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Social Protection in Ghana and Kenya through an Inclusive Development Lens: complex effects and risks

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Social Protection in Kenya and Ghana through an Inclusive Development Lens: complexity, risks and limitations

Abstract

This paper analyzes the complex effects and risks of social protection programmes in Ghana and Kenya on poor people's human wellbeing, voice and empowerment and interactions with the social protection regulatory framework and policy instruments. For this purpose, it adopts a comprehensive Inclusive Development framework to systematically explore the complex effects of cash transfers and health insurance at the individual, household and community level. The findings highlight the positive provisionary and preventive effects of social protection, but also illustrate that the poorest are still excluded and that promotive effects, in the form of enhanced productivity, manifest themselves mainly for the people who are less resource poor. They can build more effectively upon an existing asset base, capabilities, power and social relations to counter the exclusionary mechanisms of the system, address inequity concerns and offset the transaction costs of accessing and benefitting from social protection. The inclusive development framework enables to lay these complex effects and interactions bear, and points to areas that require more longitudinal and mixed methodology research.

Keywords: social protection, inclusive development, Ghana, Kenya, human wellbeing, transformative effects

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1. Introduction

Increasingly, social protection is claimed to foster inclusive growth and development in low-income countries and emerging economies (Hailu & Soares 2008; Zhuang 2008; Barrientos & Hulme 2010; Niño-Zarazúa et al. 2010; Bachelet & ILO 2012; Cecchini & Martínez 2012; Nehring 2012; Devereux 2013). Evaluation-based research demonstrates that social protection policies have positive impacts on human capital and, to a lesser degree on productivity (e.g. Hailu & Soares 2008; Covarrubias et al. 2012; Asfah et al. 2014; Cruz & Ziegelhöfer 2014; Soares et al. 2016; Tiwari et al. 2016) on (reduced) inequality and poverty reduction (Rawlings & Rubio 2005; Barrientos 2011; Marmot et al. 2012; Leubolt 2014; Lustig, Pessino & Scott 2014). The protective (relief from deprivation) and preventive (preventing deprivation) effects (Holzmann et al. 2003; Devereux & Sabates-Wheeler 2008) are well documented in the above literature, even if the focus of these studies is predominantly on the material aspects of wellbeing (food consumption, assets, health). The empirical evidence of the promotive effects (enhancing income and capabilities through short- and long-term productive effects) of social protection in the context of SSA is, however, rather thin and unidimensional. Yet, the promotive effect of social protection plays a key role in the 'beyond safety nets' approach to inclusive growth discourse on social protection (for example, De Haan 2015, p. 606; World Bank 2012; DfID 2017). Inclusive growth refers to growth that is broad-based and inclusive of the poorer segments of society (Lanchovichina & Lundström 2009).

Recent literature argues social protection could also have transformative effects, provided it addresses social equity concerns and social exclusion by shifting power imbalances (see for example, Adato et al. 2016; Attah et al. 2016; Molyneux et al. 2016). Underlying the transformative change hypothesis is that behavior change can be facilitated through more protective and inclusive regulatory frameworks (Devereux & Sabates Wheeler 2008: p. 9), such as in El Salvador where programming for citizenship is part of conditional cash transfer programmes[i] (Adato et al. 2016). However, a comprehensive analytical framework for exploring complex interactions between individual/household and social impacts interacting with regulatory frameworks and policy instruments is currently lacking. Moreover, studying transformative effects

over time would require trend data; which are rarely available when including qualitative methods in the study design.

This paper[1] proposes to analyze social protection impacts through an inclusive development lens. For this purpose, we propose a comprehensive framework to unravel the complex effects and risks of social protection (Devereux & McGregor 2014). At the heart of this framework is a multidimensional approach to wellbeing, which distinguishes between material, social-relational and subjective wellbeing impacts at multiple levels (individual, household, community). The framework is applied to the analysis of two community impact assessment (CIA) studies on social protection in Ghana and Kenya. While there is increasingly evidence available that social impacts and perceptions of social status and citizenship occur (OPM 2013; Molyneux et al. 2016; Adato et al. 2016), this evidence is largely presented as isolated from other inclusive growth effects. However, we argue that social and subjective impacts on wellbeing cannot be viewed as separate from material and productive dimensions, as they mutually condition each other as outcomes of social protection, but also in the process of accessing social protection.

