fifteen to seventeen) in the northeast increasing their attendance by a whopping 11.7% (Hunter and Sugiyama 2017, 143). Hunter and Sugiyama conclude that the *Bolsa*'s greater impact on school attendance among older children is due not only to "baseline attendance rates [already] being higher at the lower grades" than the higher grades because of higher secondary school dropout rates, but also to "the diminished control that parents tend to have over" older children who may want to leave school "absent the monetary incentive of staying" (Hunter and Sugiyama 2017, 143). This conclusion is supported by Jonathan Tepperman in *The Fix* when he claims that the number of children from the poorest regions of Brazil who work instead of attending school has fallen by 14 percent as a direct result of the *Bolsa* incentivizing teens to stay in school longer and have good attendance (Tepperman 2017, 42).

Grade Promotion and Repetition

Armando Amorim Simoes and Ricardo Sabates study improvements in school performance among fourth grade children in terms of "test scores" and "pass-grades" (Simoes and Sabates 2014, 151). Their study is unique because it evaluates the fourth-grade class in Brazil as a whole to determine the impact of the *Bolsa* and any spillover on the entire group of students rather than just on the subgroup of *Bolsa* participants. Simoes and Sabates find that the

proportion of beneficiaries in any given school is correlated with more students being promoted to the next grade as scheduled, with a higher number of *Bolsa* participants at any given public school correlating proportionally with fewer students overall repeating the fourth grade (Simoes and Sabates 2014, 158). The strongest results were once more found in the northeast region of Brazil, suggesting that the *Bolsa* is effectively reaching its education-related goals in the most socioeconomically-disadvantaged areas of the country where the majority of *Bolsa* participants reside (OECD 2013, 131). De Brauw et al. add the dimension of gender in support of these findings: on average, grade progression for girls enrolled in the *Bolsa* increased by 10.4% on average due to the program, with the largest increases seen among girls ages 15-17 in rural areas (De Brauw et al. 2015, 310).

Glewwe and Kassouf also find that for grades 1-4, schools with *Bolsa* students have a higher grade promotion rate (.9%) overall (Glewwe and Kassouf 2012, 512). The results are similar for grades 5-8, though the promotion rate increase for these grades is only one-third (.3%) that of grades 1-4. The authors attribute this to the fact that grade repetition for grades 5-8 was already low in Brazil prior to the *Bolsa* because students in this older age group are more likely to drop out of school altogether than to willingly repeat a grade, leaving less room for the promotion rate to increase to begin with and amplifying effects on the dropout rate (Glewwe and Kassouf 2012, 512). In attempting to account for the clear spillover effect onto non-participants, the authors note that, since roughly 1 of 3 of Brazilian children is a *Bolsa* beneficiary, the program's impacts on grade promotion and the other metrics for participants could be up to three times higher than is expressed by studying the whole population of children enrolled in public schools. This, if true, would be simply amazing, and overall these statistics for the whole group hint at the *Bolsa*'s superior reach and efficacy.

However, the findings in this study are not all positive for grade promotion. First, black, *mulatto* and indigenous students see less of an increase in grade promotion rates on average for their demographic groups across the country. The authors take this to mean that the *Bolsa*'s positive effects on grade promotion are more muted for these subgroups simply because these students—generally facing racial inequality and historical barriers to educational development in addition to economic barriers—tend to perform worse academically and repeat grades more often than their whiter peers, with or without the cash transfer (Glewwe and Kassouf 2012, 513). They therefore argue that the *Bolsa* could be failing to mitigate (if not outright amplifying) racial inequities in education in Brazil due to poor educational infrastructure and school quality in underprivileged areas as well as disparities in school resources based on geographical location (Glewwe and Kassouf 2012, 514). This important caveat to what are otherwise positive findings for this metric indicates that some state capacity issues are limiting the gains produced by the *Bolsa*'s effective program design. These require the government's prompt attention.

Dropout Rates

In their 2015 study, De Brauw et al. conclude that because of *Bolsa* participation, girls of all ages in rural areas are now less likely to drop out of school due to the premium the stipend places on their becoming educated rather used as domestic workers (De Brauw et al. 2015, 306). The only significant improvement for this metric the authors found for boys participating in the *Bolsa* was a 6.9% decrease in the dropout rate for those ages 15-17 living in urban areas (De Brauw et al 2015, 313). The authors attribute this to the *Bolsa* effectively reducing economic pressure on urban male participants to begin working formal jobs in their late teens or turn to criminal activity for extra income. Thus, the authors believe that the *Bolsa* is proving effective at

keeping vulnerable populations in school longer than they would stay in without the program due to economic and social pressures to drop out (De Brauw et al. 2015). This finding closely mirrors statistics published by the Brazilian Ministry for Social Development (MDS) in 2014: in early elementary school, the dropout rate is 1.5% for *Bolsa* participants compared to 1.8% for non-participants; in the final years of elementary, these statistics are 4.4% versus 4.8%, respectively; and in high school, 7.4% versus 11.3% respectively, with the northeast region seeing the largest, most notable discrepancy of a 7.7% dropout rate for beneficiaries versus 17.5% for nonbeneficiaries (Institute for Applied Economic Research 2014, 24). Clearly, the effect of the program on reducing school dropout rates, particularly for older children, should not be understated.

Finally, Glewwe and Kassouf discover that for grades 1-4 in particular, schools with *Bolsa* students have a lower dropout rate overall (Glewwe and Kassouf 2012, 512). A lower dropout rate is also observed in grades 5-8 at schools with participant children, though the authors again echo that this decrease is more muted because of a lingering need for young adults (and especially young males) to enter the labor market and begin earning income as soon as possible, a prospect which of course becomes more viable around ages 10-13 (Glewwe and Kassouf 2012, 512; Hunter and Sugiyama 2017, 143). Armando Amorim Simoes and Ricardo Sabates also find that fewer students drop out of school when the proportion of beneficiaries in any given school is higher, once again indicating clear spillover effects onto non-participants and showing that the program can uplift the whole of Brazil if smartly and equitably implemented (Simoes and Sabates 2014, 158).

Additional Findings of Note

First, De Brauw, et al. argue that the *Bolsa* appears to be affecting the gender gap in education, promoting girls' education by lowering the opportunity cost of all children, male or female, attending school regularly and for longer (De Brauw et al. 2015, 313). While this is overall a positive outcome, they conclude their study with a call for more research to be done on why the *Bolsa* is so much more successful at improving the school *performance* of girls. They contend that an "opposite gender gap" now exists in Brazil: policies that favor girls' education, though once useful when the female literacy rate was much lower, are now overly-favoring girls to the extent of being altogether unhelpful or even harmful to boys' education (De Brauw et al. 2015, 313). In seven Latin American countries including Brazil, female secondary school enrollment exceeded male enrollment as early as 2005 and, in all countries in the region, grade repetition for boys is higher than for girls (De Brauw et al 2015, 306). The authors take these findings to suggest that Brazil perhaps ought to pursue more gender-neutral human capital development policies by differentiating some of the *Bolsa*'s requirements based on gender. Their basic idea is to raise payouts for the most at-risk subgroups of participants, such as teenage males, to incentivize more active program participation. Ideas for accomplishing this include increasing the stipend amount for boys in the *Bolsa* once they reach working age or raising payouts across the board for children of all genders by cutting participants not considered at risk of dropping out of the program.[1] Such dramatic changes, however, could not even begin to be

[1] It would be *very* politically controversial to increase the CCT stipend for boys over girls in Brazil (to say the least). However, this idea is not altogether unheard of. Mexico's CCT *Prospera*—quite successful in its own right—increases the stipend amount for female children for each year of school attendance after the sixth grade. This aspect of program design was introduced into *Prospera* to offset a similar gender gap in secondary school education levels in Mexico. For more information, see Tamar Diana Wilson's 2015 article "Mexico's Rural Poor and Targeted Educational and Health Programs" in *Human Organization* 74.3: 207-16. doi: 10.17730/0018-7259-74.3.207

crafted without a more thorough understanding of the causes of the growing gender gap in favor of girls in schooling in Brazil specifically, reflecting a clear need for further research in this area.

Second, Simoes and Sabates identify what they term the "time-effect" and "cash-effect," which show that the longer children are enrolled in the *Bolsa* and the higher the average amount of the cash transfer per capita in their region, the better their performance in school (Simoes and Sabates 2014, 159). The cash effect applied to the South African case in both education and health as well. However, these findings are not without their limitations (Simoes and Sabates 2014, 164). The authors discover that the cash-effect and time-effect are only positively correlated with student performance in Brazil up to a certain critical point, after which the improvements level off. The maximum gain from cash transfer increments on test scores would theoretically materialize if increases in the stipend amount occurred at earliest stages of participation in the *Bolsa* (Simoes and Sabates 2014, 161). After three years, no benefit for test scores is expected from increases in the cash transfer amount. The threshold for the poorest *Bolsa* participants is even lower, at only two years (Simoes and Sabates 2014, 164). These findings give important insight into how the *Bolsa* incentivizes performance, and the authors use this information to suggest that the Brazilian government adjust the program's payout timeline to be skewed toward the first few months of participation, particularly for the poorest children in the *Bolsa*. Overall, it appears that receiving extra cash very early makes a significant difference in school performance and educational attainment in Brazil's *Bolsa*, consistent with theories of the effects of early intervention on childhood development.

