Working for Inclusion? Conditional Cash Transfers, Rural Women, and the Reproduction of Inequality

Tara Patricia Cookson

Department of Geography, University of Cambridge, Cambridge, UK; tpcookson@gmail.com

Abstract: Throughout the global South, conditional cash transfer programmes (CCTs) are used to promote socially inclusive development. CCTs are widely evaluated for their capacity to build children’s human capital. In contrast, this paper aims to hold “social inclusion” to account by elucidating the impacts of Peru’s CCT “Juntos” on the poor, rural mothers who are expected to meet programme conditions. Grounded in extensive ethnographic research in households, clinics, schools, and village halls, the paper interrogates the work of social inclusion in spaces where uneven development manifests itself in privation. Considered in light of critical feminist theories of performativity and social reproduction, the findings shed light on a far less optimistic reality for the work of social inclusion. This paper contributes a rich empirical account to critical literature on cash transfers and the discourses that drive them, and suggests that the circumstances under which women are required to fulfil programme conditions challenge the substance of contemporary “inclusive” development.

Keywords: inclusion, development, women, social reproduction, cash transfers

Introduction

This paper provides a critical view of social inclusion through the case of Peru’s conditional cash transfer (CCT) programme “Juntos”. Taking a methodologically and theoretically feminist approach, the paper elucidates the impacts of Juntos on the poor, rural mothers who receive the transfers and are expected to meet programme conditions. In addition to furthering understandings of development as a gendered process, the paper centres the mundane experiences of development’s subjects, contributing rich ethnographic data to scholarship on contemporary “inclusive” development.

“Inclusivity” is an aspiration of a miscellany of contemporary development initiatives. Take for example the post-2015 United Nations Sustainable Development Goals (SDGs), which prompt states’ action towards inclusive education, inclusive economic growth, inclusive industrialization, inclusive human settlements, and inclusive justice systems. Social inclusion in particular has gained traction at the intersection of international development and national social policy. The World Bank proclaims that as “the foundation for shared prosperity”, social inclusion “matters” (Bordia Das 2013). However, in practice, the “social” in inclusion is often rendered economic (Levitas 1996), as evidenced in policies that promote inclusion through access to bank cards, savings accounts and credit (Best 2013; Meltzer 2013; Schwittay 2011). While a definition of inclusion may seem apposite to this discussion, it is important
to observe that the SDGs and other policy discourses deploy the term to describe an incredibly wide range of initiatives. Distinctive mechanisms or outcomes are often left open to interpretation. It is difficult to imagine that the SDGs working group’s 70 country members, 11 thematic and 83 national consultations all shared a coherent vision for what inclusion entails. There is a real risk that inclusion is becoming what Cornwall and Eade (2007) call a development “fuzzword”: a prolific term that does not refer concretely to any one thing, but rather allows its user to “fill it with meaning”. This paper asks: how might discourses and practices of inclusion actually reproduce gendered inequalities?

Perhaps the most significant policy tool for achieving social inclusion is the conditional cash transfer (CCT), termed by The Economist “the world’s favourite new anti-poverty device” (Orboc 2010). CCTs are an example of “fast-policy” (Peck and Theodore 2015): today, some form of CCT has been implemented in 52 countries, 17 of which are in Latin America (Lamanna 2014). Advocates claim that CCTs represent a step towards broad social-protection systems based on inclusion and universal rights because the programmes reach groups that previously had little or no access to state services (Bastagli 2009; Cecchini and Martínez 2011; see also Hanlon et al. 2010). CCTs seek to break the intergenerational cycle of poverty by building children’s human capital through a “co-responsible” partnership between household and state. The programmes use small cash incentives to encourage low-income households to meet certain health and education conditions, often termed “co-responsibilities”. The conditionality mechanism ensures high rates of compliance, though long-term CCT impacts are contingent upon the quality of these services (Cecchini and Soares 2015; Fiszbein et al. 2009). The policy preference is for women to receive the transfer and fulfil programme conditions; men are largely absent from the programmes. Foundational feminist scholarship critiqued the ways in which CCTs rely on normative gender assumptions that devolve responsibility for poverty and its alleviation to women (Bradshaw and Víquez 2008; Chant 2008; Molyneux 2006). Building on these critiques, this paper views inclusive development’s fuzzy claims through the reproductive work CCT beneficiaries are required to do.

An analysis of working for inclusion involves centring the “mundane” experiences of CCT beneficiaries, emphasizing the geographical situatedness of everyday life, and understanding that exclusion occurs at the intersection of multiple axes. This paper begins from the contention that women who are poor enough to merit induction into a CCT programme experience exclusion on account of their gender, ethnicity, class, and residence. Even when well-meaning, development policies that fail to reconcile with colonial legacies reproduce the poverty and marginalization they seek to ameliorate (Radcliffe 2015). Inequality is embedded in the very institutions responsible for policy-making, creating the conditions for inequalities to persist (Paredes and Thorp 2015; Thorp and Paredes 2011). Bearing this in mind, the paper adds to an important yet incipient body of critical ethnographies that interrogate the gap between intended and unintended CCT outcomes (Corboz 2013; Dotson 2014; Garmany 2016). These accounts are imperative to making practical challenges to dominant quantitative evaluations and “feel good” discourses that have driven the rapid spread of CCT policy. Going beyond this, the paper makes a theoretical
contribution to development geography by drawing on performativity theory to analyse how women’s experiences of CCTs undercut contemporary welfare and development’s driving discourses and vocabularies.