The remainder of this paper is organized as follows. Section 2 reviews the recent literature on inclusive growth (IG) and inclusive development (ID) in relation to social protection and proposes an ID social protection framework to analyze the complex effects and pro-poor institutional challenges as presented in Figure 1. Section 3 summarizes the CIA research methodology and sample selection procedures, followed by a brief description of the background of social protection programmes in Ghana and Kenya in section 4. This is followed by the empirical analysis in section 5, applying the ID framework and using the Sabates-Wheeler & Devereux (2008) typology for categorizing the complex effects. Section 6 discusses the findings in relation to both

[1] The background of this paper is a larger-scale comparative research project on social policies in Kenya and Ghana that ran from April 2015 till July 2017. The aim of the project was to look at the inclusive growth and development effects of cash transfer programmes (CTPs) in the health sectors of Ghana and Kenya analyzing the interaction between cash transfers and social health protection targeted at the poor and extreme poor. In Pouw et al. (2017) we explore the inclusive growth effects in a quantitative analysis. In Bender et al. (2017) and Rohregger et al. (2017) the political economy of the social protection reforms is analyzed. The focus in Ghana was on the Livelihood Empowerment against Poverty Program (LEAP), which was implemented in 2003, and which includes a (conditional) cash transfer and since 2008 a health insurance component (free access to health care for beneficiaries). In Kenya, the focus was on the Orphaned and Vulnerable Children Cash Transfer (CT-OVC) program, which is part of the National Safety Net Program (NSNP). With regard to targeted social health protection, the project focused on the fee waivers for primary and maternal health care in place since June 2012 and the Health Insurance Subsidy Programme (HISP).

theory and policy and practices on the ground, after which section 7 concludes on the main findings and formulates recommendations for policy and future research.

2. Conceptual Framework

This section will explain how social protection analysis can benefit from an inclusive development perspective by means of a comprehensive framework (Figure 1). In the growing body of literature on social protection in low-income countries and emerging economies, the dominant discourse has shifted from social protection as a 'safety net' rationalization (Van Ginneken 2005) towards social protection as pro-poor (Lustig 2000; Kakwani et al. 2003), and further leveraging to inclusive growth (Bennet 2002; Lustig 2010). Where 'pro-poor' growth refers to the outcomes of economic growth accruing to the poor, 'inclusive growth' refers to both outcome and process and to growth as being achieved through nondiscriminatory participation of the poor, and across multiple sectors including agriculture, SMEs, transport and energy, environmental sectors, domestic and international markets, extension services, inputs and information (Klasen 2010, p.2; Lanchovichina & Lundström 2009). Porter and Craig (2004) stated at the time that inclusive growth rhetorics were "overreaching the empirical gains" (p. 387), meaning that the documentation of promotive effects are not unambiguous. The inclusive growth literature is building-up empirical evidence, increasingly documenting African experiences as well (FAO 2017). The emphasis of social protection within the inclusive growth discourse is on countering a loss of income risk through providing safety nets, which is also what is measured in the quantitative impact assessment models.

Impacts of social protection on the social-relational dimension of wellbeing, including social status, community cohesion, trust, political voice and influence, are not systematically studied, apart from a few exceptions such as the study by OPM (2013), which highlights the positive impact on people's social networks. Moreover, subjective experiences and perceptions of social status, self-reliance and citizenship also go unrecorded in most impact assessment studies. Yet, these are all confounding factors of inequality and social exclusion, and need to be understood in connection to material deprivations and (dis)satisfactions (McGregor & Pouw 2016). In fact, people heavily rely on social relations, their status, political space and freedom to advance their livelihoods and gain access to resources and markets in which a 'visible hand' is working against them (Narayan et al. 2009). This is all the more the case for poor and marginalized people whose social and material resources tend to be reduced overall. Moreover, people's access and responses

to social protection on the ground are mediated through regulatory frameworks (who has access and why?) and policy instruments. The (extreme) poor do not always manage to benefit from social protection due to programme design, implementation failure and exclusionary mechanisms at play (Bender et al. 2017; Rohregger et al. 2017). As a result, complex effects and risks of social protection are ill-understood (Devereux & McGregor 2014).

This calls for a more comprehensive framing of social protection analysis. Inclusive Development theory might offer a suitable framework (Gupta et al. 2015). More recently, inclusive development has been introduced as counter-proposal to neoliberal growth models (Gupta et al. 2015; Hickey 2013, 2015; Pouw & Gupta 2017). Inclusive development is defined as "development that includes marginalized people, sectors and countries in social, political and economic processes for increased human wellbeing, social and environmental sustainability, and empowerment" (Gupta et al. 2015, p. 546). Thus, "[I]nclusive development implies social, ecological and relational inclusiveness" (Pouw & Gupta 2017, p. 2) and a prime concern for the human wellbeing of the poorest and marginalized in society. Their political voice and empowerment are seen as critically important in order to increase their access to resource and increase distribution in a more pro-poor way.