Interestingly, Glewwe and Kassouf examine the *Bolsa*'s impacts on each of the education indicators and find that, contrary to Simoes and Sabates, positive impacts grow and accumulate for *Bolsa* participants over time as the cash transfer amount is scaled upward. In fact, they

discover that all of the impacts grow over time in each category except for grade promotion rates for grades 5-8, which again are already lower than for grades 1-4 to begin with due to outside pressures (Glewwe and Kassouf 2012, 513). However, Glewwe and Kassouf still identify a problem with this impact accumulation similar to that which Simoes and Sabates mention: at what point do the *Bolsa*'s benefits exceed its costs? Though the estimated impact of increased primary and secondary education on the national average wage predicts an eventual increase of about .8% of Brazil's GDP, Glewwe and Kassouf contend that when lowered returns on education, inflation over time, and the need to invest more public money in external costs like hiring teachers, investing in school resources, and building more infrastructure to facilitate the program are factored in, the long-term net economic gains from *Bolsa* are murky at best. Most significantly, the benefit of increased wages for participants when they enter the workforce may not exceed the opportunity cost of their long-term program participation because the injection of many skilled workers at once into a supply-limited job market may depress wages (Glewwe and Kassouf 2012, 516). The expected results of the *Bolsa*, then, may not ever materialize without severe cuts or some other dramatic reorganization of the program in the view of these authors.

Glewwe and Kassouf suggest one way to limit the program. They point out that since the increase in overall school enrollment due to the *Bolsa* was pretty good at 18% across the whole country, 82% of participants would have enrolled in school even without the program (Glewwe and Kassouf 2012, 516). This means that 82% of the stipend money essentially has no effect on school enrollment. Though they acknowledge the other benefits that come with the *Bolsa* (income distribution, child socialization), Glewwe and Kassouf take this result to suggest that to save a significant amount of money and increase its positive impacts, the program ought limit enrollment to those families which would not enroll their children in school without the program

(Glewwe and Kassouf 2012, 516). In other words, its design should be altered to cover depth for the most at-risk in Brazil over breadth, investing more money on developing the most at-risk, helpless people while cutting out millions who do not need the program other than for the cash. This would cut costs and alleviate economic pressure on the program, perhaps heading off some of the null economic effects described above (Glewwe and Kassouf 2012, 516).

However, the changes these authors and the others above describe are daunting in reality due to the political popularity of the program. This is the rub. Cutting back eligibility for what many now see as an entitlement would be political suicide as of this writing, no matter how well-researched. Politicians on the local, state and federal levels, especially former President Luiz Inácio Lula da Silva (commonly known as Lula), have enjoyed popularity across the political spectrum and even outright won previous elections due to the expansion of the *Bolsa*, as expansion both converts the political opposition and turns out traditional non-voters for the incumbents responsible for increasing access (Hunter and Power 2007; Layton and Smith 2015; Zucco Jr. 2013). To cut Brazilians out of the celebrated program would risk losing their votes. Further, it is almost impossible to imagine how to identify all families who would not enroll their children in school without the transfer; this is a counterfactual which cannot feasibly be tested. Therefore, the suggestion to dramatically cut participation would be a political non-starter among most elected officials if ever floated.

Further, more research is needed to determine the geographic distribution of the poorest or would-be poorest participants for the sake of refining program targeting, which begs a further question: could the MDS, which oversees administration of the *Bolsa,* even reach this subcategory of Brazilians if it knew where to find them? Joe Wong of the University of Toronto's Munk School of Global Affairs examines this issue at length in his team's Reach

Report for Brazil. The authors find that (1) the *Bolsa* is already about as well-targeted as a conditional cash transfer program of its size and scope could possibly be and (2) finding and reaching those Brazilians who do not participate in the *Bolsa* but should would be nearly impossible—unlike in South Africa. Without addresses, identity documents, or any way to have regular contact with the state, undertaking the effort to find and enroll those on the outermost fringes of Brazilian society would be akin to attempting to prove that something does not exist (Wong and Sim et al. 2016). This is not to say that eligibility for the program could not be narrowed, just that it would be extremely difficult to narrow for the sake of investing more in the poorest of the poor. Any reasonable program design changes to the *Bolsa*, then, likely must work within the current program design and state capacity framework as well as within the participant population already established if they are to be feasible and effective.

Limitations and Future Issues

First, these indicators say nothing about whether the education *Bolsa* recipients in Brazil receive is one of a high quality. Though higher literacy rates and other measurable outcomes may indicate an adequate supply of basic services and an expansion of educational access for students, these advancements are silent on the quality of the educational services offered. For example, though the *Bolsa* is certainly inducing more children into school in Brazil, "higher attendance rates say nothing about whether more learning takes place," and higher rates of grade promotion do not necessarily mean children are advancing in school by meeting objective indicators of a high-quality education (Hunter and Sugiyama 2017, 148). In fact, if anything can be definitively said, the quality of education in Brazil is extremely poor: Brazil is near the bottom of international ratings of educational achievement. Its PISA (Programme for

International Student Assessment) score is 395, placing it at number 63 of 70 countries scored in 2015-2016.[2] This is terrible.

As serious as this concern might be, it is somewhat alleviated by the numerous second-order benefits to having more at-risk children enrolled in school, such as increased socialization and lowered crime and teen pregnancy rates (which will be covered in more depth later in this thesis). In other words, quality education and somewhat high dropout and repetition rates aside, there is still a laudable achievement for the *Bolsa* in that it has induced millions more children into the primary education system in Brazil in the first place (Kaknes 2019, 5). This achievement should not be understated even if it is limited by constraining state capacity factors.

Nevertheless, these concerns over educational quality in Brazil are especially highlighted by persistent issues in monitoring the *Bolsa*'s education conditions. For tracking school attendance and student performance, the Brazilian state relies on schools to self-report. In 2004, only 55 percent of Brazil's public schools were regularly reporting their statistics, and the government suspended monitoring altogether (Tepperman 2017, 49). Political backlash encouraged former President Lula to oversee sweeping state capacity reforms and centralize the *Bolsa* administration under the new, highly technocratic MDS (Tepperman 2017, 50). Monitoring and program legitimacy greatly improved beginning in 2006 as a result of the reforms, but schools remain responsible to this day for reporting their schoolwide statistics and providing reasons why individual children may be out of compliance (Institute for Applied Economic Research 2014, 23). This model could be overwhelming for schools in impoverished and remote areas and certainly does not mitigate the possibility of school administrators falsifying information or otherwise engaging in corruption or fraud in order to receive praise or

[2] From http://www.oecd.org/pisa/data/.

benefits for having their students meet their conditions and advance measurably in school. Unfortunately, since the government struggles to keep up with monitoring these basic quantitative statistics, quality controls for the education conditions are likely a long way off. Brazil's education system will continue to fall far below international standards without immense investment in school infrastructure and the capacity of the national education ministry.

Second, the 2018 election of President Jair Bolsonaro could throw the future of the *Bolsa* into question. In their 2019 paper "Bolsonaro and Brazil's Illiberal Backlash," Wendy Hunter and Timothy J. Power describe how a severe economic downturn, the largest state corruption investigation in the world, and the fall of Lula as a presidential candidate and party leader seem to have given Bolsonaro a clear mandate to act on his extreme and largely illiberal agenda (Hunter and Power 2019). Anxiety over his anti-democratic rhetoric and "law and order" mindset is reflected in the voting patterns of the poor and very poor in Brazil. These income groups voted overwhelmingly for Bolsonaro's opponent Fernando Haddad, Lula's chosen successor and staunch defender of the *Bolsa* and other distributive social welfare programs and Power 2019, 74). Though Bolsonaro has not made any specific threats regarding the program at the time of this writing, the *Bolsa* is not an altogether unlikely target for his promises to crack down on corruption and fraud. Further, political pandering to Bolsonaro's richer base in the south and in large cities could exclude or outright harm the interests of the rural poor and other demographic groups that are most likely to be enrolled in the *Bolsa* (Hunter and Power 2019, 78). On the other hand, Bolsonaro could very well undertake some of the much-needed program design and infrastructure reforms described above, perhaps contracting the program in the short-term for the sake of salvaging its long-term trajectory. The tack he will ultimately decide to take on the *Bolsa*—if any at all—remains to be seen. As previously described, any action perceived as

outright exclusion from or harm to the program would be a political nightmare for any candidate (though Bolsonaro does not seem too concerned with optics at this juncture) (Zucco Jr. 2013).

Conclusions and Suggestions

In sum, the *Bolsa* has produced overwhelmingly positive impacts on children's education in Brazil in the short term. It has increased school enrollment, lowered dropout rates, increased grade progression, and overall raised school performance, particularly for girls and children in rural areas—a subgroup historically underdeveloped as a whole. These results indicate that the *Bolsa* is mostly reaching the poorest, most underprivileged populations in Brazil and that the conditions related to education are both being met and proving effective at generating intended and spillover outputs. However, for long-term success, the program must make certain design improvements aimed at cutting costs and bolstering the capacity of the national education system. Further, more investment in local infrastructure is desperately needed to standardize school facilities and access and spread high-quality educational resources to participants across the country, clearly an issue or broader state capacity in this area (Raiser and de Azevedo 2018).