The paper begins by delving into the literature dealing with inclusive development. I examine prior work on CCTs, highlighting gaps in our understanding of their grounded impacts. I then detail the research methodology, institutional ethnography, which is novel in the study of CCTs. I include here a description of the research setting. The central part of the paper analyses Juntos mothers’ experiences of meeting programme conditions, asking whether the CCT performs social inclusion in practice. This section is organized around three themes: confronting poor quality services; walking and waiting; and the unofficial programme conditions I refer to as “shadow conditionalities”. I use descriptive excerpts from field observations to construct a “thick description” (Geertz 1973) of inclusion enacted over unevenly developed landscapes. Ultimately, the research presented here documents the unintended exclusionary impacts of a well-intentioned social inclusion policy. In doing so, I hope to open up space for a productively critical confrontation with a development “fuzzword”, suggesting how it might be wielded more substantively—and justly.

**Inclusive Development in Latin America**

The UN SDGs are part of a current trend towards “inclusive” international development, in which national social policy plays an important role. Social policy encompasses the political organization of social reproduction, often through social assistance and insurance, healthcare and education (see Mahon and Robinson 2011; Ruckert 2010). In Latin America in particular, social policy has undergone significant changes over the past 35 years (Molyneux 2007). Within the market-oriented “Washington Consensus” paradigm of the 1980s, the World Bank and IMF imposed neoliberal structural adjustment policies that, among other things, devolved responsibility for welfare to communities, households, and especially, women (Benería 1999). By the 1990s, rates of poverty and inequality had risen starkly in Latin America and globally. In response, the global development community shifted its focus towards redressing the devastating impacts of austerity and privatization through social policy (Barrientos et al. 2008; Molyneux 2008; Ruckert 2010). The subsequent “post-Washington consensus” (Stiglitz 1998) is marked by an interest in poverty reduction and discourses of “inclusion” (Roy 2010; Ruckert 2010). In Latin America, this “inclusive” shift has led many to argue that we are witnessing a shift towards a “post-neoliberal” model of governance (Grugel and Riggirozzi 2009; Macdonald and Ruckert 2009). While the general consensus in much of the literature is that there is no singular, coherent post-neoliberal paradigm (Andolina et al. 2009; Cortes 2009; Yates and Bakker 2014), there are several generally agreed upon characteristics. One of these is resurgent use of state institutions to reduce inequality and poverty. Another is an effort to include the poorest and most marginalized groups in the development process.

Within this inclusive development shift, CCTs have surfaced as the policy tool of choice (Cecchini and Martínez. 2011). The World Bank in particular has funded
and supported governments to adopt CCT programmes, a mechanism for promoting social inclusion, which it defines as “the process of improving the ability, opportunity and dignity of people, disadvantaged on the basis of their identity, to take part in society” (Bordia Das 2013:4). Policymakers view access to health and education services as the key to disrupting intergenerational cycles of poverty. Drawing on quantitative metrics, advocates stress CCT programme efficacy in increasing school attendance and health service usage by children and pregnant women (Fiszbein et al. 2009; Hanlon et al. 2010). While women’s empowerment is not typically an explicit programme aim (Soares and Silva 2010), some researchers and policymakers see the preference for female CCT recipients as empowering women at household and community levels (González de la Rocha 2009; Jones et al. 2008). Yet empowerment in this sense is often conceptualized economically; for instance, increased decision-making power over household expenditure (Correa Aste and Roopnaraine 2014), and ability to invest in productive projects (De la Brière and Rawlings 2006). Amidst the enthusiasm, critics argue that Latin America is witnessing “a downsizing of social protection in the name of the poor” as government spending is directed towards CCTs rather than improving basic services (Lavínas 2013:40). Critical gender scholars point out that women’s control over the cash does not necessarily improve their own wellbeing, but rather that of the household (Molyneux and Thomson 2011). In this sense, mothers become “conduits of policy” (Molyneux 2006) in programmes that seek the “social adjustment” of poor women’s behaviour (Bradshaw 2008). As such, CCTs exemplify the “feminization of responsibility and obligation” in development initiatives (Chant 2008).

Whilst this critical literature provides important analytical insight into the operation of CCT programmes, there is less work that directly links discourses and claims of inclusivity with women’s everyday experiences in these ostensibly inclusive programmes. As argued by Cameron (2006:396), the way we understand social inclusion in theory and practice is critically important. At risk in an inadequate conceptualization is a pathologizing of the poor through exclusive focus on “the problems and deficits of those labelled ‘excluded’” rather than on “wider systems and structures” (2006:398). While a robust critical literature considers the meaning and implications of social exclusion (Hickey 2010; Hossain 2010), relatively less attention is paid to social inclusion (Cameron 2005). This is despite inclusion’s prolific usage in the contemporary social policy and development landscape. Analysing policy discourses in Britain in the 1990s, Levitas argued that the terms social inclusion and exclusion alike are often used normatively in ways that obscure systematic reproduction of material inequality (Levitas 1996, 2005). This possibility merits further exploration in the contemporary trend of inclusive development in Latin America. To do so, in the following section I develop a performative lens for analysing the work of social inclusion.