A more comprehensive approach to inclusive development in order to assess the impacts of social protection allows bringing into the picture the range of impacts that social policies may produce at different levels of societal organization and the way these impacts are related to each other. In the same vein, it gives a more differentiated view on the drivers producing these effects, which are highly relational and often context-specific. This in turn helps to calibrate the impact of social protection interventions upon inclusive development in a more realistic way than has been the case thus far. See for example the policy debate celebrating universal cash benefits as the panacea for inclusive growth and development (e.g. Deacon 2005; Bachelet & ILO 2012; Cecchini & Martinez 2012; Knaul et al. 2012; Marmot et al. 2008; Raunivar & Kanbur 2010; WHO 2015). Taking up the suggestion by Devereux and McGregor (2014, p. 307) and Molyneux et al. (2016) to use the concept of human wellbeing for analyzing social protection, and placing it at the heart of an Inclusive Development (ID) approach, we propose the following conceptual scheme (Figure 1). Human wellbeing is analyzed across a material, social-relational and subjective dimension (McGregor 2007), which can be evaluated at the multiple levels (Pouw & McGregor 2014). This allows us to explore the complex effects and risks of social protection programmes in Ghana and Kenya in terms of the following five relationships:

(I) Multi-dimensional human wellbeing: if through social protection people manage to free-up resources for healthcare and other social investments, this accrues to benefits in the form of material, social-relational and subjective wellbeing (e.g. feeling self-reliant or recognized as citizen);

(II) At individual, household and community level across different locations and wealth groups: social protection might spill-over to community level effects affecting social capital, stability and cohesion, economic activity and collective resilience.

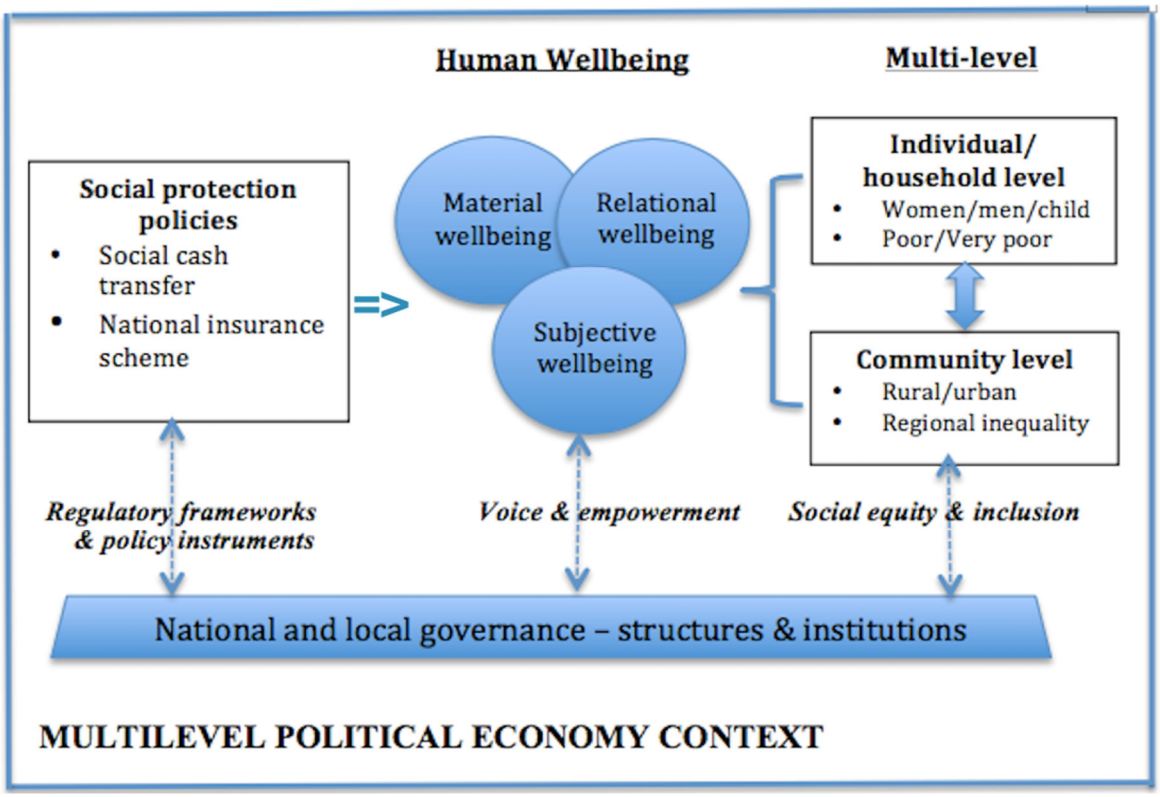
(III) In connection to local and national governance institutions and instruments via their regulatory frameworks and policy instruments that channel impact on the ground by determining eligibility criteria, setting access procedures, implementing distribution and transfer;

