

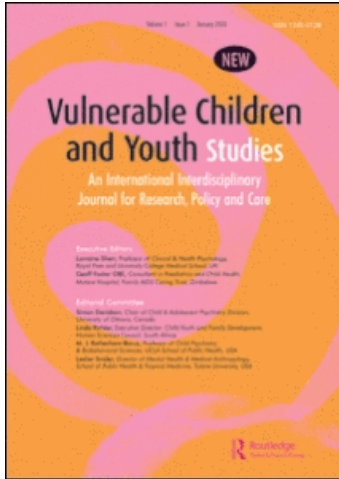
This article was downloaded by: [Miller, Candace]

On: 17 June 2010

Access details: Access Details: [subscription number 923116709]

Publisher Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Vulnerable Children and Youth Studies

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t724921266>

Interrupting the intergenerational cycle of poverty with the Malawi Social Cash Transfer

Candace M. Miller^a; Maxton Tsoka^{bc}; Kathryn Reichert^d; Anila Hussaini^a

^a Boston University School of Public Health, Center for International Health and Development, Boston, MA, USA ^b Centre for Social Research, University of Malawi, Zomba, Malawi ^c University of York, York, UK ^d Management Sciences for Health, Cambridge, MA, USA

Online publication date: 16 June 2010

To cite this Article Miller, Candace M. , Tsoka, Maxton , Reichert, Kathryn and Hussaini, Anila(2010) 'Interrupting the intergenerational cycle of poverty with the Malawi Social Cash Transfer', *Vulnerable Children and Youth Studies*, 5: 2, 108 – 121

To link to this Article: DOI: 10.1080/17450120903499452

URL: <http://dx.doi.org/10.1080/17450120903499452>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Interrupting the intergenerational cycle of poverty with the Malawi Social Cash Transfer

Candace M. Miller^{a*}, Maxton Tsoka^{b,c}, Kathryn Reichert^d and Anila Hussaini^a

^a*Boston University School of Public Health, Center for International Health and Development, 801 Massachusetts Avenue, Crosstown 3rd Floor, Boston, MA 02118, USA;* ^b*Centre for Social Research, University of Malawi, Zomba, Malawi;* ^c*University of York, York, UK;* ^d*Management Sciences for Health, Cambridge, MA, USA*

(Received 1 May 2009; final version received 19 November 2009)

Cash transfer programs throughout the world were designed within a Social Protection framework to alleviate poverty in the short term and to interrupt the long-term intergenerational cycle of poverty. In this study, we examine the potential of the Malawi Social Cash Transfer Scheme (SCTS) to interrupt the intergenerational cycle of poverty in ultra-poor and labor-constrained households in Malawi. Using qualitative data from 16 focus groups with 163 children, we map the voices of children to various dimensions in a framework of intergenerational poverty. The framework identifies financial, material, environmental, human, social, cultural and political capital as important inputs for older generations to transfer to younger ones in order to avoid lifelong poverty. We found that focus-group participants reported dramatic and widespread changes in their lives resulting from the cash transfer in nearly all of the framework's dimensions. Participants reported that the cash allowed them to gain access to goods and materials, including food, healthcare, school supplies, clothing, blankets, housing and livestock. Respondents described changes in their lives, such as providing less labor for the household, allocating more time to schooling, enjoying adequate and high-quality foods, accessing healthcare and purchasing medicine. They also described better mental health, with new hopes and dreams for the future. These changes have the potential to interrupt the intergenerational cycle of poverty. Nevertheless, despite these widespread and positive benefits to children, whether the SCTS will become part of the national policy, and the scheme's long-term sustainability, is still uncertain.

Keywords: cash transfer; social protection; intergenerational poverty; children; Malawi

Introduction

Social protection interventions include a set of policies and programs aimed at reducing chronic poverty, while encouraging long-term investment in human and physical capital. Both conditional and unconditional cash transfer programs throughout the world were designed within a Social Protection framework to alleviate poverty in the short term and to interrupt the long-term intergenerational cycle of poverty that traps children in a lifetime of chronic destitution. Malawi's draft National Social Protection Policy (2008), now called the National Social Support Policy (2009), specifically articulates its goal of emphasizing "long term, predictable interventions" that "contribute to asset creation and

*Corresponding author. Email: Candace@bu.edu

protection”, and through this, the aim is to “strengthen human capital, thereby helping to break the intergenerational cycle of poverty”. Harper and Marcus (2003) describe the intergenerational transmission of poverty as the “private transmission of poverty from older generations of individuals and families to younger generations” and the “lack of transfer of resources from one generation to the next”. Furthermore, they suggest that transitioning out of poverty requires financial investments so that children have adequate health, nutrition, education and other inputs.