**Performativity as a Lens through which to Assess Inclusion Practices**

To study the links between discourses and practices of social inclusion, this paper’s analytical lens draws on feminist perspectives on performativity. Critical theorist
Judith Butler (1993) uses the notion of performativity to advance an understanding of “gender” as something that one performs, or “does”, rather than as a static thing that exists ontologically prior to or outside of gendered practices. For instance, one is not born female, but rather produces her female gender through repetitive performance of normative “feminine” behaviours or acts. By repetitively enacting social conventions in practice, they become a “reality”. Butler suggests that “performativity must be understood not as a single or deliberate ‘act’, but, rather, as the reiterative and citational practice by which discourse produces the effect that it names” (1993:2).

Drawing on Butler, Sara Ahmed (2012:127) advances the concept of “the non-performative” in order to re-think “the relationship between names and effects”. Ahmed suggests that institutions use specific terms and discourses in ways that create space for them to not deliver on the good intentions they imply. Referencing this, Ahmed states that the term “non-performative describes the ‘reiterative and citational practice by which discourse’ does not produce ‘the effects that it names’” (2012:117). She elaborates on this concept through a discussion of “diversity” within UK higher education. Universities often make institutional commitments to diversity with the intention of addressing racism. These discursive commitments often materialize in the form of mission statements. Yet the work involved in producing a diversity document is not the same as working to address racism; rather, there is a risk that diversity practitioners will “end up doing the document rather than doing the doing” (2012:86). Bearing this distinction in mind, Ahmed shows how the act of naming an institution as committed to diversity comes “to stand in for the effects” when the discursive act is mistakenly regarded as performative (2012:117). In other words, publicly committing to diversity creates a perception of “doing” diversity. Ultimately, this misperception serves to obscure and create new moments for racism. For instance an institution regarded as committed to diversity may be less often held to account for racism, even if they do not allocate the funding or specialized personnel needed to transform embedded racist structures (2012:139).

Using (non)performativity as an analytical lens, this paper offers an empirically grounded account of the disjuncture between inclusive intentions and material realities. Particular attention is paid to the geographies across which Peru’s CCT “Juntos” is implemented. Geographers have acknowledged that “the role of cash transfers within broader structures of social reproduction has emerged as a fundamental development problem” (Ballard 2013:817), yet there remains much room within the discipline for empirical contributions. In Peru, the CCT intervenes explicitly in rural areas, seeking to “include” the largely indigenous Andean and Amazonian communities that have not benefited equally (and in some cases arguably at all) from national resource extraction-led growth. Historically, these areas have had patchy access to state social supports, including health and education services (Bebbington 2004). Rural regions have borne the brunt of what Smith (2008:4) terms uneven development: “the systematic geographical expression of the contradictions inherent in the very constitution and structure of capital”. Topographies of uneven development impact the accomplishment of social reproduction in gendered ways (Katz 2001; see also Bakker and Silvey 2012; Kunz 2010). In asking how social inclusion performs through the CCT, this paper accounts for social reproduction and the landscapes over which this work is carried out.
Documenting how rural women experience social inclusion programming is thus an apposite means of assessing whether the social inclusion discourse is indeed substantive, or rather may be non-performative in this case. After a discussion of research methods, this paper draws on empirical evidence to advocate for greater engagement with inclusion as a fuzzy term that is used to package a tremendous variety of “improvement” projects, while also obscuring unintended consequences.

**Research Methodology**

This paper draws on 10 consecutive months of multi-sited institutional ethnography (IE) between September 2012 and July 2013. Developed by feminist sociologist Dorothy Smith, IE is a “method of inquiry that works from the actualities of people’s everyday lives and experiences to discover the social as it extends beyond experience” (Smith 2005:10). In IE, institution refers to “a vast nexus of coordinated work processes and courses of action in diverse sites”, such as healthcare or education (DeVault and McCoy 2002:753). Geographers have recently called for enhanced scholarship on institutions within the discipline, citing IE as a distinctive methodology through which rich contributions are to be made (Billo and Mountz 2016). IE is well suited to research on CCTs because they are top-down interventions in women’s lives. By centring the experiences of women in Peru’s Juntos, an IE approach inverts institutional power dynamics. Conceptualizing research participants as knowing subjects rather than objects of study is facilitated by IE’s “generous concept of work”, in which “everything that people know how to do and that their daily lives require them to do is a data resource” (Campbell and Gregor 2004:72). In this research, everything that Juntos recipients did as mothers or to remain in the CCT programme is considered “work”.

The findings I present here draw on participant observation, semi-structured interviews, focus groups and textual analysis. Research was divided between Peru’s metropolitan capital Lima (three months), where the CCT is designed and programme headquarters are located, and two districts of programme intervention within the region of Cajamarca, high in the Andean mountain range (seven months). I call the two districts Labaconas (approximately 2220 m above sea level) and Santa Ana (approximately 2000 m above sea level). Cajamarca is the poorest region in the country: 52.9% of households are poor, and 27% of households are extremely poor (INEI 2014). The region bears markings of colonial legacy, grotesque landscapes of foreign investment in extractive industries, and horrific, gendered violence experienced during the internal conflict between the years 1980 and 1992. In this region, the majority of indigenous descendants self-define as campesino (peasant), an ethnic category which indicates smallholder farmers and agriculturalists. Most CCT recipients here, as elsewhere in the country, engage in subsistence farming in order to meet their nutritional needs.