(IV) Institutional accountability towards individual voice and empowerment of vulnerable populations by governing selection boards, referral mechanisms, addressing in-just practices and complaints, countering exclusionary outcomes on the ground, facilitating pro-poor access. The extent to which people can express their voice and (dis)satisfactions, and feel empowered influences their wellbeing in all dimensions and *vice versa*;

(V) In terms of contributing to social equity and (social) sustainability outcomes for at multiple levels of society, leaving no-one behind, which is ultimately envisioned by social protection policies. National down to local governance structures and institutions commit to a 'social contract' with the heterogenous populations they represent and should be held accountable.

Where a comprehensive analysis would comprise all of the five aspects, in this paper we zoom in on the analysis of impacts I, II and III. The institutional and social equity impacts, IV and V, are discussed only in passing, but feature more prominently and in-depth in two accompanying papers of the same underlying project, namely Bender et al. (2017) and Rohregger et al. (2017).

Figure 1 – An Inclusive Development Framework for Analyzing Social Protection[ii]



Source: authors

3. Social Cash Transfers and Social Health Insurance in Ghana and Kenya

For this study four social protection measures were analyzed across two countries, two national cash transfer programs and two health insurance measures that essentially enable free access to health services for the poor (Ghana) and for women and children (Kenya).

The Ghanaian Livelihood Empowerment Against Poverty Programme (LEAP) is the biggest cash transfer programme in the country, currently covering around 213,000 households or around 2.2 million people (34 per cent of the extreme poor). LEAP is a partly conditional cash transfer programme[iii] that – through the provision of bi-monthly cash transfers - aims at improving basic household consumption and nutrition as well as improve access to basic social services, including education and health. It targets extremely poor households with one or several elderly persons over the age of 65 who have no means of support, persons with a severe disability and orphans and vulnerable children (OVC). People without any productive capacity and the elderly receive LEAP unconditionally. The transfers delivered range from GH ₵64 (US$14.6) to GH ₵106

(US$24)[iv] depending on the household size. Since 2008, LEAP beneficiaries have access to free health care services through the National Health Insurance Scheme (NHIS) provided they register themselves. However, currently only 18 percent of LEAP beneficiaries are registered under NHIS.[v]

The Kenyan Cash Transfer for Orphaned and Vulnerable Children (CT-OVC) targets families living with OVCs and currently covers 365,000 households. The programme is the biggest and oldest among the cash transfer programmes in Kenya having started in 2004 as response to their rising number of orphans and vulnerable children due to HIV/AIDS. Through regular cash transfers of currently KSH 2000 which are delivered on a bi-monthly basis, it seeks to provide support to families living with OVCs in order to encourage fostering and retention of such children within their families and communities and to promote their human capital development. In 2013, the newly elected Jubilee Government introduced a free maternity policy (in public hospitals) in order to keep up with a promise made during the election campaign. Also in 2013, the government of Kenya abolished all user fees in public dispensaries and health centres (primary health care level). As of 2014, the Kenyan government is implementing the Health Insurance Subsidy Programme (HISP), which similarly to the NHIS in Ghana shall provide CT-OVC beneficiaries with free access to health care services. The programme is being up-scaled since 2017. Not all CT-OVC beneficiaries in our sample were thus covered by the programme so far.

4. Data Collection and Methodology

In order to empirically test this conceptual framework a qualitative research approach was adopted to analyze social protection impacts and driving factors at multiple levels as experienced and perceived by the community. Community impact assessment studies were carried out in six different sub-national areas in Ghana and Kenya. The selection of the communities was based on whether they had inhabitants benefitting from one of the national cash transfer programmes and/or health insurance measures[vi]. Interview partners were purposefully selected based on the following criteria: (1) whether they were caretakers of orphans, (2) whether they were beneficiaries of the LEAP/OVC-CT (and thus the "core poor"), or not and (3) according to gender (male/female). Non-beneficiaries were further clustered according to their socio-economic status (better-off/just-above-the-poverty line) assuming that those just-above-the-poverty line and thus, close to the threshold for entering the programmes would have a different perception and show different attitudes towards the programme and its beneficiaries than the better-off. In addition, interviews with interested parties were carried out, including community health workers, health

facility managers, traditional authorities and assemblymen, as well as representatives of local institutions of the programmes (implementation committees, grievance and redress institutions).