Such investment is certainly possible. A 2012 World Bank study on the state of the Brazilian education system projected a decline in schooling cohorts across every level of education from 2010-2025 as a result of the aging population and stable fertility rate. This includes a 23 percent decrease in primary education enrollment or about 7 million children (Bruns, Evans, and Luque 2012, 44). The authors of this study call for Brazil to use this transition as a dividend for the education system and follow the lead of countries like Japan and South Korea to shift the ever-increasing surplus of money toward improving school quality. This could occur by investing in universalizing preschool, expanding full-day secondary schooling, or

perhaps simply commissioning more robust cost-effectiveness studies than have been performed on the Brazilian system in the past (Bruns, Evans, and Luque 2012, 50-53). In any case, the opportunity for increased spending per student should not be wasted, and the time is ripe for Brazil to plan and implement improvements to learning.

However, these investments and changes are not politically probable as of the time of this writing. Brazil has a long history of corruption and mismanagement of education funds and, despite some improvements in the amount of federal education funds which actually reach schools as the result of some anti-corruption reforms in the early 2000s, there remains little local oversight in many regions. This lack of oversight has been proven to dramatically decrease the performance of schoolchildren living in corrupt municipalities. For example, the same World Bank report authors found that those localities with detected educational corruption were less likely to have adequate school infrastructure and well-trained teachers and thereby had lower average student test scores than students in well-managed municipalities (Bruns, Evans, and Luque 2012, 50-52). Thus, though on-the-ground services are the key to educational success, failed reforms, little transparency, and rampant mismanagement with little oversight have undercut previous reforms and threaten the likelihood and feasibility of any future national push to improve Brazil's state capacity in this area (Bruns, Evans, and Luque 2012, 53; Corrales 1999).

As for program design, this literature review suggests further research on how to feasibly target and reach those families which would not enroll their children in school without the cash transfer. As Glewwe and Kassouf argue, better, more focused targeting would cut the cost of administering the program, which so far has not been offset by any obvious economic development and risks becoming a political flashpoint under Bolsonaro with regard to the

national budget. Though the feasibility of targeting only those families which would not enroll their children in school without the stipend is questionable due to the practical and political complications surrounding the program, this suggestion and the others like it could be salvaged by more closely examining the poorest populations already enrolled the *Bolsa* and re-allotting more program resources for them. For example, more research could be undertaken on the implementation of "bonuses" for those at the lowest rung of program eligibility, the "very poor." The amount of the transfer could be reduced for those in relatively richer geographic areas and the surplus perhaps be made into extra monetary incentives for severely at-risk boys who successfully transition from primary to secondary school, extra payments for participants at the beginning of program participation in accordance with Simoes and Sabates' "cash-effect", or additional payouts for the Afro-Brazilian, *mulatto* and indigenous children consistently meeting their conditions in particularly challenged areas. Changing to a scaled payout system like any of these could lower the number of indigent children in the *Bolsa* without outright cutting anyone out of the program, a happy middle ground—but one that requires a high level of state investment and political interest, both of which are severely lacking.

In any case, it is clear that additional research into more sophisticated program design within the existing educational framework should be undertaken so as to better mitigate the social inequities undercutting the *Bolsa*'s long-term successes by leaving its most at-risk participants still behind the curve in education. Most importantly, however: although the gains from the *Bolsa* have been remarkable thus far, Brazil's program could benefit most from investing more in the state's educational ministry to improve school quality following the successful models of other countries with similar demographic profiles and/or histories. This is the key takeaway of this assessment.

Section II: Health Promotion and Outputs

This section examines the impacts of the CSG and the *Bolsa* on health outputs for women and children in Brazil and South Africa. It compares academic and government studies as well as reports compiled by non-governmental organizations to determine areas of success for each program along the metrics of vaccination rates, frequency of primary care checkups, and nutritional levels. It concludes with a discussion of the differences between the program designs and state capacities underlying these results, offering suggestions for adjustment and improvement to program design in both countries as well as an analysis of the supply-side issues severely limiting both programs in this area. While both have program design changes to implement, South Africa also has significant improvements to make to this aspect of the CSG in the realm of state capacity, though Brazil is not exempt from shortcomings in this realm as well.

The analysis below will make consistent reference to the following table, created from data compiled by The Economist's Intelligence Unit "Access to Healthcare" widget:

Indicator	Brazil (Score out of 10.0 / world ranking)	South Africa (Score out of 10.0 / world ranking)
Equity of access to healthcare	10.0 / #1	9.4 / #35
Access to child and maternal healthcare	9.5 / #5	7.3 / #43
Reach of healthcare infrastructure	5.7 / #19	3.8 / #30
Population coverage of healthcare system	7.5 / #23	8.7 / #7
Efficiency and innovation of healthcare system	8.6 / #6	.3 / #51
Political will for increased access to healthcare	5.6 / #33	8.3 / #11

Source: *The Intelligence Unit, The Economist.* 2018. "Access to Healthcare." http://accesstohealthcare.eiu.com.

II.1: Literature Review: CSG and Participant Health

The primary finding in this subsection is that the state capacity necessary for a robust healthcare system in South Africa overall is absent. This is hemorrhaging the progress the CSG is producing on health outputs like increased vaccination rates and increased frequency of primary care checkups for women and children. It is evident through this examination why South Africa does not have (and could not hope to implement) conditionalities related to proper healthcare. The infrastructure for managing demand and monitoring is largely absent, as is the necessary prerequisite of high levels of access to care across the country and especially in severely impoverished areas. However, the political will to fix these problems of capacity and access appears to be present, and the South African political class must unite to expand investment and capacity-building in the healthcare system as soon as possible if it hopes to both keep and accelerate the health advances generated so far by the CSG's program design.

Data on Vaccination Rates

A 2008 report compiled for the DSD, SASSA, UNICEF by the Community Agency for Social Equity (CASE) in South Africa contains statistics on the vaccination rates of CSG beneficiaries. This report is critical to this investigation because, though it is somewhat dated, it is the only one of the major CSG impact assessments examined for this project which includes this information in detail. First, it is laudable that reported access to preventive health measures, including vaccinations, was found to be high among young children (under the age of six) even as early as 2008 (Delany et al. 2008, 3). For children under two years old, 97% of monitored beneficiaries had been immunized on schedule (Delany et al. 2008, 43). This matches the data published by the South African government at this time, which reported that 90% of all South

African children were up-to-date on their vaccinations in 2005 (Delany et al. 2008, 43). Part of this incredible success is attributed in the CASE report to the CSG program's partnership with the Department of Health of South Africa. In the mid-2000s, the Department of Health issued "Road to Health" charts to the 92% of monitored CSG children who visited a public clinic. These charts are a way for parents to implement home-based record-keeping of their children's health and growth. Parents then bring these charts to clinics for review each time their child has a checkup and they are updated when vaccinations are administered, thereby allowing doctors and social protection personnel to "improve the identification of children needing extra care" without having to make door-to-door visits or relying solely on those most in need of healthcare seeking help by coming into clinics of their own volition (Delany et al. 2008, 43).

This is a smart, temporary method of follow-up health monitoring that does not necessarily require hiring more health or social workers to fully track every child. Though of course the home health charts may be misplaced, lost, or not used at all by parents, this model could (and most likely does, though no further research seems to expand on this) mitigate resource waste and ensure that the most vulnerable children currently enrolled in CSG are sought out individually and fully brought into the healthcare system with state support. Though this aspect of CSG program design was likely implemented out of sheer necessity due to supply-side and manpower shortages for monitoring and follow-up with all child beneficiaries, this is a creative way to achieve some positive health outputs without a dramatic reorganization or investment in the national health system. However, by no means should it be treated as a

permanent replacement for active care and monitoring by health professionals nor as a reason to avoid making desperately-needed investments in South Africa's national health infrastructure.[3]

Data on Primary Care Checkups for Women and Children

First, the same "cash-effect" observed in the educational outcomes in both countries also holds for health among children in South Africa. A 2012 joint impact assessment once again from the DSD, SASSA, and UNICEF concluded that earlier receipt of the grant reduced the risk of flu, cold, stomachache, cough, and other common illnesses for some enrolled children. Additionally, children who received the grant in early childhood and had educated (beyond primary school) mothers were overall less likely to be ill and more like to grow taller than children enrolled later in the CSG (DSD, SASSA, and UNICEF 2012). When children did become ill, mothers were given the opportunity to borrow money from the government against their future CSG payments to pay for urgent care or other health crises, making the grant function as a sort of informal type of public health care (Temin 2016, 154). These results certainly indicate that caretakers are using the CSG money for human development and health maintenance for themselves and their children even without the affiliated conditions compelling them to do so.