I observed actively in various ways: due to teacher shortage and at the request of a CCT beneficiary, working as the English teacher at the local high school for three weeks; joining the national statistics team for household census preparation; accompanying Juntos families to harvest vegetables and fruits from their land; travelling with local programme managers (LMs) to verify coresponsibilities in schools and health clinics; and
observing how LMs input coresponsibilities information into the online Juntos database. In Cajamarca, I began to notice that the way in which policy unfolded was highly discrepant with how it was planned and spoken about in the government offices in Lima. Rather than focusing on women’s experiences as bounded and static, an IE approach allowed me to draw connections between policy decisions in Lima, the actions of frontline programme managers, and the experiences of CCT recipients. What I present here is one thread of a complex web of disparately situated yet highly interconnected actors, work practices, and experiences.

**Juntos**

The CCT “Juntos” (Together) is one of five programmes deployed by the Peruvian state to promote social inclusion. Created in 2005, Juntos is now the country’s largest social programme (Juntos 2014). At the close of 2013, Juntos had 718,275 affiliated households, and reached 1,553,772 children and 17,170 expectant women. Juntos is housed within the Ministry for Development and Social Inclusion (MIDIS). MIDIS defines social inclusion as:

>a situation in which everybody throughout Peru exercises their rights, has access to high-quality public services and is able to make use of the opportunities opened up by economic growth such that their social origin or place of birth or residence is no bar to equal participation in the community (MIDIS 2012).

Juntos, which is only implemented in rural areas, is used to achieve this aspiration, within which access to health and education services and possession of a national identity document are markers of what it means to be included. As such, the programme provides cash payments of 200 Soles (US$70) every two months to mothers who meet the conditions. These include: children’s regular school attendance up to 18 years of age or graduation; children’s attendance at regular growth and nutrition check-ups until five years of age; and pregnant women’s regular attendance at prenatal care. If the conditions are not met, the mothers and their families are suspended from the programme.

Programme implementation is the task of university or technical-institute educated professionals called local managers (LMs). One or two LMs are generally assigned to a geographical district. In each of the districts of this study, two LMs shared management for approximately 1500 households. Most of their time is spent monitoring women’s compliance with co-responsibilities at isolated rural health clinics and schools across the district, using large paper forms to collect attendance information. It is this information that in turn informs reports that interpret CCTs as effective mechanisms of inclusive development. What the forms and subsequent reports fail to capture, however, is the work that women do as CCT recipients, and relatedly, how the work of fulfilling conditions reproduces exclusion. Women’s work in Juntos involves several things. First, it involves interacting with unreliable and poor quality services. Second, it means spending a significant amount of time walking and waiting: over muddy footpaths, in the rain and sun, in municipal halls and banks and clinics. Third, it entails negotiating a host of shadow conditionalities, many of which involve confronting uneven development and deprivation more often than necessary. It is to this work that the paper now turns.
Confronting Poor Quality Services

In rural Cajamarca, exclusion manifests itself in illiteracy and poor health, inequalities that Juntos seeks to redress. In education, persistent staff shortages, poor quality of instruction, and inadequate infrastructure are common problems. For instance, during fieldwork an ongoing “teacher shortage” meant that over half the secondary students in Sonsonate, Santa Ana district missed classes in Communications, Biology and English. As a result, mothers ensured their children arrived punctually to school in order for them to pass time in the courtyard patch of gravel and brush, chatting or playing with a deflated football. According to close observation over a three-week period, depending on the grade, students spent up to three hours of the five-hour school day without classes. Women reference the irony of the situation: according to Juntos mother Paloma, “perhaps it’s the teachers’ attendance that should be monitored”. Mothers report that staff shortages are recurrent. The state also failed to provide the school, which was built by community members, with a library, functioning toilets, or running water. When campesina women interact with the education system, as Juntos’ conditionality mechanism requires them to do, they also experience discrimination at the hands of school staff. Common experiences involved being exhorted for fees they are not required to pay, ignored, made to wait, and spoken to disrespectfully. An exemplary incident was when Blanca, a quiet campesina woman, approached the doorway of the director’s office—without entering—and asked politely if someone could please unlock the school gate so that she could leave. Without making eye contact, the director snapped, “I have other things to do!” The young female secretary also ignored her. After waiting a moment, Blanca retreated to stand silently by the locked gate. Cases like this were commonplace in this village. They speak to the persistence of intersectional inequalities (Thorp and Paredes 2011) that assign low social status to poor, rural, campesina women. In conditioning the cash transfer upon school attendance while failing to improve service quality or address systematic discrimination, Juntos exhorts women to confront social exclusion.