A growing body of empirical evidence from Latin America and elsewhere demonstrates that households’ invest cash transfers in developing human capital, at least in the short term, suggesting that these schemes, as part of a Social Protection framework, can improve the factors that impact intergenerational poverty. For example, in various quantitative impact evaluations, gains in educational enrolment or improved attendance were found in Bangladesh, Colombia and Nicaragua (Attanasio, Gomez, Heredia, & Vera-Hernandez, 2005; Fiszbein et al., 2009; Maluccio & Flores, 2005). Improved nutrition, food security and food diversity were found in Mexico, Nicaragua and South Africa (Booyesen & Van Der Berg, 2005; Fiszbein et al., 2009; Maluccio & Flores, 2005). Children had improved health, as measured by gains in anthropometry in Mexico and South Africa (Gertler, 2004; Lagarde, Haines, & Palmer, 2007), and improved health-seeking behaviors in Chile and Colombia (Attanasio, Fitzsimmons, & Gomez, 2005; Galasso, 2006). However, many of the programs that have demonstrated these positive impacts are conditional, so that transfer beneficiaries and their children are required to attend health centre talks, growth monitoring appointments or school in order to receive cash. In Africa, cash transfer schemes are generally unconditional, due to supply-side resource constraints in health centers and schools and inadequate infrastructure to monitor conditions. Alternatively, as in South Africa, cash grants may be rights-based, provided to impoverished households or vulnerable groups as part of the state’s obligation to ensure that its citizens have the conditions necessary for a standard of living adequate for survival and development. In any case, it is not clear whether unconditional cash transfer schemes, such as in Malawi, will yield similar long-term positive impacts as conditional schemes throughout Latin America.

In Malawi, one of the first resource-poor countries in Southern Africa to implement a cash transfer scheme, the impact of the pilot cash transfer scheme on children has been measured quantitatively with a treatment and comparison group. Impacts include better nutrition and health with fewer illnesses. Specifically, compared to non-recipients, after one year on the cash transfer children in beneficiary households experienced the following impacts: a 13% point difference in the proportion of underweight 0–3-year-olds, a 0.5 cm gain in height among 5–18-year-olds and a 10% point reduction in reported illnesses among children aged 0–18 years in intervention versus comparison households (Miller, Tsoka, & Reichert, 2009a). Educational impacts include a 5% point difference in enrolment, increased educational expenditures per child, a one day decrease in absences and a 10% point decrease in out-of-home work (Miller, Tsoka, Reichert, & Alley, 2009b). At the household level cash transfer families have experienced improved food security, as evidenced by dramatic increases in food expenditures and nutrition with improvements in dietary diversity, and the regular consumption of complex proteins such as meat and fish (Miller, Tsoka, & Reichert, 2009c). They have also acquired household and productive assets and livestock (Miller, Tsoka, & Reichert, 2008).

Nevertheless, Barrientos and Dejong (2004) and many other experts argue that the degree to which social protection strategies can reduce chronic poverty have yet to be investigated fully, and it is not clear which are the most promising interventions to interrupt the poverty cycle. Moreover, there are additional dimensions of resources and inputs – beyond the

Table 1. The dimensions, and examples, of capital transmitted between generations that prevents the intergenerational cycle of poverty.

Financial, material, environmental capital	Human capital
Cash	Educational qualifications, knowledge
Land	Access to education
Livestock	Coping/survival strategies
Housing, buildings	Good physical health
Physical assets	Good mental health
Property resources	Disease impairment
Food security	
Social, cultural, political capital:	
Hopes for the future	
Traditions, institutions	
Norms of entitlement, value systems	
Position in community	
Access to decision-makers/organizations	

Note that the category of debt in the domains of financial, material and environmental capital is not discussed, because children did not mention any debt that their household accrued since becoming Social Cash Transfer Scheme (SCTS) recipients.

above commonly reported indicators – that older generations transfer to younger ones, which can be assessed to determine whether policies and programs are able to affect inter-generational poverty.

In this study, we conduct a qualitative analysis using focus groups with children to explore a broad framework of intergenerational poverty. The framework, developed and articulated by Moore (2001), posits that poverty moves through generations due to a lack of inputs, resources and capital, along with poor health, forced child labour, inadequate access to education, low self-esteem and inadequate social standing. This framework identifies financial, material, environmental, human, social, cultural and political capital as important inputs for generations to transfer (Table 1). We map these dimensions to the voices of children who describe their experiences, in their own words, before becoming transfer recipients and as cash beneficiaries. This allows us to examine the potential of the Social Cash Transfer Scheme (SCTS) to interrupt the intergenerational cycle of poverty in ultra-poor and labor-constrained households in Malawi. We ask the question: “Can a regular, reliable monthly cash transfer bolster the capital in each of these domains to interrupt the ongoing cycle of poverty?”