The Reach Report from the University of Toronto traces the history of barriers to access to primary healthcare for women and children. Efforts to increase access to the healthcare system for these vulnerable populations began as early as 1994 when "user fees" for pregnant women

[3] For another example of temporary health tracking measures implemented by the South African government, see the following article on the use of "verbal autopsies" to determine a person's cause of death in lieu of formal examination by a doctor for a medical examiner: Maraba, Noriah et al. 2016. "Verbal autopsy-assigned causes of death among adults being investigated for TB in South Africa." *Transactions of the Royal Society of Tropical Medicine and Hygiene* 110.9: 510-516. doi: 10.1093/trstmh/trw058

and children under age five were eliminated, followed by an elimination of all user fees in all facilities in 1996. The removal of these fees also removed what had previously been considered a major economic obstacle to accessing the health system at all before the CSG, especially for black South Africans in underserviced areas (Wong and Skead et al. 2016, 8). Another national effort to alleviate barriers to health access in South Africa came in the form of 1300 new healthcare facilities constructed over the course of the 1990s. These allowed participation by mothers in antenatal and postnatal programs to grow considerably from the dismal levels observed before. To demonstrate the level of integration of vulnerable populations into the healthcare system since the rollout of the CSG and these investments in national-level healthcare infrastructure, the Reach Report cites a massive increase in the percentage of births which took place in an urban health facility and were attended by a healthcare professional—from just 78% in the early 1990s to 95% by 2008 (Wong and Skead et al. 2016, 9). An increase of almost this magnitude was observed within rural areas over the same period as well, though rural regions still lag behind urban areas (a reflection of South Africa's dismal score on the "reach of healthcare infrastructure" indicator in the table above). Nevertheless, these are impressive gains in quantity and quality of care for women and children as a direct result of building state capacity for healthcare accessibility.

Building on this argument, the 2008 joint report reviewing the CSG notes that almost all caregivers of CSG beneficiaries were "aware of the availability of preventive health care measures and free primary health care for children under the age of six years" as a result of program enrollment and communication (Delany et al. 2008, 3). However, barriers to access remain, as evidenced by South Africa's score of 7.3 out of 10.0 on The Economist's indicator of access to child and maternal health care (landing it at #43 in the world) and by the report's

assessment that 21% of the eligible population was excluded from the CSG and thus affordable access to the healthcare system as of 2008 (Delany et al. 2008, 2). Nevertheless, though this limited supply of healthcare services indicates an overall low state capacity for running a robust healthcare system within South Africa, the authors emphasize that reported access to preventive health measures was still notably high, especially among young children (Delany et al. 2008, 3). Therefore, the healthcare system in South Africa and the outputs it is able to produce seem to be a bit of a mixed bag. What is clear is that there is certainly room for significant improvement to state capacity in the realm of healthcare reach, especially compared to Brazil.

Data on Nutritional Levels

Reliable data on improvements to children's nutritional levels is relatively scant as of this writing due most likely to the monitoring and follow-up issues summarized above. However, to begin, the 2011 DSD, SASSA, and UNICEF report notes that past impact evaluations showed that the CSG reduced hunger and improved nutrition for children in CSG households compared to children in poor households which were not enrolled (9). This is further supported by a 2016 briefing from the Academy of Science of South Africa (ASSAf) and the South African Department of Science and Technology which states that not only have social protection programs in Africa like the CSG improved nutrition levels, they have also positively impacted food security for the poor and increased dietary diversity (ASSAf 2016, 15). This suggests that the CSG might improve the *quality* of food beneficiaries are able to purchase for consumption, not just quantity. These positive outcomes are manifesting themselves in indicators like improved height- and weight-to-age ratios among children receiving the CSG (Fultz and Francis 2013, 21; Temin 2016, 154).

The Reach Report implies that part of this success in raising children's nutritional health is explained by the Road to Health booklets issued to parents. These also provide parents with information on proper healthcare and hygiene, including recommending good nutritional habits and giving advice on dietary diversity and nutritional supplements (Wong and Skead et al. 2016, 8). These charts also allow parents and doctors to track growth and identify stunting due to malnutrition more easily than they might otherwise. Again, because these booklets are issued to the parents of all CSG children free of charge at birth, and because they are then integrated into health checkups and wellness visits, these booklets are a clever, temporary way of attempting to overcome access and capacity failings to produce positive health outputs for the most vulnerable. However, they are by no means entirely the solution to the state capacity problems making their use necessary in the first place.

Additional Findings of Note

To underscore the discussion of birth registration in South Africa in the educational above, the Reach Report for South Africa explains how increased access to health facilities for the poor in South Africa has had a positive effect on birth registration in the country by integrating the birth registration process directly into care facilities and increasing awareness of the both the benefits of birth registration and the government's efforts to simplify the registration process (Wong and Skead et al. 2016, 11). The CSG, therefore, is facilitating health access by proxy by requiring families to present birth certificates to apply, thereby incentivizing a timely birth registration. Simply put, the incentive to gather the wherewithal to access healthcare is present; the capacity to accommodate everyone is simply not. Efficiency and innovation in the

healthcare system in South Africa scored only .3/10.0 in The Economist ratings, unfortunately one of the lowest scores in the world.

A second-order outcome of cash transfer programs worth further consideration is improved psychosocial health, especially for women. As suspected, research on psychosocial growth through feelings of empowerment is somewhat limited for the CSG but not altogether absent. Elaine Fultz and John Francis (2013) found that women who are enrolled in the CSG are more likely to have a bank account in their names and "greater leverage when bargaining in informal support networks," including increased decision-making power within the household (30). However, the feelings of empowerment which could be produced by increased personal and financial agency are somewhat limited by the growing stigma against the CSG and its recipients within South Africa. Perhaps because there are no conditions associated with receipt of the grant, negative views of recipients as dependent on handouts persist (Fultz and Francis 2013, 30; Patel et al. 2012). Further, the grant has not made substantial progress on changing gender relations or easing the disproportionate burden of care on women for children and the household, at least not as it has in Brazil (Patel and Hochfeld 2011).

Leila Patel engages further with this issue in her 2012 article "Poverty, Gender and Social Protection: Child Support Grants in Soweto, South Africa." She argues that, contrary to the prevalent stigma, there does not seem to be growing dependency on the grant among female recipients; rather, though social and structural factors are still inhibiting some women from achieving formal employment, many are finding more creative ways to earn small amounts of alternate income in addition to the CSG, including running their own small businesses (Patel 2012, 115). Patel concludes that, because more than 90% of recipients of the CSG are women, the program design must depart from viewing women "merely as conduits for the delivery of

services to children" and instead address the needs of caregivers through a gendered perspective by partnering with other ministries and organizations with gender equality policies and initiatives (Patel 2012, 115). This possibility, though far off, is an important one to bear in mind as suggestions for state capacity and program design are offered.

Limitations and Future Issues

As with the South African education section above, this analysis is somewhat limited by a low quantity of recent and robust research. Though the health findings covered in this subsection are substantial, many impact studies and evaluations are conducted by the same authors and/or the same centers and organizations in successive years. As such, there is not as much breadth of data on which to draw for South Africa as there is for Brazil, though what is included in this thesis is certainly a sound basis for comparison. There are simply some unanswered questions which could be brought into this discussion if more thoroughly explored in the existing literature.

Second, it should be unequivocally asserted that South Africa could not hope to institute nor enforce conditionalities related to health. No scholarly work encountered for this project even suggested this because of the access and reach issues highlighted above as well as due to the fact that the minor health conditions once in place were quickly done away with due to the inability of participants to adequately fulfill them. Clearly, then, the state capacity for healthcare in South Africa is far too low to amplify the gains in the above health outputs being produced by smart, albeit temporary, program design. Further, it is difficult to imagine what changes to program design could be undergone for this area without the underlying state support for supporting such changes. Therefore, it is difficult to see how the country's high score on

"political will to increase access to the healthcare system" could be translated into any human development improvements in the area of health without the South African government first allocating additional funds for capacity-building and/or seeking additional aid from other countries or international organizations.

Conclusions and Suggestions

A promising conclusion is that "there is an important reciprocal relationship between the CSG and health care services: health services facilitate access to the CSG, and CSG cash is used to access healthcare" (DSD, SASSA, and UNICEF 2011, 4). Equity of access to healthcare in South Africa is quite high in the table above at 9.3/10.0, as is population coverage of the healthcare system (the proportion of the total population with reliable access to primary healthcare services) at 8.7/10.0. However, access for those who are hardest to find and likely most in need of professional health services must be improved by expanding the geographical reach of the South African healthcare system, which again is only at a low 3.8/10.0.

To remedy some supply-side issues in primary healthcare access, the South African government institutions overseeing the infrastructure and capacity of public health facilities (such as the Department of Health) must better coordinate services and care and well as demand more national investment in expanding the reach and quality of the system. Without more capacity, no number of CSG program design changes could improve the poor health outcomes still unduly afflicting South Africa's most impoverished citizens, and it appears that the CSG is having all the impact it can.

Fultz and Francis (2013) pick up the above discussion when suggesting steps that governments could take to improve the impact of their cash transfer programs on women's

empowerment. These suggestions extend to health outputs as well and include researching whether truly unconditional programs can produce the same human development results as conditional ones and taking measures to lower the administrative costs associated with means-testing for eligibility so as to free up manpower to actively search for people excluded from the program (Fultz and Francis 2013, 6). In other words, these authors call for program design changes which aim to replicate the successes of truly conditional programs like the *Bolsa*. However, they likewise note that South Africa's lack of state capacity could mean that these reforms are never realized, and that a paperwork backlog, low technocratic skill amongst civil servants, and other ministerial problems will continue to hamstring the program's access and outcomes if left unaddressed on the national level (Fultz and Francis 2013, 16).