Regarding health services, indicators of exclusion are worse still. Particularly salient issues were discrimination, staff shortages, absenteeism, and clinic closures during already limited hours. A Juntos meeting illustrates these issues. The meeting was attended by approximately 40 programme recipients seated in rows of plastic chairs, two LMs, the perpetually campaigning district governor, and health staff from the district capital and a village health post. All of these actors stood at the front of the room and wore western dress, which was in sharp contrast to the mothers, who wore wide-brimmed white sombreros and were wrapped in coloured knit shawls. The meeting took place at 10 am on a rainy day in Labaconas’ municipal hall, and attended to the women’s use of health services:

The meeting kicks off with the health chief, who begins by telling the quietly seated mothers not to come to the health post at night unless it is an emergency, not to ask for medicines, and not to show up expecting to be attended. Health staff, he says, will attend them from 7:30 am to 7:30 pm. Women have been coming to the clinic and are not attended, a problem over the past six months that he is aware of; he assures them the municipality has contracted more staff. A mother called Felisa addresses him, apologizing quietly and politely for the bother, and asks if they could possibly get a
doctor at the health centre in the district capital. The chief of staff replies that the health centre has been downgraded from a “centre” to a “post”, so only provides primary care. Felisa says that just two weeks ago she was told at the centre to take her ill mother to Cajamarca for treatment, at which point “they didn’t even give me a pill”. Felisa wasn’t able to take her mother all the way to the city “because she didn’t have the money”. The health chief responds that women should always have some money saved for emergencies. Solanda to my left says quietly to her neighbour “and how do we do this?!”. A woman with long plaits called Juana requests a turn to speak; in a firm tone but using all of the formalities, she says that she is from Lotan village, where there is often no one working at the health post (the referenced staff is also absent from the meeting). She asks what they can do—can they come down to the district capital? And could they please have some health training to deal with issues themselves?

This meeting illustrates several key themes, including rural women’s experiences of poor healthcare and the economic barriers they face to overcome it (Ewig 2010). Juntos mothers are expected to attend health appointments in order to fulfil CCT conditions, but clinics are often closed during “open” hours because of staff absenteeism and high turnover, which are common problems in rural Peru. In effect, in more isolated villages women walk for hours to reach the health post only to find it closed. This persistent problem directly impacts the amount of time women spend accomplishing social reproduction (Ewig 2010:142). This is ironic, and tragic, given that the CCTs are deployed to organize social reproduction in a way the state deems preferable to women’s own arrangements.

The spatiality of exclusion is particularly stark in the meeting described above. Uneven development structures women’s access to healthcare, and this articulates with health staff’s lack of empathy for rural women’s lives. This is illustrated in the health chief’s response to Felisa’s account of trying to access care for her ailing mother. For a woman poor enough to qualify for the CCT such as Felisa, this journey would be a time-intensive and costly affair. First of all, she would likely have to bring along her young children, which would multiply expenses. An average journey from this district entails three or more hours on foot from village to the district capital, payment of travel in combis (private mini-buses) or shared taxi, resulting in a journey of 1.5–2.5 hours to reach Cajamarca, followed by costs of inner-city transit to the hospital. There, Felisa’s family would likely queue for hours to be attended; unlike the private clinic, the Cajamarca public hospital is staffed for outpatient care only in the mornings. Low-income people hence queue out front, starting at 3 am. The family would likely need lodging for the night (or more, depending on whether internment was required) and would have to eat in restaurants, which are expensive. The insensitive recommendation that women “save up” for emergencies fails to acknowledge the doubly spatial and economic barriers that women confront in the face of poor-quality and scarce services.

Thus, the state’s provision of cash in this instance does little to help women and their families overcome the material, and tremendously spatial, realities of their exclusion. Cash does not improve rural service quality and availability, something that would meaningfully support women’s accomplishment of social reproduction. Nor does cash remedy the systematic discrimination experienced by women assigned lower social status on account of their ethnicity. Yet despite this, mothers
fulfil their co-responsibilities. The next section of this paper details what women must go through in order to do so.

Walking and Waiting

By conditioning access to the cash transfer on service usage, CCTs organize rural mothers’ time (Neumann 2013). Women in the Andes spend on average 14–18 hours a day on productive and reproductive labour, do more agricultural work than men, and multi-task, for instance caring for children while spinning wool and pasturing animals (Deere 2005). Fulfilling the conditions Juntos imposes upon them constitutes additional labour. This section underscores that Juntos recipients perform the work of social inclusion by walking and waiting: to attend services, to seek care, and to collect the cash transfer. The spatiality of these activities adds to our understanding of how “inclusive” programming is experienced. Specifically, the conditions under which rural women meet programme requirements differ markedly from the ways in which already “included” (urban) populations themselves access services. Mothers travel, mostly by foot, to fulfil programme conditions, often risking that the clinic will be closed and aware that the quality of attention may be poor. While the landscapes they move through are breathtakingly beautiful, they are often steep and subject to bright sun, heavy rains, and dense fog. Juntos does not make allowances for weather conditions that make women’s travel uncomfortable, difficult, or burdensome. In order to access the cash transfer, which the state promotes as a mechanism for inclusion, women must walk and wait.