The Malawi social cash transfer scheme

By 2009, the SCTS was operational in seven districts throughout Malawi. The cash transfer is targeted to the poorest 10% of households (ultra-poor) that are also labor-constrained (Schubert & Kambewa 2006). Ultra-poor households are in the lowest expenditure quintile, generally own few assets and are frequently food insecure. Labor-constrained households either have no able-bodied adults aged 19–64 or have a dependency ratio worse than three, so that one adult must care for more than three children, elderly or chronically ill household members (Schubert & Kambewa 2006). Currently, the SCTS reaches more than 11 000 households, with plans to cover the entire country by 2012, when the SCTS will cost an estimated US\$60 million per year (Government of Malawi, 2009). The SCTS is implemented by the Government of Malawi at the level of the District Assembly. The scheme utilizes a community-based targeting strategy, which is described in detail in Miller, Tsoka, and Reichert (2009d). The base range for monthly transfers in

Malawi is MK600 (US\$4.30) for a one-person household to MK1800 (US\$12.85) for households with four or more members. A MK200 top-up is paid for primary school-aged children and MK400 for secondary school-aged youth. On average, beneficiaries receive MK2000 (US\$14). In Malawi, the mean transfer amount is 60% of per capita expenditures, and ranges from 4% to 292% of per capita expenditures.

Methods

The Boston University Institutional Review Board and the Malawian Health Research Council at the Ministry of Health approved the study protocols submitted for the evaluation.

Qualitative data collection and analysis

We conducted focus-group discussions with children from cash transfer households (16 focus groups and 163 children) in the village groups where the scheme was operational in October 2007. Rather than a qualitative analysis comparing recipient and non-recipient children, this study is a within-group analysis where only intervention children were asked to describe the changes in their lives that resulted from their households becoming cash transfer recipients.

Focus groups were held in village locations conducive to confidential discussions. We worked with local village leaders to invite all children, aged 8–17, from SCTS households living within a 15-minute walking distance of the focus-group discussion meeting-place to participate in the discussion. We varied the meeting-points to include children from even the most remote villages in the discussions. Village leaders believed that the majority of children in cash transfer households in the location attended the discussion; however, in the absence of a formal roster, it is unclear how many eligible children actually participated, or the situation of the children who did not participate.

The semi-structured focus-group discussion guide (available online at <http://childresearchpolicy.org/mchinjicashtransfer.html>) was developed after the initial analysis of six month impact data. While it was influenced by quantitative findings, it was designed so that research assistants (RAs) could ask children to describe both the positive and negative impacts that they experienced as part of a beneficiary household. Questions were open-ended and non-leading, such as the following: “What good/and what bad things come out of receiving cash each month?”. RA’s were trained extensively in qualitative methods before piloting the instruments and collecting data, and instructed to probe responses thoroughly to learn as much as possible about the circumstances of children. Two research assistants conducted all discussions with one moderator and one note-taker. RAs transcribed notes and recordings from Chichewa into English and transcripts were then typed. Field supervisors observed RAs and reviewed all Chichewa and English reports to ensure accuracy and consistency between transcripts, as well as verified translations, obtained clarifications as needed and identified emerging themes.

We read and reread transcripts, developed codes for categorizing data and coded transcripts using nivo version 8 software. We examined coded text for common themes and the frequency with which they appeared, and then selected typical quotes to illustrate the phenomena.

Results

Household characteristics

Among households in the district that were receiving the cash transfer (a separate quantitative analysis is available in Miller et al., 2009d), the average age of the household head

was 62 years, while 25% of households had heads who were over the age of 75. Fifty-seven per cent of households were female-headed. Among household heads, 50% had no schooling and 47% had only some primary schooling. Forty-six per cent of households contained no adult aged 18–65 able to work and 21% had a dependency ratio worse than three. Among a sample of households interviewed before they began the cash transfer, approximately 70% were not food secure, defined as going more than 8 days per month without adequate food.

The 16 focus groups contained 163 children between the ages of 8 and 17 (24% aged 8–11, 51% aged 12–14 and 25% aged 15–17). Forty-five per cent of children were male.

Table 2 presents the dimensions of intergenerational poverty as articulated by Moore, examples of topic areas identified from the focus groups that relate to each dimension and the number of focus groups in which the topic was mentioned. In Table 3, we present typical quotes from children for each dimension articulated in the framework on intergenerational poverty.

The children also discussed what children “like them” need in order to have a good life (in addition to the cash transfer). They told us that children need food, medical facilities, better access to hospitals, good clothing, love from people (especially orphans whose parents are dead), football grounds and balls, boreholes to draw clean water and HIV prevention information. Additionally, participants were explicit about the improvements needed in the Malawi educational system (Table 4).

Discussion

Children and youth in this study come from Malawi’s poorest, most destitute households that have lacked employment and been disconnected from the cash economy until the cash transfer began. These households have multiple risk factors for the ongoing transfer of intergenerational poverty, including unfavorable dependency ratios and female heads, heads with little or no schooling and older or elderly heads (Bird, 2007). They are also often skip-generation households with orphaned children. Despite these risk factors, and the chronic poverty experienced by households prior to becoming transfer recipients, study participants reported dramatic and widespread changes in their lives as a result of the cash transfer in nearly all the dimensions in the framework. These changes have the potential to interrupt the intergenerational cycle of poverty.