This reality is, at times, disconnected from the officially-sanctioned studies of the CSG from the DSD, SASSA, and UNICEF. For example, the 2016 report from the ministries entitled "Removing Barriers to Accessing Child Grants: Progress in reducing exclusion from South Africa's Child Support Grant" recognizes the challenges posed by poor frontline service at social protection access points in South Africa; however, rather than calling for more expansive government involvement in building out the grant program and its efficacy, the authors conclude instead that SASSA should consider implementing "spot checks" to improve oversight and accountability in the regional offices responsible for registering and disbursing the CSG (DSD, SASSA, and UNICEF 2016, 86). These "spot checks" are envisioned to be "a type of third-party review whereby quick evaluations are performed to check design, operational management, payments and the monitoring system[s] and are performed by "interviewing both staff and beneficiaries on various types of indicators to reveal any flaws with the current programmes needing to be addressed" (DSD, SASSA, and UNICEF 2016, 86).

Spot checks are a great suggestion, but only for cash transfer programs with the reach, capacity, and expertise to quickly resolve the design flaws such cursory reviews would turn up. Anyway, at this juncture, it is not likely South Africa could even institute a system to conduct such checks. The administrative personnel and social workers SASSA already employs are overworked and undertrained as it is. Further, even if spot checks on local civil services could be conducted as described, it is unlikely that they would turn up anything other than the gaping holes in service delivery already identified as detrimental to the CSG's progress. As such, these and other suggestions aimed at improving program design can only be aspirational until the underlying state capacity issues undercutting the program's larger goals are addressed. The Brazilian case below presents a model on this front.

II.2: Literature Review: the *Bolsa* and Participant Health

The primary finding in this subsection is that the *Bolsa* has proven effective at producing positive short-term impacts like increased vaccination rates and primary care doctor visits for the participant population. It can be considered an overall success along this aspect. However, the *Bolsa*'s prospects for producing long-term economic development are limited by supply-side constraints in healthcare in Brazil and a lack of sufficient state capacity for monitoring participant health over time according to the original program design (though not near to the level of South Africa). To see the future effects it hopes for, the Brazilian government must improve program design by better integrating the *Bolsa* with other social welfare programs and easing demand on local primary care clinics within poor communities. Further, investment in the national healthcare system is needed to expand community health offerings to include specialist and preventive care. Some scholars additionally argue that the program should reduce

participation levels by narrowing the qualifications for program enrollment so that more consistent, long-term monitoring and follow-up can be offered for patients who would not meet the health conditionalities without the assistance of the program.

Nevertheless, without attempting the program design and state capacity improvements described, inequities in healthcare access and quality across Brazil will persist, undercutting the long-term goals of the *Bolsa*.

Data on Vaccination Rates

Fábio Veras Soares, Rafael Perez Ribas and Rafael Guerreiro Osório assess the *Bolsa*'s health impacts in a 2010 study on multiple Latin American CCTs. This research design adds a comparative international perspective that is not always present in other studies and proves useful for identifying areas for change within Brazil's program according to the structure of other models. As for vaccination rates, the authors find that surveyed *Bolsa* participants display an overall greater awareness about the need to access health services and obtain immunizations. However, they also cite a 2007 program evaluation conducted by the Brazilian government which found that the *Bolsa* neither increased nor deceased the number of vaccines administered per participant per year despite the vaccine-related program conditionalities (Soares, Ribas, and Osório 2010, 183). This raises questions about whether a supply shortage could have limited vaccination administration—indicating low state capacity for managing demand—or whether the vaccination rate was already quite high amongst children eligible for the program, which would suggest alterations to program design. The latter seems most likely based on existing research.

The 2014 Brazilian Institute for Applied Economic Research/MDS executive summary of the *Bolsa*'s goals attainment discusses health outputs in the first decade of the program. The

summary identifies positive progress on each of the health conditionalities, including that a whopping 99.2% of monitored children enrolled in the *Bolsa* received all their required vaccinations on time as of late 2012 (Institute for Applied Economic Research 2014, 22). This is consistent with the 99% Jonathan Tepperman cites for this figure in *The Fix* (Tepperman 2017, 42). However, the key words in these findings are "*monitored* children." As of the 2014 MDS report, there were 3.2 million unmonitored households enrolled in the *Bolsa*, meaning these promising statistics exclude many millions of the most vulnerable beneficiary children. The executive summary acknowledges that there are unique difficulties associated with making appointments for children to receive scheduled vaccines, especially those administered in multiple doses, because many of the unmonitored patients are transient and hard-to-reach children who live on the fringes of Brazilian society. To solve this challenge, the executive summary calls for "active searching by primary health care professionals" living or working within potentially-excluded communities to identify and reach out to households which have outstanding immunization requirements and may see little to not program oversight (Institute for Applied Economic Research 2014, 22). To echo the above discussion of the difficulties with changing program design to more narrowly target the *Bolsa*, it is unclear how feasible it would be for healthcare professionals to engage in this kind of door-to-door outreach, let alone whether or not there is an adequate supply of vaccines and health professionals in Brazil if 100% of *Bolsa* children were suddenly monitored and compliant with the health conditionalities.

Data on Primary Care Checkups for Women and Children

In 2014, Amie Shei, Federico Costa, Mitermayer Reis and Albert Ko examined the types and extent of positive health outcomes for children in the *Bolsa* by using household surveys in a

slum (*favela)* in a large urban center of Brazil. They found high rates of compliance with the program conditionalities which, in turn, produced markedly better health outputs for children. First, they found that beneficiary children are more likely to obtain primary care services than non-beneficiaries due to more awareness about and access to such services (Shei et al. 2014, 6). This reflects Brazil's very high scores for equity of access to healthcare (number one in the world) and access to child and maternal healthcare (fifth in the world) as shown in the table at the beginning of this section, both amazing achievements for a developing country.

Further, Shei et al. found that, for children under age seven, *Bolsa* participation "was associated with increased odds for growth monitoring" and routine checkups with licensed healthcare professionals (Shei et al. 2014, 1). Further, beneficiaries between the ages of 7-17 years old displayed significantly better psychosocial health summary scores than their nonbeneficiary peers, a result linked to "improved satisfaction with friendships and better age-appropriate behavior," such as less sexually-risky behavior, as observed by their doctors over time (Shei et al. 2014, 5-7). This suggests that beyond being in relatively good health, access to a range of primary care services helps *Bolsa* children become appropriately socialized as well, contributing further to their personal security and academic success.

Shei et al. thus conclude that the *Bolsa* is associated with significantly better health outcomes along many different measures for the surveyed community (Shei et al. 2014, 4). The authors note that these findings are consistent with other, reputable studies which show the *Bolsa* has additional positive impacts on "childhood mortality," particularly "mortality attributable to poverty-related causes" and "sensitive to primary care services" if treatment is sought in a timely manner (Shei et al. 2014, 6). The authors call for more research to be done on whether this observed reduction in child mortality is due to lower overall levels of poverty (and the health

issues correlated with it) because of the cash transfer, increased utilization of primary healthcare services in order to simply meet program conditionalities, or some combination of those two factors. These insights—as well as insights from research on the effect of *Programa Saule Família*, the very successful national healthcare program integrated into the *Bolsa* through the *Cadastro* model (Wong and Sim et al. 2016)—could offer suggestions on how to expand and/or better specialize the program's components which have produced the most pronounced positive health outputs for extremely vulnerable participant populations (Shei et al. 2014, 6).

Data on Nutrition Levels

First, Soares, Ribas, and Osório cite the findings of a 2007 impact evaluation which indicates no positive *Bolsa* impact on either chronic or acute malnutrition amongst children. The authors partially attribute this finding to the tragic misconception "that [families] might be excluded from the program if [their] children gain weight" and become unhealthy due to overconsumption (Soares, Ribas, and Osório 2010, 184). They believe this fear might keep some parents from feeding their children enough food or a well-balanced diet despite being able to afford to. While this indicates a major problem in the state's communication about the program, the authors also suggest that supply-side impediments, like a lack of sufficient local health services and manpower for monitoring all households, are also an important constraint on nutritional levels and other outcomes of the *Bolsa* that require routine health checkups and overall wellness to cultivate (Soares, Ribas, and Osório 2010, 183). Therefore, Soares, Ribas, and Osório conclude their study by underscoring the need for more national investment in local-level health infrastructure in order to expand state capacity for not only program monitoring, but also educating enrollees about nutrition and physical health.