The Juntos “payday” is an illustrative example. While Hanlon et al. (2010) argue that we should “just give money to the poor”, the process is less straightforward than it might seem, as is clear in the following anecdote. On a bright day in the northern Andean dry season, Juntos mothers who fulfilled their coresponsibilities travelled from their respective villages to the district capital in order to collect the monetary incentive. The cash is dispersed from inside the municipal hall in the central plaza. I had arrived from Cajamarca in a combi, which was unusually full of opportunity seekers from the city. Loaded with boxes and plastic sacks, micro-entrepreneurs came to hawk their wares in an impromptu market that spread throughout the plaza. Their presence transformed the public space; what was usually a tidy, serene square became a colourful and chaotic explosion of cooking pans and mops, men on loudspeakers selling “curative” Amazonian medicines, second-hand clothing, cheap plastic toys and vendors preparing fried guinea pig and ceviche. This was the scene from 8 am until 4 pm:

At the far side of the bustling plaza, a few hundred campesina women, many with babies held to their backs, stand queuing in four thick lines that stretch both lengths of the municipal hall. Their white sombreros and full skirts distinguish them from the handful of state and municipal employees in western dress, jeans and windproof jackets. An electric blue armoured truck, which carried the Juntos payment up into the mountains, is parked out front, and a uniformed armed guard stands by. Other than the municipal authorities, entrepreneurs, and security guards, there are very few men around. The door to the municipality remains shut, and municipal employees block the entrance. LMs give queuing mothers paper tickets that will
eventually allow them to enter the hall in small groups. It is hot, bright and chaotic; every time a group of mothers are allowed through the doors, there is a lot of pushing and shoving, and the LMs yell: “Understand! There is nowhere to sit!” and “Get in line!” The queues are patrolled by a vigilant female municipal employee who informs LMs if a mother cuts in line. As they enter the building, the women are filmed by a male security guard who points the camera at them and tells them to take off their sombreros.

At this point, mothers have been queuing for hours, as I found out by chatting with them. Many women travelled to the capital in groups of three to five, several neighbours together. One group of women from Chan left their village at 5 pm the previous day; they walked for four hours and spent the night in front of the municipal hall. Aurelia says that they have to come the day before because with the time spent queuing, they couldn’t make the trip in a single day. Others left their communities at 3 am to arrive at 6 am; or 2 am, to arrive at 5 am. The mothers are chastised by an LM who is circulating through the queues telling them not to let others cut in. They protest that it is not their fault, there should be help to prevent this. The LM responds that there are only two LMs for a thousand women, and furthermore, the armoured truck employees want to leave because the mothers are blocking the entrance. She threatens to take photos of the mothers that do this, saying that they’ll be kicked out of the programme and the photos will serve as proof of why. Halfway down the queue, five mothers huddle together; they tell me that after collecting the transfer they will make the three-hour walk to their village, where “we left our children!” Gladys says that she is tired, and they all laugh when I ask if they will rest once they return home. The sun is at full peak now, and a group of six mothers complained that “[the LM] doesn’t take into consideration that we have our babies, it is hot out, and there is no shade”.

Inside the municipal hall are more queues. Here, mothers collect their payment from four uniformed cashiers, who are seated at a long table set out at one end of the room, and flanked by armed guards. Inside it is cool, quiet and organized—a sharp contrast to the heat and chaos on the other side of the doors. Collecting the money is all done manually. When signalled, the mother approaches the desk and a cashier takes a paper receipt with the mother’s name on it from a book and hands over four 50 Soles notes, or the equivalent sum in twenties. Mothers must have their national identity document with them; a bank employee periodically calls out to all of the women to have this in their hand. If he doesn’t see it, he inquires brusquely “Where is it? Have it ready”. A woman called Sidra has forgotten hers, and the cashier doesn’t allow her to collect the payment. Once the women collect the cash, they tuck it into their skirts and exit through the doors back outside.

The anecdote above illustrates new moments for exclusion created by the CCT. Stark gender, ethnic, and rural–urban differences structure who queues and who manages the queues. The characteristics of the physical site and the means by which people access welfare matter (Auyero 2012). Low-income, rural, campesina women are exposed to the natural elements as they queue for as long as half of the day and after walking since before dawn or even the night before. On this particular day it was bright and hot; during the wet season it is cold and rains until roads are impassable. Women queue without access to toilet facilities, seating, or shade. In contrast, non-poor, urban, mestizo, or in my case, white, local managers, security
guards, and municipal authorities arrived by motorized transport and could come and go freely from the municipal hall where there was access to seating, shade, a toilet, and respite from the chaos outside. Social inequalities are reproduced through access to such basic comforts.

This illustration highlights that queuing, while a banal act, is not inconsequential (Auyero 2012). These women’s experiences reflect the contention advanced in a strand of critical scholarship suggesting that “we get a sense of ourselves in relation to others from something as mundane as a queue” (Corbridge 2007:196; see also Corbridge et al. 2005; Jeffrey and Young 2012). In Argentina, anthropologist Javier Auyero (2012) argues that queuing for government benefits is a mechanism for the construction and re-construction of power relations. Auyero shows compellingly how in the hours and hours of waiting, welfare recipients learn to be “patients of the state”. While Auyero’s interest lies in detailing how queuing aids in the formation of welfare recipients’ subjectivities, this paper’s focus remains on what women’s queuing can tell us about what social inclusion does. To be sure, the cash does equate to some material improvement; women’s discussion of the “ayudita” (which translates as “a little help”), supports arguments that CCTs increase household consumption (Arroyo 2010; Hanlon et al. 2010). Nonetheless, the way in which payday plays out reproduces social hierarchies that afford rural campesina women a lower social status than urban state bureaucrats including LMs and municipal staff, bank tellers and security guards. This occurs in addition to the time burden of walking and waiting patiently. These “new” instances for exclusion challenge simplistic assumptions about cash inevitably fostering inclusion. The final empirical section of this paper examines a manner in which the disjuncture between policy intentions and performed relations is particularly stark.