For example, respondents report having access to the goods and materials purchased from the cash including food, healthcare and medicines, school supplies, clothing, blankets, housing materials and livestock, and even in some cases receiving pocket money. Moreover, they report changes in their lives and activities including providing less labor for the household and allocating more time to schooling, with regular attendance and better performance. Children and youth report that their caregivers no longer view them as the household’s coping strategy (i.e. the labor that adults cannot provide), but describe how their guardians now prioritize education, as evidenced by both investing in a range of school supplies and not requiring work. In many cases, children in these households are poised to acquire more years of education than did their caregivers, particularly orphaned children living in skip-generation households with grandparents. While the oldest generation anticipated that their adult children would care for them in later years, the youngest generation understands that they must acquire the skills and knowledge necessary to secure employment in the future.

Despite these important gains in school attendance, children themselves express concern about the quality of education that they receive. Indeed, the Malawi educational system

Table 2. Dimensions of intergenerational poverty and examples of evidence from focus groups.

Type of capital	Concepts identified from focus groups	Number of focus groups where concept was mentioned
Financial, material, environmental capital		Total no.
Cash	Receiving the SCTS regularly; able to buy food and non-food essentials; children may have pocket money	16/16
Land (as a productive or non-productive asset)	Better cultivation of land due to purchasing fertilizer and increased efforts in personal fields	12/16
Livestock	Purchase of livestock that will reproduce, and be transferred to the children	15/16
Housing, buildings	Building and renovating housing, improving roofs, saving to build	10/16
Physical assets	Kitchen supplies, housing, blankets, bicycles	16/16
Property resources (including businesses)	Investment in businesses	5/16
Food security and nutrition	Sufficient quantity of food; higher-quality foods	16/16
Human capital		
Educational qualifications, knowledge	Increase in school attendance/performance due to decreased sicknesses, can pay school fees; purchase uniforms and supplies	16/16
Decrease in child work	Rather than casual labor to contribute to household survival, children focused on school; now helping to prepare meals or cultivate personal gardens	16/16
Coping/survival strategies	A shift from relying on child's labor, to meeting basic needs with cash transfer; hiring others to perform labor that is needed	16/16
Good physical health	Can afford transportation to private hospitals, access medication when sick; better nutrition, spend less time taking care of the sick; able to pay medical bills and bathe	16/16
Good mental health	Increased self-esteem, looking smart and feeling healthier	8/16
Disease impairment	Transmission of HIV/AIDS; high number of orphans and vulnerable children	2/16
Social, cultural, political capital		
Hopes for the future	Career and business plans, future planting seasons; housing renovations	16/16
Traditions, institutions	Hosting meals after funerals; participate in community events	2/16
Norms of entitlement, value systems	Livestock can be sold to benefit children in the future; building/improvement of homes; emphasis on education; family violence has decreased	3/16
Position in community	Able to share food, etc. with non-recipients, attend school rather than work, and own materials and assets that demonstrate improved status	16/16
Access to decision-makers, influential people	Access to education and teachers, private hospitals and healthcare, agricultural extension workers, other government workers	16/16

Table 3. Children's voices on dimensions of factors that interrupt intergenerational poverty; what is transmitted; voices of children.

Financial, material, environmental capital	<ul style="list-style-type: none"> • Because we have started receiving cash transfer money, we buy food, clothes, exercise books, pens and some money is used for paying school fees for secondary school (male, age 13) • We get about 5 or 10 kwacha to buy things at school (female, age 12) • When they receive the money, they are buying us things that we were not eating in the past, like milk (male, age 15) • I am a child who gets the cash from the scheme and I am an orphan. The scheme has helped me. I use it to support my household and also in school I pay fees (male, age 17) • In those days, we had no money for school fees, clothes; but now with the scheme it is easy to meet these costs (female, age 16) • We never had any sort of economic support in our families, but nowadays we are able to buy soap, food and even salt (female, age 16) • We have fertilizer that we will apply in our farmland that we are now managing to cultivate because of scheme (male, age 9) • We are benefiting from the transfers because they buy fertilizer, which we apply in a vegetable garden where we produce food for consumption (male, age 15)
Land (as a productive or non-productive asset)	<ul style="list-style-type: none"> • Cash transfers have helped recipients to buy fertilizer so that they can apply it to tobacco during the coming season (female, age 12) • The tobacco is sold at the auction floors and the money realized from the sales is used to buy food in the home • People are buying seeds with the transfers. There are some that have groundnut seeds ready for planting (male, age 15) • In the past, we had no livestock and food, but now they have bought goats and chickens, and maize grain (male, age 9) • Our household now has livestock like goats, chickens and has maize grain (female, age 12) • We have goats in our homes while households that do not receive the transfers do not have. Goats are so nice; they act as ornaments in the home (male, age 15) • Since we have goats in the home, we have the privilege of having food since the goats can be sold to get money for buying food. This cannot happen to children in non-recipient households (female, age 12)
Livestock	<ul style="list-style-type: none"> • Our parents have used the money to buy goats, and when they multiply, they are going to share them with us (female, age 16) • My grandmother has also built a burnt brick house, bought me uniform and. . . (male, age 13) • My parents managed to build burn brick glass thatched house with paint in side of the house. . . without this scheme we would have no house (male, age 13)
Housing	<ul style="list-style-type: none"> • At my home, they have purchased iron sheets that can cover almost half of the house and I am hoping by the end of this year our house will have a roof covered with iron sheets (male, age 12)
Assets	<ul style="list-style-type: none"> • We sleep comfortably because we have acquired good blankets and sleeping mats (male, age 8) • We have good plastic plates that we use when eating. . . (male, age 13) • Children are privileged because parents buy exercise books, pens, school uniforms and bicycles with cash transfer money which they get every month. . . (male, age 13) • Government should know that we are now living in good housing conditions. We have blankets and clothes like skirts and shoes (female, age 13) • Some families have bought bicycles, which they did not have (unknown gender and age) • We now sleep under blankets while we did not before cash transfer (female, age 13) • In the past, we slept in the open, without blankets (female, age 9)