It is important to note that Soares, Ribas, and Osório acknowledge the potential for selectivity bias in their results. The surveys they draw on to generate these statistics were conducted only within health centers using collected patient data instead of within all participant households in an area. Since health centers are unable to follow up with all patients for further care, it may also be the case that they are unable to gather complete, robust data for all patients on every visit. In addition, beneficiaries may be seeking health services at other providers or even resorting to in-home care because of high demand and low supply at local health posts (Soares, Ribas, and Osório 2010, 186). Nevertheless, with these constraints on their data in mind, the authors still believe that the *Bolsa*'s current program design limits its long-term impacts on children's nutrition and instead can only satisfy immediate physiological needs like acute illness. Though the program is only designed to provide simple, curative primary health care, Soares, Ribas, and Osório argue that more acute targeting of the program is needed to cut costs and better accomplish a larger swath of health goals over time by investing in a smaller, more at-risk participant population and treating all aspects of their short- and long-term wellness holistically (Soares, Ribas, and Osório 2010, 185). Again, this begs the question of whether it is feasible to reach the hardest-to-reach and recruit them to fully participate in the program, but the authors do not engage with this question any further.

On the other hand, the more recent executive summary published by the Institute for Applied Economic Research/MDS asserts that 81% of monitored *Bolsa* beneficiary children had had their nutritional health evaluated at least one time by a primary care physician when this metric was measured in late 2012 (Institute for Applied Economic Research 2014, 22). Additionally, of expecting mothers monitored for their health condition fulfillment, 99% had up-to-date prenatal care and 80% had their nutritional health evaluated during their pregnancies

(Institute for Applied Economic Research 2014, 22). This prenatal attention likely allowed these women to give birth to healthier newborns, who then began *Bolsa* participation healthier than they might have otherwise during the crucial early months of infancy. The capacity to even track these statistics for expecting mothers is a testament to the high level of "efficiency and innovation" in the Brazilian healthcare system, landing it at number six in the world on this measure. However, there is still some room for improvement, especially in the geographical reach of Brazil's healthcare infrastructure.

The MDS executive summary also contains other important findings like a significant reduction in the under-5 mortality rate—with the greatest improvements seen in municipalities with a higher percentage of the overall population receiving *Bolsa* coverage for four years or more—and lower prevalence of low birth weight among beneficiary children (5.5%) (Institute for Applied Economic Research 2014, 43-46). Shei et al. echo these findings with their discussion of the lowered rate of under-5 mortality due to a reduction in deaths "attributable to poverty-related causes" such as diarrhea (Shei et al. 2014, 2). Tepperman also reinforces these findings, discussing a 16% decrease in malnutrition in Brazil's "poorest regions," 40% lower infant mortality nationwide, and a 58% drop in nationwide deaths from malnutrition (though he does not give the exact date range over which these changes occurred) (Tepperman 2017, 42). Though some of these outcomes could perhaps be attributed to the cash stipend itself permitting families to buy nutritious food (and more of it), overall these findings suggest that the nutritional health of children, infants, and mothers most at risk of food insecurity and malnutrition is being sufficiently monitored and cared for due to the program as a whole. This is a major program design win for the *Bolsa*.

Additional Findings of Note

First, a 2018 study by Flávia Jôse Alves, Daiane Borges Machado, and Maurício L. Barreto establishes a clear link between the effects of poverty and suicide rates in Brazilian municipalities. They discover that the percentage of the *Bolsa*'s coverage within many municipalities was correlated with an average 4% reduction of suicide rates within those municipalities. The higher the coverage (30-70%), the lower the suicide rate, with areas covered at 70% or more for several consecutive years seeing proportionally higher rates of decline. These effects are particularly pronounced for women, who experienced a 13.22% decrease in the nationwide suicide rate from 2004-2012 as compared to just 2.37% for men (a statistically-insignificant drop) (Alves, Machado, and Barreto 2018, 4). The authors take these findings to indicate that the *Bolsa*, by fulfilling its main objective of immediate poverty alleviation, decreases the suicide rate by reducing the prevalence of factors that may lead to suicide, such as alcoholism and depression, and of course increasing access to health services which may serve as a source of mental health education and intervention (Alves, Machado, and Barreto 2018, 6-7). This effect could in turn increase the overall education level and employment rate over time, producing more economic development in the long run. Therefore, the authors urge for more research to be conducted into how these mechanisms function, including further examination of any spillover effects onto those not receiving the *Bolsa* stipend but nonetheless potentially benefitting from the improved economic situation of their local areas (Alves 2018, 7). Firmly establishing these links could dramatically impact the way the health conditionalities of the *Bolsa* and other CCTs are designed, developing a new focus on breaking the poverty cycle using smart mental health policies as a complement to the other health outputs.

Some of the findings in the Shei et al. study also merit further consideration. First are a number of positive spillover effects observed for the older, unenrolled siblings of current beneficiaries. Their improved overall health in each of the areas examined above as well as on psychosocial metrics indicates that either 1) mothers are more likely to take all of their children for checkups at the same time or that 2) the older siblings of current beneficiaries may "better understand the importance of preventive health care due to *Bolsa Família*" and become more inclined to pursue it for themselves (Shei et al. 2014, 7). Either way, their findings suggest that the *Bolsa* administration on the state level could better seize the opportunity to reach older children and other family members who might not be enrolled in the *Bolsa* and inform them about age-appropriate health measures by proxy, though they would not be tied to any cash transfer (Shei et al. 2014, 7).

Additionally, and perhaps even more importantly, is the troubling find that there was little to no follow-up on growth monitoring visits for the *Bolsa* participants at the site of study (Shei et al. 2014, 7). Despite increased local access, the authors believe that healthcare for participants is going no further in quality or quantity than the conditions absolutely require because of supply-side constraints on doctors, their time, and their medical supplies. This underscores the supply-side limitations identified in the Soares, Ribas, and Osório study mentioned above. In response, the authors call for the *Bolsa* to partner closely with Brazil's Family Health Program (FHP), which sends health workers into communities to deliver primary care directly to households in the door-to-door manner the executive summary recommended (Shei et al. 2014, 7). If the *Bolsa* and FHP integrated their models, the state could avoid duplications of effort and reduce demand on the limited healthcare resources of local *Bolsa* clinics while better reaching the most vulnerable Brazilians (Shei et al. 2014, 7). The authors

believe this would pay dividends for the quality and quantity of services the *Bolsa* offers by allowing the local health outposts to provide more specialized care to fewer people.

This again raises the question of whether the methods of targeting the *Bolsa* could get any better. As mentioned before, there seems to be a possible solution in better integrating Brazil's health institutions and emphasizing more coordination and capacity at the state level. Focusing on improving the program for the millions of participants already enrolled, many of whom are still severely impoverished and at risk of negative externalities, is not only doable but urgent in light of the findings described above. Thus, while going door-to-door to try and find people who may have no way of accessing healthcare services on a regular basis may not be a reasonable undertaking, staffing healthcare professionals from other national programs at the community health outposts would certainly allow for those participants who have already registered and visited clinics to receive more individualized and follow-up care through the types of home visits as Shei et al. describe. Therefore, new possibilities for institutional coordination for the current participant population should be emphasized in future research on the limits of the *Bolsa* program's efficacy.

Limitations and Future Issues

Soares, Ribas, and Osório note that the *Bolsa* has "several design and implementation characteristics that distance it from a pure human-capital-based conditional cash transfer model" (Soares, Ribas, and Osório 2010, 173). One feature of the *Bolsa* they identify in this vein is the decentralized nature of conditionality monitoring, which, as discussed above, is largely left to municipalities to implement (Soares, Ribas, and Osório 2010, 174). On this point, the authors emphasize the 2008 finding that health conditionalities are monitored for only 59% of

beneficiaries, revealing that the follow-up for health conditionalities is more difficult than previously thought and might need to be overseen more directly by the national government (Soares, Ribas, and Osório 2010, 175). Soares, Ribas, and Osório therefore argue that the health aspect of the *Bolsa* will only ever produce immediate poverty alleviation rather than pivoting to long-term human capital accumulation unless more money and manpower is focused on accomplishing the program's health goals, which they see as those which will best enable goals attainment in all other program areas (Soares, Ribas, and Osório 2010, 174). Simply put, they believe that the *Bolsa* works where it works because of local capacity to handle demand. Yet, the program is expanding recklessly without regard for local contexts due to its political popularity. This, combined with its wide scope and lack of exit rules, is complicating its goal of producing future economic development by allowing too many people to participate in areas of very low capacity for supporting program design.

Because Soares, Ribas, and Osório lament how the *Bolsa* program "expands regardless of local infrastructure for compliance and monitoring" and likewise adds none of the school and healthcare infrastructure needed to produce the human capital development it expects (Soares, Ribas, and Osório 2010, 175), they conclude by warning that the Brazilian government risks accidentally transforming the *Bolsa* into an indefinite entitlement program. Hunter and Sugiyama (2017) back up this reasoning with their discussion of the potential that funding the *Bolsa* is "crowding out" spending on traditional government ministries (including funding for municipal institutions in charge of monitoring) when quality-enhancing reforms in education and healthcare at the national level "would have a far greater chance of lifting the life prospects of poor children" (149-50). The current program design thus increasingly appears to be the public policy

and economic development equivalent of Brazil shooting itself in the foot when it comes to state capacity.