**Shadow Conditionalities as New Moments for Exclusion**

In addition to meeting the required co-responsibilities, mothers perform a host of other tasks as CCT recipients. When asked about what is required of them as Juntos recipients, women in my interviews cited a variable combination of the following: having hospital births; growing a garden; keeping hygiene instruments (toothbrush, soap) organized; cooking for the school lunch programme “Qali Warma”; having a latrine; leaving babies at the state day-care “Cuna Más”; participating in parades; painting the Juntos flag on the outside of one’s house; contributing towards the medical costs incurred when a neighbour breaks a leg; having a *cocina mejorada* (smokeless stove); participating in a regional cooking fair; and attending literacy workshops. None of these are official policy requirements. However, in all of the interviews conducted women named at least two of these tasks; typically they named four or five. This section will present shadow conditionalities as new moments for exclusion of CCT recipients.

In other countries, mothers do additional unpaid labour as CCT recipients. In Mexico for example, collective community work called *faenas* are part of the package of assigned tasks (González de la Rocha 2006:129). In Perú’s Juntos, collective community work is not “officially” classified within women’s coresponsibilities, but they do experience it as such. In general Juntos mothers exhibited a lack of clarity
regarding what is officially expected of them. For instance, Suniva has been in the Juntos programme for five years. During an interview, she spoke to the threats women had received:

**Researcher:** And what do you have to do to stay in the Juntos programme?

**Suniva:** Do what they tell us. Plant gardens, have vegetables, all this. Because if not, they say that they’ll kick us out of the programme ... They suspend us. Like that, they’ve said it to us.

I define these additional activities as shadow conditionalities because in practice they are indistinguishable from the tasks that are “officially” required. The work is often organized by Juntos local managers, teachers and health staff, who use threats of expulsion from the programme in order to get women to participate. It is important to be clear that their threats are not necessarily idle; many frontline bureaucrats do have the discretion to remove women from the programme, even if they have been meeting all official conditions.

While some of these activities are difficult (cultivating a garden when faced with chronic water shortages) or stigmatizing (participation in a Juntos parade), the consequences of other shadow conditionalities include risk of bodily harm. Perhaps the most salient example of this is hospital births, a shadow conditionality that was highly visible during research. In continuation of the Juntos meeting regarding health services detailed above, mothers were also exhorted by LMs to have hospital births:

Quietly seated Juntos mothers have now been at the meeting forty-five minutes. In a raised voice, the LMs insist that women have to give birth in a health post: “Look—hospital births are obligatory! Let’s be clear about this!” Instead of adult women, they are being lectured like children who have misbehaved. A very young female nurse begins to talk about why hospital births are important. Contradicting the LM, she says that “hospital births are not obligatory”. However, they “are better”, and “what would happen if something went wrong at home?” The other LM interrupts to say that they will “sanction” and “suspend” those mothers that do not give birth at a health post. He continues by saying that pregnant women must report when they are pregnant. A mother named Janina says that she is very sorry but she lives very far away, so this is impossible: “how would I ever be able to get myself there?” Other mothers voice agreement. The young nurse responds saying they must try. She has seen many maternal deaths, and is frustrated at having to go to houses late at night and not be allowed to attend a birth, replaced by the sister or the mother-in-law. At the point of yelling, she says when she touches a woman giving birth that “they protest, but not when the midwife does it! She can do whatever!” She mimics women’s wails and complaints as she imitates gently touching them, and then switches to mimicking the women’s supposed silence when a midwife uses her knee along the lower back to assist labour. Many of the mothers laugh, but the nurse does not, she replies angrily “You don’t let me work!” An LM interjects that the mothers should not do it for the 200 Soles [the Juntos cash transfer] but for their “own wellbeing”.

For many mothers, deciding to travel to the clinic while in labour entails a journey on foot of up to several hours, and as previously discussed, clinics are often without staff. On an otherwise quiet afternoon in February, I accompanied an LM through the municipal plaza as he tracked down Juntos mothers who had recently given
birth in order to collect their newborns’ birth certificates. Suddenly, the Social Development director ran out of the municipal hall talking frantically on his mobile phone. A mother named Trinada was in labour in a distant village, and the district’s one ambulance would not start. The municipal workers thought the battery was dead, but there was no driver available, anyhow. The men tried to figure out how to get Trinada to the health post. Although she was located over an hour’s walk away, they decided that she would have to make the descent on foot. Upon further inquiry at the municipality, I discovered that the ambulance battery is routinely dead; in fact, it had not been functioning for the past year. Later that afternoon, another mother went into labour in a village located three hours away by foot. In her case, the director of Social Development travelled on a municipal dirt bike to bring her down to the district capital health post.