- My guardian has started doing tearoom business and money is coming to our house when people come to buy cups of tea. They also bought maize with the money realized from the business (female, age 13)
- Yes. We sell tomatoes (female, age 13)
- We sell small cakes and fritters (female, age 12)
- We sell matamba (small fish) (male, age 12)
- But this money has also helped some recipients to start their own beer-brewing businesses because they never used to have enough funds to buy sugar for the production of beer. But now, with this transfer, they manage to buy the sugar and run these . . . businesses (female, age 14)
- We are not starving anymore because they buy us food everyday (female, unknown age)
- We are also very attentive in class because we eat good food like fish. We do not go to school on an empty stomach (male, age 8)
- My parents are now able to buy food and we are eating nutritious food, e.g. fish, meat, and sometimes chickens (male, age 13)
- Their diet is diversified. We are now eating different groups of foods (unknown gender and age)
- We are happy now. . . in the past we were not eating in the afternoon and sometimes in the evening. Now we are eating three times a day. . . (female, age 10)
- Now we don't frequently get ill since we are eating different types of food that make our bodies strong (male, age 15)
- It changes them for the better than before they stated receiving the cash transfer. Now we are able to eat three times per day. We are able to eat good food like meat and fish (unknown gender, age 13)
- We are also benefiting by getting good education because we have uniforms and we are going to school everyday (female, age 13)
- We are interested in going to school because we bathe using soap and we put on good clothing like clean uniform (male, age 13)
- We go to school regularly because we have school uniform and books to write on when we are in school (female, unknown age)
- Government should know that our parents are taking good care of us by buying us food, clothes like school uniform, books and pencils, and we are going to school because of the scheme (female, age 13)
- We are also scoring good grades because we are very attentive in class because we eat good food, we have uniforms and books and pencils due to scheme money (female, age 12)
- We have more chance because we have everything in life, our parents receive money from the cash transfer; we have food, school uniforms, exercise books, pens and clothes. While our friends don't have that. . . (male, age 13)
- Sometimes the teacher sends them back home from school because they don't have school uniforms, pens and exercise books (male, age 13)
- In the past, we were doing casual labour like cultivating the farmland, but now we have stopped because we are always in school learning (male, age 13)
- We have opportunities of living a healthy life. . . and we have stopped doing heavy work like cultivating the farmland. . . (female, age 11)
- Those who are in families that do not receive money are still doing jobs, something that we no longer do (female, age 12)
- We used to be casual laborers to get money to support ourselves in school. But now, we do get money from government and use at home.
- We no longer spend time in casual labour as before (unknown gender, age 17)
- I used to work very much in casual labour and then after domestic work myself. That was really tough for me and too much for my age (unknown gender, age 17)

Property resources
(including businesses)

Food security

Human capital
Educational
qualifications,
knowledge

Decrease in child work

(Continued)

Table 3. (*Continued*)