The Brazilian government agrees. The Institute for Applied Economic Research/MDS executive summary notes that despite the steady reduction of health inequalities across the country due to the *Bolsa*, wealthier children and families who are not enrolled in the program still benefit from a higher number of appointments with specialist doctors and dentists through their private healthcare. As a result of receiving holistic and preventive care as opposed to one-off curative treatment, this population has still had much better health and human development outcomes on average compared to *Bolsa* participants since the program's inception (Institute for Applied Economic Research 2014, 48). This reinforces that the *Bolsa*'s positive impacts on health "could be even greater if the systemic limits of services were overcome, such as employee turnover, poor infrastructure and problems of access and quality" related to the program's reach (Institute for Applied Economic Research 2014, 48). To remedy this supply issue, the summary suggests more investment and readjustment of the *Bolsa* monitoring and targeting framework, calling for more government spending on basic health care and family health in the national health system (Institute for Applied Economic Research 2014, 48). The summary concludes once again that the *Bolsa* risks becoming a welfare program with high rates of dependency and disincentive to exit if it cannot adequately monitor conditions and deliver participant needs. This would certainly make the *Bolsa*'s long-term economic development goals unattainable and constitute a huge, unsustainable drain on Brazil's national budget for years to come if left unheeded.

Conclusions and Suggestions

Taken together, the findings in this section show that the *Bolsa* has had positive impacts on the health of women and children in the short term. It has increased doctor visits, spread awareness about proper health maintenance and nutrition, started infants off at a healthier nutritional level due to the availability of prenatal care, encouraged timely and routine vaccinations, lowered child mortality, and even impacted the mental and social health of beneficiaries with spillover on a portion of their older siblings. Just as in the area of education, these results indicate that the *Bolsa* is effectively reaching the poorest, most marginalized populations in Brazil and that the conditions placed on health for participant children are proving effective when met. This again underscores the high state and bureaucratic capacity enjoyed by the MDS and the other social protection ministries in Brazil.

However, because this is not the case for every ministry in Brazil, the *Bolsa* program must see more investment and administrative coordination on the national level, severely cut its participation levels, or both. As many of the above studies suggest, investments in infrastructure and health resources must come directly from the Brazilian government to eliminate supply-side issues plaguing local health services and allow officials to more fully monitor current participants. Better monitoring in turn will allow for intelligent adjustments to be made to the *Bolsa*'s scope and program design, resulting in innovations in participant targeting and the expansion of health offerings on the local level according to specific community needs. These changes to state capacity outside the realm of the traditional social ministries and larger program design, though daunting in theory, will better ensure that the human development and economic growth the *Bolsa* aims to produce comes to full fruition while severe social inequities and the unnecessarily poor quality of life suffered by millions of Brazilians is simultaneously eliminated.

Conclusion

In conclusion, state capacity is the most significant explanatory variable for cash transfer program efficacy in Brazil and South Africa. Brazil's *Bolsa Família* consistently outperforms South Africa's Child Support Grant in encouraging children's educational progression and positive health outputs due to Brazil's strong state capacity for supporting the *Bolsa* program and enabling intelligent changes to be made to it. On the other hand, the CSG's program design—the other explanatory variable for program performance examined in this project—is handicapped by South Africa's poor overall infrastructure for education and health and its low ministerial capacity for supporting a social program of this scale. To be sure, the international development community is correct to hold up the *Bolsa* as a model for other dozens of other cash transfer programs.

The state capacity recommendations for South Africa are, broadly, to expand spending in traditional social ministries to bolster education access and healthcare reach for the poorest, most marginalized populations in the country, especially in rural areas. Though there are some aspects of South Africa's program where smart design is mitigating the larger failings of state capacity—such as in birth registration and primary health checkups for children—it is only by undertaking major budgetary reforms or courting massive international investment that the South African government could ever hope to holistically and uniformly improve the CSG's development outcomes for the entire participant population in the long run. Therefore, until the capacity of the South African government to implement the CSG in full is expanded, its cash transfer program is merely a band-aid on much larger human development issues which will continue to go unresolved.

However, Brazil is not completely exempt from both program design and state capacity problems. In the realm of program design, Brazil should seek to use its high ministerial capacity to expand monitoring of the participant population. Absent that ability, program administrators should seek to cut eligibility for the program in a creative, politically-tenable way so as to either monitor all enrolled children 100% of the time and/or invest more money and resources in enrollees who are still being left behind the development curve due to unaddressed vulnerabilities. In the realm of state capacity, Brazil must likewise invest more in traditional social ministries to expand healthcare access and especially the quality of the education system. Though the country has already seen numerous gains from inducing more children into school for longer and making them healthier overall, the economic development this CCT program was promised to produce will not be fully realized if the education children receive in Brazil continues to fall short of global standards.

Yet, this is not the full story. While this investigation has brought to light some practical, smart ways by which the governments of South Africa and Brazil can further the inroads their cash transfer programs have already made into creating more developed and equal civil societies, these programs are not and should not be considered the alpha and omega of solving social protection and human development problems. These young cash transfer programs cannot carry the full weight of the tumultuous histories of these two countries nor fully address the most fundamental causes of intergenerational poverty by themselves. The above sections reveal that these programs, their outcomes, and the context of those outcomes are all extremely nuanced. It is irresponsible, then, to ignore local context when branding a program a "fix" and sloppily exporting it elsewhere. Yet, this is exactly what major international development institutions have done in places like South Africa, perhaps to the long-term detriment of countries which

could have used the money to make more fundamental social and infrastructure reforms first. National governments themselves are not exempt from blame for permitting this to happen. The political salience of these programs and their positive effects on re-election chances have certainly clouded judgment about what cash transfer programs can and should accomplish, exacerbating the design and capacity problems discussed at length in this thesis.

Therefore, this project and its conclusions urge extreme caution to development scholars and beg for a more thorough consideration of the merits and feasibility of using any one cash transfer program model for any specific country. State capacity and local context must inform cash transfer program design (and many other social protection efforts besides), not politics. Only when a cash transfer program is robust, well-researched, and well-supported will it effectively address the complex mix of challenges inherited from a country's past.

References

Academy of Science of South Africa. 2016. *Social Protection in Africa: Overview for Policymakers*. http://research.assaf.org.za/handle/20.500.11911/17 (October 25, 2018).

Alves, Flávia Jôse Oliveira, D.B. Machado, and Maurício L. Barreto. 2018. "Effect of the Brazilian cash transfer programme on suicide rates: a longitudinal analysis of the Brazilian municipalities." *Social Psychiatry and Psychiatric Epidemiology* (2018): 1-8. doi: 10.1007/s00127-018-1627-6 (January 26, 2019).

Bersch, Katherine, Sérgio Praça, and Matthew M. Taylor. 2016. "State Capacity, Bureaucratic Politicization, and Corruption in the Brazilian State." *Governance: An International Journal of Policy, Administration, and Institutions* 30.1: n.p. doi: 10.1111/gove.12196

Bruns, Barbara, David Evans, and Javier Luque. 2012. *Achieving World-Class Education in Brazil: The Next Agenda*. Washington, DC: The World Bank. doi: 10.1596/978-0-8213-8854-9

Corrales, Javier. 1999. "The Politics of Education Reform: Bolstering the Supply and Demand; Overcoming Institutional Block." *The Education Reform and Management Series* 2.1: 1-52.

Delany, Aislinn, Zenobia Ismail, Lauren Graham, and Yuri Ramkissoon. 2008. *Review of the Child Support Grant: Uses, Implementation, and Obstacles*. Johannesburg: Community Agency for Social Enquiry. https://evaluations.dpme.gov.za/evaluations/89 (November 3, 2018).

De Brauw, Alan, Daniel O. Gilligan, John Hoddinott, and Shalini Roy. 2014. "The Impact of *Bolsa Família* on Women's Decision-Making Power." *World Development* 59: 487-504. doi: 10.1016/j.worlddev.2013.02.003 (October 9, 2018).

De Brauw, Alan De, Daniel O. Gilligan, John Hoddinott, and Shalini Roy. 2015. "The Impact of Bolsa Família on Schooling." *World Development* 70: 303-16. doi: 10.1016/j.worlddev.2015.02.001 (April 17, 2018).

Department of Social Development, South African Social Security Agency, and UNICEF. 2011. *Child Support Grant Evaluation 2011: Qualitative Research Report.* Pretoria: UNICEF South Africa. https://www.unicef.org/southafrica/SAF_resources_csg2012book.pdf (November 1, 2018).

Department of Social Development, South African Social Security Agency, and UNICEF. 2012. *The South African Child Support Grant Impact Assessment: Evidence from a survey of children, adolescents and their households.* Pretoria: UNICEF South Africa. https://www.unicef.org/southafrica/SAF_resources_csg2012s.pdf (Mach 26, 2019).

Fultz, Elaine and John Francis. 2013. "Cash Transfer Programmes, Poverty Reduction and Empowerment of Women: A Comparative Analysis." *Gender, Equality and Diversity Branch, Social Protection Department, International Labour Organization.* https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_233599.pdf (November 1, 2018).

Gibberd, Jeremy. 2007. "South Africa's School Infrastructure Performance Indicator System." PEB Exchange, Programme on Educational Building 2007/06. Paris: OECD Publishing. (May 5, 2019). doi: 10.1787/183018365366

Glewwe, Paul, and Ana Lucia Kassouf. 2012. "The Impact of the Bolsa Escola/Familia Conditional Cash Transfer Program on Enrollment, Dropout Rates and Grade Promotion in Brazil." *Journal of Development Economics* 97.2: 505-17. doi: 10.1016/j.jdeveco.2011.05.008 (October 16, 2016).