Women’s experiences such as this illustrate the link between shadow condition- alities and exclusion as occurring at the intersection of geography, gender and ethnicity. It bears noting that if a mother did reach a clinic while in labour and were to find it open, she may have to confront discriminatory attitudes and practices, potentially from the very same health staff who mimicked her pain at the meeting discussed above. Lack of sensitivity to cultural norms around childbirth results in poor treatment of campesina and indigenous women. Programme mothers say that giving birth at home is more comfortable “because you have the help of your mother and husband”, while at the clinic, the nurses are “brusque and you must lie down”. Women are aware that the health staff’s behaviour is due to discriminatory attitudes. According to Juntos mother Paloma, the poor treatment is because “we are humble people”. What could possibly be motivating about the prospect of such treatment? Ethnic discrimination is common and historically rooted in health policy and service delivery (Ewig 2010; Oliart 2003). Women, who are more likely than men to retain markers of ethnicity such as dress and language (De la Cadena 1992), experience culturally insensitive and discriminatory treatment by urban white or mestizo doctors and nurses (Ewig 2010). Of course, poor treatment is arbitrary rather than universal (Planas and Valdivia 2009), and not all health staff treated women poorly.

Juntos does not “officially” require women to have hospital births (or build gardens or labour unpaid for the school lunch programme). And yet the way that social inclusion unfolds in this rural area of Peru is such that women are exhorted to undertake burdensome and potentially risky activities in order to receive a small sum of cash. Institutional ethnography allowed me to trace the roots of such perplexing situations. In this case, interviews with policy stakeholders, LMs and health staff indicated salient drivers including their own personal beliefs regarding responsible maternal behaviour and public health, and institutional pressures to reduce maternal mortality. These drivers support Hossain’s (2010) detailed analysis of CCT implementation in Bangladesh which shows local managers determining “deserving” and “undeserving” recipients at the intersection of institutional constraints and ideas around social difference. Women’s accounts indicate that they fulfil these extra activities because what is required of them is unclear, and as demonstrated elsewhere, discourses of “responsible motherhood” are indeed powerful (Bradshaw 2008; Molyneux 2006).
In summary, let us return to the question posed at the beginning of this paper: what does social inclusion do? Three core elements emerge about women recipients’ experiences of Juntos. First, in order to meet programme conditions, women confront scarce and poor-quality health and education services. Second, to access the services and cash incentive that are meant to promote social inclusion, women walk and wait in ways that reflect and reinforce their exclusion. Third, through shadow conditionalities, Juntos women engage in time-burdensome activities that may be stigmatizing or trivial, confront discrimination from urban professionals, and risk bodily harm (in pursuing facility based delivery). Social inclusion is non-performative when seen in light of women’s experiences of accomplishing the social reproduction work assigned them. While these women experienced exclusion and marginalization before the CCT programme arrived in Cajamarca, the conditional aspect of the CCT creates new moments of exclusion.

Conclusion
By focusing on low-income, rural women’s experiences of a “revolutionary” social programme, this paper contributes a critical account of contemporary inclusion politics as non-performative. The narratives about inclusion that circulate at the policy scale are contested by local-level experiences in which the CCT articulates with bodies and unevenly developed landscapes. As key actors in the state’s attempt to advance inclusive development, poor, rural campesina women are exhorted to confront the material and social manifestations of their exclusion. To be sure, some manifestations of inequality addressed in this paper are specific to Peru’s landscape and colonial history. Rather than suggesting that the CCT outcomes detailed here will be found elsewhere, this paper has sought to illustrate what happens when attempts at inclusion fail to adequately address inequality’s roots. CCT recipients’ experiences indicate the Peruvian state fails to account for the hours rural women already spend labouring for their families’ survival, and the conditions in which they do so. As a result, women are unjustly burdened.

As Ahmed (2012:69) points out, the “feel good politics” of words like diversity stand in contrast to the “threatening” connotation of other words that more explicitly invoke issues of injustice and inequality. In the case presented here, social inclusion’s ambiguous and “non-confrontational” character allows for it to market policies that do not challenge the sexist, racist and capitalist structures and systems underlying poverty and exclusion. The language of inequality, in contrast, makes explicit the condition in which some people have more than others. In her vision of transformative justice, Fraser (1997) argues that we must recognize cultural inequalities and socioeconomic inequalities, such that just politics are based in recognition and redistribution. One compelling argument is for unconditioned cash payments as a “new politics of distribution” (Ferguson 2015). Of course, this must be coupled on the one hand with targeted investment in improving rural access to quality health and education services, and on the other, an explicit move towards a society in which women and their reproductive labour “count” in both policy and practice (Waring 1988). Future research might consider men’s experiences of policies that seek
inclusion through women’s labour. This line of inquiry is critical to our understanding of gender in contemporary welfare and development. And finally, if we are to avoid pathologizing the poor, the diverse spaces and practices through which inclusion’s exclusionary practices are subverted must also be continuously brought to light.

Acknowledgements
This research was funded by the Gates Cambridge Trust. I wish to thank the reviewers for their comments and suggestions, Sarah Radcliffe for her invaluable guidance in conducting this research, and Isaac Holeman and Lizzie Richardson for very helpful readings of a draft.

References

© 2016 The Author. Antipode © 2016 Antipode Foundation Ltd.


Geertz C (1973) Thick Description: Towards an Interpretive Theory of Culture. Readings in the Philosophy of Social Science. New York: Basic Books


Oliart P (2003) *El estado Peruano y las políticas sociales dirigidas a los pueblos Indígenas en la década de los 90*. Austin: Centre for Latin American Social Policies, University of Texas at Austin