Coping survival strategy	<ul style="list-style-type: none"> • We used to accompany our parents to do casual labour. Sometimes we were told to miss school and work to get food. But now, we have money to buy food for the family (unknown gender, age 16) • We have stopped doing casual labor because parents are able to employ others to do the work instead. . . (male, age 13) • We do less work now . . . before receiving the money, we had to be absent from school and do piece work, and from there we would work in our field in the late afternoon, but now we buy food using the money . . . (male, age 14) • We are not looking after sick people because our parents have money now, and if someone is sick they take him to . . . hospital where they use cash transfer money for transport costs and medical bills (male, age 10) • When we are sick, our families are able to provide us with medicine because they manage to buy it (male, age 9) • We have opportunities like . . . accessing good medical attention. . . when we are sick (female, age 12) • We are having a healthy life. We are now eating three times a day, which is very different with the past when we were only eating once, or sleeping without taking food (female, unknown age) • Our health has really changed because we have food frequently throughout the year nowadays. . . (male, age 11) • We are not frequently sick these days because we have healthy bodies and we get medicine in time (male, age 13) • It was difficult to get medicine when we got sick (male, age 13) • We would usually stay in bed until we got better (female, age 13) • We used to lack things. Now when we get sick we can go to the hospital properly (male, age 13) • The children are now looking good, healthy and their skin soft because of nice food. There are no frequent sicknesses now (unknown gender, unknown age) • We used to take herbs in the past but now we take medicine both from groceries and hospitals (male, age 14) • We own good clothes and we look good because take a bath due to the availability of soap (female, unknown age) • We have the opportunity to look smart because our parents buy us soap . . . (female, age 14) • The clothes that I am wearing now were bought using the cash transfer money, we had nothing in the past, but now we have good clothes (unknown gender, Age 12) • We also had no shoes and we could not go to school because we were ashamed of ourselves, but now we have shoes and proudly go to school (female, age 16) • For example at first, I had no clothes but now I have nice clothes that I look smart (male, age 13) • Before I had no good clothes, so I was shy to mix with my fellow pupils but now I feel encouraged in nice clothes to go to school every day (male, age 17) • If money is enough in a household then girls cannot be enticed with cash to sleep with men and therefore avoiding unwanted pregnancies (male, age 17)
Disease impairment	<ul style="list-style-type: none"> • After finishing my education, I want to start work like paying money to beneficiary households (male, age 13)
Social, cultural, political capital	<ul style="list-style-type: none"> • I hope to finish primary school and find a sponsor for boarding school (female, age 13) • I want to be a doctor, a teacher, a conductor, a minibus driver, a driver, a secretary, a teacher, a clerk, civil servant, medical doctor, to work in a maize mill as a maize mill operator, pilot. I want to ride motorbikes (ages 10–14) • We now only work in our own fields and when we work we know it is doing something that will help us in future (male, age 13)
Hopes for the future	

- In future, they [guardians] kill and sell [livestock] then we use the money (unknown gender, age 16)
 - We have farm animals. . . [if] our parents die at least they would leave us with something to start our lives with (unknown gender, age 14)
 - We have the privilege of going to school so that we may have a bright future (male, age 15)
 - And also when there are funerals in the village, those with livestock are able to slaughter some so as to feed those who have gathered at the house where there is a funeral (male, age 15)
 - The same chickens can be slaughtered when there is a visitor in the home (female, age 10)
 - The amount of violence in recipient households has been reduced. Before the transfer started, spouses used to disagree a lot over whether to send their children to school or to send them to go and do piece works. But now, since they are receiving this transfer, they just agree to send the children to school and use this transfer money to buy household necessities such as food and soap. (female, age 15)
 - They used to argue and fight a lot because of lack of money in the households. But now, that they are getting this money, they agree on how to spend it, and also send the children to school instead of sending them to work (male, age 14)
 - They [non-recipients] admire us when we are able to go to school while some of them are failing because of poverty.
 - They [non-recipients] think that it would be better if our households were removed from the scheme so that we can be equal with them since they are not benefiting (female, age 10)
 - Surely we have opportunities to have food, fertilizer and the other items for our household. In fact, some of our friends do go to bed without food (unknown gender, age 16)
 - We are lucky. . . in the sense that we use the money to buy notebooks and food. Our friends struggle with casual labor to raise money. . . (unknown gender, age 16)
 - Some friends encourage us to work hard in school they say that opportunities usually do not come twice in a lifetime (unknown gender, age 16)
 - They want to get employment from beneficiary households because . . . [we] have everything e.g. money, food, livestock (male, age 13)
 - They admire those of us who are coming from recipient households (male, age 10)
 - Some make fun of us by saying that if it were not for the money we would be working in the fields. Aside from these incidents, we get along fine with the other children (female, age 11)
 - We work less and go to school while our friends have to work very hard to get money for notebooks and school uniform (unknown gender, age 15)
 - Those children whose families don't receive are happy because when we cook food we eat together and if they don't have lotion or soap they borrow from us and get a bath (female, age 16)
 - When we are sick, parents. . . pay for hospital charges and also transport (unknown gender, unknown age) families that do not receive the money will be busy herding cattle and doing casual labor instead of schooling (female, age 15)
- Traditions, institutions
- Norms of entitlement, value systems
- Position in community
- Access to decision-makers, influential people (teachers, health care professionals)
-

Table 4. Respondents' ideas on what is needed to improve education in Malawi.

-
- They should add school blocks; standard 1 and 2 children learn under a tree. New school blocks should be built here
 - We don't have textbooks
 - I want the government to build enough schools so that we should not walk long distances to and from school
 - We do not get adequate education. We just go to school and acquire nothing from there since there is no one to teach us.
 - Mostly it is the same issue about teachers. There are very few teachers in our schools and this has to be rectified so that we all get a good education
-

has poor teacher-to-pupil ratios and classroom-to-pupil ratios (1:88 nationally, 1:130 in Mchinji, respectively), frequent teacher absences, chronic grade repetition among students and inadequate infrastructure (Government of Malawi, 2007, 2008). Nevertheless, while dramatic improvements and reforms are needed, there are still important benefits from more years of education, including higher earning potential (World Bank, Government of Malawi, 2008), acquisition of skills and discipline (Fiszbein et al., 2009), lower fertility, reduced infant mortality, higher immunization rates for children, greater crop yields and, at least for girls, lower rates of HIV (Herz & Sperling, 2004). Each of these benefits can alter the intergenerational cycle of poverty.