Hunter, Wendy and Timothy J. Power. 2007. "Rewarding Lula: Executive Power, Social Policy, and the Brazilian Elections of 2006." *Latin American Politics and Society* 49.1: 1-30.

Hunter, Wendy and Natasha Borges Sugiyama. 2014. “Transforming Subjects into Citizens: Insights from Brazil’s *Bolsa Família*.” *American Political Science Association* 12.4 (December): 829-845. doi: 10.1017/S1537592714002151

Hunter, Wendy and Natasha Borges Sugiyama. 2017. “Assessing the Bolsa Família: Successes, Shortcomings, and Unknowns.” In *Democratic Brazil Divided*, eds. Peter R. Kingstone and Timothy J. Power. Pittsburgh, PA: University of Pittsburgh Press.

Hunter, Wendy and Timothy J. Power. 2018. “Bolsonaro and Brazil’s Illiberal Backlash” *Journal of Democracy* 30.1 (January): 68-82.

Institute for Applied Economic Research. 2014. *Bolsa Família Program: A Decade of Social Inclusion in Brazil* eds. Tereza Campello and Marcelo Côrtes Neri. http://www.ipea.gov.br/portal/images/stories/PDFs/140321_pbf_sumex_ingles.pdf (November 29, 2018).

Kaknes, Elizabeth. 2018. “Social Mobility and Citizenship: Race, Gender, Class, and Welfare in Two Brazilian Cities (DRAFT).” *Marist College.*

Kilburn, Kelly N., Audrey Pettifor, Jessie Edwards, Amanda Selin, Rhian Twine, Catherine MacPahil, Ryan Wagner et al. 2018. “Conditional Cash Transfers and the Reduction in Partner Violence for Young Women: An Investigation of Causal Pathways Using Evidence from a Randomized Experiment in South Africa (HPTN 068).” *Journal of the International AIDS Society* 21: n.p.

Layton, Matthew L. and Amy Erica Smith. 2015. “Incorporating Marginal Citizens and Voters: The Conditional Electoral Effects of Targeted Social Assistance in Latin America.” *Comparative Political Studies* 48.7: 854-881.

Lindert, Kathy, Anja Linder, Jason Hobbs, and Bénédicte De La Briére. 2007. “The Nuts and Bolts of Brazil’s Bolsa Família Program: Implementing Conditional Cash Transfers in a Decentralized

Context." *The World Bank.* https://siteresources.worldbank.org/INTLACREGTOPLABSOCPRO/Resources/BRBolsaFamiliaDiscussionPaper.pdf (November 20, 2018).

Organization for Economic Cooperation and Development. 2013. *OECD Territorial Reviews: Brazil 2013*. OECD Publishing. doi: 10.1787/9789264123229-en (March 8, 2019).

Patel, Leila. 2012. "Poverty, Gender and Social Protection: Child Support Grants in Soweto, South Africa." *Journal of Policy Practice* 11 (December): 106-120.

Patel, Leila and Tessa Hochfeld. 2011. "It buys food but does it change gender relations? Child Support Grants in Soweto, South Africa." *Gender & Development Journal* 19.2 (July): 229-240. doi: 10.1080/15588742.2012.625344

Patel, L., Tessa Hochfeld, Jacqueline Moody, and Reem Mutwali. 2012. *The Gender Dynamics and Impact of the Child Support Grant in Doornkop, Soweto.* CSDA Research Report. Johannesburg: Centre for Social Development in Africa, University of Johannesburg. https://ujcontent.uj.ac.za/vital/access/services/Download/uj:6605/CONTENT1?view=true (November 1, 2018).

Patel, Leila, Trudie Knijn and Frits Van Wel. 2015. "Child Support Grants in South Africa: A Pathway to Women's Empowerment and Child Well-being?" *Journal of Social Policy* 44.2: 377-397. doi: 10.1017/S0047279414000919 (September 17, 2018).

Psacharopoulos, George. 1988. "Education and Development: A Review." *The World Bank Research Observer* 3.1: 99-116.

Raiser, Martin and Joao Pedro Wagner de Azevedo. 2018. "Prioritizing public schooling over social transfers in Brazil." *The Brookings Institution*, November 26.

https://www.brookings.edu/blog/future-development/2018/11/26/prioritizing-public-schooling-over-social-transfers-in-brazil/ (March 31, 2019).

Rice, Susan E. and Stewart Patrick. 2008. Index of State Weakness in the Developing World. *The Brookings Institution.* https://www.brookings.edu/wp-content/uploads/2016/07/02_weak_states_index_basket_scores_pullout.pdf (February 17, 2019).

Sátyro, Natália Guimarães Duarte and Cunha, Eleonora Schettini Martins. 2018. "The transformative capacity of the Brazilian federal government in building a social welfare bureaucracy in the municipalities." *Revista de Administração Pública*, 52.3: 363-385. doi: 10.1590/0034-7612151018

Shei, Amie, Federico Costa, Mitermayer G. Reis, and Albert I. Ko. 2014. "The Impact of Brazil's Bolsa Família Conditional Cash Transfer Program on Children's Health Care Utilization and Health Outcomes." *BMC International Health and Human Rights* 14.10: 1-9. http://www.biomedcentral.com/1472-698X/14/10 (October 18, 2016).

Soares, Fábio Veras, Rafael Perez Ribas, and Rafael Guerreiro Osório. 2010. "EVALUATING THE IMPACT OF BRAZIL'S BOLSA FAMÍLIA: Cash Transfer Programs in Comparative Perspective." *Latin American Research Review* 5.10: 173-90. http://www.jstor.org/stable/27919200 (March 27, 2018).

Simoes, Armando Amorim, and Ricardo Sabates. 2014. "The Contribution of Bolsa Família to the Educational Achievement of Economically Disadvantaged Children in Brazil." *International Journal of Educational Development* 39: 151-66. doi: 10.1016/j.ijedudev.2014.07.012 (April 17, 2018).

Skoufias, Emmanuel, Kathy Lindert, and Joseph Shapiro. 2010. "Globalization and the Role of Public Transfers in Redistributing Income in Latin America and the Caribbean." *World Development* 38.6: 895-907. doi: 10.1016/j.worlddev.2010.02.014 (October 29, 2016).

Sugiyama, Natasha Borges and Wendy Hunter. 2013. "Whither Clientelism? Good Governance and Brazil's *Bolsa Família* Program." *Comparative Politics* (October): 43-62.

Temin, Miriam. 2016. "A Step Up for the Children Apartheid Left Behind: South Africa's Child Support Grant." In *Millions Saved: New Cases of Proven Success in Global Health* eds. Amanda Glassman and Miriam Temin. Washington, DC: Brookings Institution Press. http://www.jstor.org/stable/10.7864/j.ctt1dgn643.26 (September 25, 2018).

Tepperman, Jonathan. 2017. "Profits to the People: How Brazil Spreads Its Wealth." In *The Fix: How Nations Survive and Thrive in a World of Decline*. New York City, NY: Tim Duggan Books.

Thorpe, Jen. 2017. "South Africa's Domestic Violence Shelters Forced to Turn Women Away." *Women and Girls, News Deeply*, May 26. https://www.newsdeeply.com/womenandgirls/community/2017/05/18/south-africas-domestic-violence-shelters-forced-to-turn-women-away (November 1, 2018).

Wong, Joseph, Ariel Sim, Nicoli Dos Santos, Alexa Waud, Nina Da Nobrega Garcia, and Sarah Ray. 2016. *Reaching the Hard to Reach: A Case Study of Brazil's Bolsa Família Program*. http://reachprojectuoft.com/publications (September 5, 2018).

Wong, Joseph, Kimberly Skead, Anthony Marchese, Stephanie Lim, Kourosh Houshmand, and Aditya Rau. 2016. *Reaching the Hard to Reach: A Case Study of Birth Registration in South Africa*. http://reachprojectuoft.com/publications (September 5, 2018).

The World Factbook. 2016-17. Washington, DC: Central Intelligence Agency. https://cia.gov/library/publications/the-world-facetbook/index.html (February 17, 2019).

Yates, Adam. 2018. Upholding 29(1)(a) in South Africa: The Right to Basic Education. *The Pulitzer Center*. https://pulitzercenter.org/projects/upholding-291a-south-africa-right-basic-education (May 5, 2019).

Zucco Jr., Cesar. 2013. "When Payouts Pay Off: Conditional Cash Transfers and Voting Behavior in Brazil 2002-10." *American Journal of Political Science* 57.4 (October): 810-822.

Author Biography

Francesca “Chessie” Reece is a proud Class of 2019 graduate of the University of Texas at Austin with a B.A. in Plan II Honors and a B.A. in Government. A Forty Acres Scholar from Euless, Texas, at UT Chessie was a representative in the Senate of College Councils, an Undergraduate Fellow with the Clements Center for National Security, a Brumley Next Generation Scholar with the Strauss Center for International Security and Law, and a student appointee to the President’s Student Advisory Committee (PSAC). Chessie will enter a public service career at the Texas Department of Public Safety immediately following graduation.