Respondents describe a change in their physical health due to adequate food supplies and the consumption of high quality foods. They describe how they have become able to access healthcare and purchase medicine easily, so that the illnesses that once immobilized them are treated quickly. They describe better mental health, because they no longer worry about their next meal. They have new-found pride from wearing adequate clothing and washing with soap. Children exhibit optimism for the future, including hopes and dreams for employment and careers.

While participants do not report that their households have acquired land, they do discuss how their families now use land more efficiently through the purchase of fertilizer so that gardens are cultivated. Agricultural production is used for consumption as well as sold for additional cash. Some children report that families have started businesses, which allow older generations to transfer skills to children. Respondents describe how households have purchased livestock and made decisions on which livestock to purchase based on expected returns when the animal reproduces, its market value and the intentions of leaving animals as inheritance for children when guardians pass away. The assets on which respondents report are basic, including blankets, plastic utensils and plates, bicycles and houses with iron sheets. Nevertheless, these assets set cash transfer households apart from some non-recipients and are "morale boosters" for young people, whose social standing among peers improves even with these basic items.

Respondents also provide evidence of how they have advanced socially to higher positions in the community. They acknowledge that compared to non-recipients, they have many opportunities and must use their new status to advance further, perhaps having this "one opportunity" to better their lives. Households that receive cash are able to participate in traditional institutions such as funerals, which require resources that these households once lacked. Cash transfer recipients can also share food, soap and necessities that other families lack, which adds to the sense of feeling socially included.

Overall, the voices of children in this study, combined with quantitative findings described previously, suggest that the SCTS has great potential to interrupt the intergenerational cycle of poverty by allowing households to transfer financial, material, environmental,

human, social, cultural and political capital to children and youth. Whereas children once lacked adequate food, soap, blankets and clothing and were expected to earn an income, they have now reached a position where their basic needs are met. SCTS children can contribute to the household while acquiring education, without nagging concerns about food security and chronic feelings of isolation due to poverty-related social exclusion. Children also look better, which can impact how their peers and teachers treat them. Particularly for teenagers, appearance is important, and youth are less likely to miss school if they are proud of their appearance.

This study allowed children in cash transfer households to describe the ways in which the SCTS impacted them in an open and comfortable setting. While children were asked to describe both positive and negative experiences, they focused on the benefits and talked at length about their improved circumstances. This qualitative study complements other existing quantitative studies by allowing children to describe, in their own words, the scope and depths of their experiences. Rigorous qualitative methods were used, including pilot-testing interview guides, extensive training of research assistants, digitally recording discussions and confirmation of Chichewa to English translations. However, one of the study's weaknesses is that children who had to work on the day of the focus-group discussions or meet other household demands would not have been able to participate in the study. It is possible that children in more difficult circumstances were left out of the discussions. In addition, while we met with respondents after their households had been on the scheme for between six months to 1.5 years, it is unclear what their longer-term situation will be. Ongoing follow-up throughout childhood is needed to confirm the potential of the SCTS to interrupt the intergenerational cycle of poverty.

As with all economic interventions, breaking the poverty cycle is dependent entirely upon the longevity and sustainability of this intervention. In Nicaragua, despite the success of the cash transfer program (the *Red de Protección Social*) in meeting its objectives of reducing poverty, improving food security, child growth and access to education, the program was cancelled after five years due to its need for external financing and lack of domestic support (Moore, 2009). In Malawi, the SCTS is still in a pilot stage, funded currently through the Global Fund to Fight AIDS, Tuberculosis and Malaria. While the Malawi Cabinet has called for expanding the SCTS throughout the country, the government has still not adopted the National Social Support Policy. Stakeholders are working to include cash transfers within the Policy, and if passed the SCTS would be financed through the Social Protection Basket Fund with funding from the Malawi Government and development partners. Nevertheless, to date, the program's future and the future of the children it currently and potentially serves is still uncertain.

Acknowledgements

We gratefully acknowledge the United States Agency for International Development (USAID) through the Child and Family Applied Research grant and the United Nations Children's Fund (UNICEF) for financing this evaluation. Neither of the study's funders played any role in data collection, analysis or interpretation in preparing or submitting this manuscript for publication. Staff and consultants with UNICEF Malawi contributed to the study design, but the principal investigator made all final decisions on the study. We wish to thank the Mchinji District Assembly, the Ministry of Economic Planning and Development, the Ministry of Women and Child and Development and members of the National Social Protection Technical Committee for their ongoing cooperation and thoughtful questions and making this study possible. We deeply appreciate the time and contributions from all the study respondents. The authors also wish to thank the data collection team in Malawi for their tireless effort during all rounds of data collection.

References

- Attanasio, O., Gomez, L.C., Heredia, P., & Vera-Hernandez, M. (2005). *The short-term impact of a conditional cash subsidy on child health and nutrition in Colombia*. Retrieved December 19, 2008, from London, The Institute for Fiscal Studies Web site: http://www.ifs.org.uk/edepo/rs_fam03.pdf
- Barrientos, A., & DeJong, J. (2004). *Child poverty and cash transfers*. Retrieved December 17, 2009, from London, Chronic Poverty Research Centre Web site: <http://www.childhoodpoverty.org/index.php?action=documentfeed/doctype=pdf/id=100>
- Bird, K. (2007). *The intergenerational transmission of poverty: An overview*. CPRC Working Paper 99. Retrieved January 6, 2010, from London: Chronic Poverty Research Centre Web site: http://www.chronicpoverty.org/uploads/publication_files/WP99_Bird.pdf
- Booyesen, F., & Van Der Berg, S. (2005). The role of social grants in mitigating the socioeconomic impact of HIV/AIDS. *South Africa Journal of Economics*, 73(s1), 545–563.
- Fiszbein, A., Schady, N., Ferreira, F., Grosh, M., Kelleher, N., Olinto, P., & Skoufias, E. (2009). *Conditional cash transfers: Reducing present and future poverty*. Washington, DC: World Bank.
- Galasso, E. 2006. *With their effort and one opportunity: Alleviating extreme poverty in Chile*. Unpublished manuscript, World Bank, Washington, DC.
- Gertler, P. (2004). Do conditional cash transfers improve child health? Evidence from PROGRESA's control randomized experiment. *American Economic Review*, 94, 336–341.
- Government of Malawi. (2007). *Education statistics 2007 Malawi*. Lilongwe: Department of Education Planning, Ministry of Education Science and Technology, Education Management Information System (EMIS).
- Government of Malawi. (2009). Concept note for GF round 9: Proposal to support the consolidation and the scale up of the Malawi Social Cash Transfer Scheme. Lilongwe: Ministry of Economic Planning and Development.
- Harper, C., & Marcus, R. (2003). Enduring poverty and the conditions of childhood: Lifecourse and intergenerational poverty transmissions. *World Development*, 31, 535–554.
- Herz, B., & Sperling, G.B. (2004). *What works in girls' education: Evidence and policies from the developing world*. New York: Council on Foreign Relations.
- Lagarde, M., Haines, A., & Palmer, N. (2007). Conditional cash transfer for improving uptake of health interventions in low- and middle-income countries: A systematic review. *Journal of the American Medical Association*, 298, 1900–1909.
- Maluccio, J.A., & Flores, R. (2005). *Impact evaluation of a conditional cash transfer program: The Nicaraguan Red De Proteccion Social*. Research Report 141. Washington, DC: International Food Policy Research Institute.
- Miller, C., Tsoka, M., & Reichert, K. (2009a). *The Malawi Social Cash Transfer and the impact of \$14 per month on child health and growth*. Retrieved December 17, 2009, from Boston: Boston University School of Public Health Website: <http://childresearchpolicy.org>
- Miller, C., Tsoka, M., Reichert, K., & Alley, I. (2009b). The impact of the Social Cash Transfer Scheme on education and labor in Malawi's ultra poor households. Retrieved December 17, 2009, from Boston: Boston University School of Public Health Website: <http://childresearchpolicy.org>
- Miller, C., Tsoka, M., & Reichert, K. (2009c). The impact of the Social Cash Transfer Scheme on food security in Malawi. Retrieved December 17, 2009, from Boston: Boston University School of Public Health Website: <http://childresearchpolicy.org>
- Miller, C., Tsoka, M., & Reichert, K. (2009d). Targeting cash to Malawi's ultra poor: A mixed methods evaluation. *Development Policy Review*. Retrieved December 17, 2009, from Boston: Boston University School of Public Health. Available at: <http://childresearchpolicy.org>.
- Miller, C., Tsoka, M., & Reichert, K. (2008). *Impact evaluation: External evaluation of the Mchinji Social Cash Transfer Pilot*. Retrieved December 17, 2009, from Boston: Boston University School of Public Health Website: <http://childresearchpolicy.org>
- Moore, C. (2009). *Nicaragua's Red De Protección Social: An exemplary but short-lived conditional cash transfer programme*. Retrieved April 29, 2009, from Brasilia, International Policy Centre for Inclusive Growth. United Nations Development Programme. Country Study 17 Website: <http://www.ipc-undp.org/pub/IPCCountryStudy17.pdf>
- Moore, K. (2001). *Frameworks for understanding the intergenerational transmission of poverty and well-being in developing countries*. Working Paper 8. ISBN: 1-904049-07-9. London: Chronic Poverty Research Centre.

- National Social Protection Technical Committee. (2008). *Draft: National social protection policy*. Lilongwe: Government of Malawi.
- National Social Protection Technical Committee. (2009). *Draft: National social support policy*. Lilongwe: Government of Malawi.
- Schubert, B., & Kambewa, P. (2006). *Designing a pilot social cash transfer scheme for Malawi. First report*. Lilongwe: United Nations Children's Fund.
- World Bank and Government of Malawi. (2008). *Malawi poverty and vulnerability assessment*. Washington, DC: World Bank.