In Ghana, the research teams conducted 38 interviews, out of which 28 were FGDs with beneficiaries and non-beneficiaries. The fieldwork was carried out in seven locations in Komenda, Edina, Eguafo, and Abirim District in the Central Region, ten locations in South Tongu, a district of the Greater Volta Region and four in Bongo District in the Upper-East Region of Ghana, from May 2016 to April 2017. Volta and the Central Region were selected because they were among the pioneer districts in implementing the LEAP programme. One of the objectives of the research was also to see whether time has an impact on the effects of social protection, also in terms of delivery and management (see Rohregger et al. 2018). Bongo in the North of Ghana is one of the poorest districts in the country and has a large number of LEAP beneficiaries. The characteristics of our sample match the general characteristics of LEAP households identified in the quantitative impact evaluations. They are significantly smaller than average poor households in Ghana and tend to have one or more orphans and more elderly household members, which fits the eligibility criteria of the programme. Household heads tend to be much older, often female and widowed "(…) *suggesting that LEAP households are AIDS-affected*" (Handa & Park 2012).

In Kenya, the research teams conducted 118 interviews. The fieldwork included four locations in Kibra (Kibera), an urban district of Nairobi County, three locations in Kwale, the most Southern county of Kenya and four locations in West-Pokot in the Northern part of Kenya. All three counties have very high incidences of vulnerable children either due to poverty or due to HIV/AIDS and thus, also have many CT-OVC beneficiaries. Kibera, an extremely poor Nairobi slum area has been chosen as the urban site, while Kwale and West-Pokot are both rural. Whereas Kwale is among the poorest and most-unequal counties in Kenya, West-Pokot is very poor but shows low levels of inequality. Also in Kenya, household characteristics of our sample generally match those found in quantitative evaluation and impact studies. Most of the direct beneficiaries are single orphans. Caregivers are mainly female and many of them grandparents who have an important role in caring for OVCs. Many are involved in some kind of income-earning activity, such as small-scale farming (rural areas) or petty business for urban areas. According to Hurrell et al. (2008), they seem to be on average somewhat more disadvantaged than the rest of the OVC population in their locations in terms of housing, education and food security.

Semi-structured interview guidelines for each sub-group in our sample provided the bases for the interviews. Following the framework, questions included amongst others, the various impacts in

terms of material, social and relational dimensions which households and individual experience and how they relate to each other, the driving forces that may intensify impact for one and impede it for another, as well as the challenges that households and individuals face with regard to accessing cash transfers services (both materially as well as socially and politically). Regarding health, questions evolved around the knowledge and perception of the exemption policies, health behavior change, as well as access and quality of services. Interviews were recorded or detailed notes taken where consent was not given. All interviews were transcribed into Microsoft Word and analyzed using Atlas.ti. Interviews were analyzed based on an interpretative- hermeneutic approach.

5. Results

The ID framework (Figure 1), featuring McGregor's (2007) three-dimensional wellbeing approach (material, relational and subjective) is used to analyze the differentiated impacts of the respective social protection interventions in Ghana and Kenya. Within each dimensions, multi-level effects will be considered at individual, household and community level. Where possible and relevant, a disaggregation according to gender and age is made. The complex effects of social protection are subsequently discussed in terms of their protective, preventive, promotive and/or transformative effects. With regards to the latter, institutional accountability towards building voice and empowerment of vulnerable populations and anecdotes on notions of social equity and sustainability, are discussed in passing. However, the latter requires a more in-depth political economy analysis, which lies beyond the scope of this paper. Some findings on Kenya can be retrieved from Bender et al. (2017) and Rohregger et al. (2017).

5.1 Results: Social Protection, Human Wellbeing and Inclusive Development

The CIA has confirmed a series of impacts that have been well-documented by quantitative and qualitative impact assessments of social protection interventions across Africa and elsewhere. Although a short summary is provided, in our analysis we will mainly focus on the inter-active effects of social protection and its implications for the debate on wellbeing and inclusive development.

Material Wellbeing: Food, Education, Health & Productivity Effects

The evidence found from the qualitative community impact studies in Ghana and Kenya largely reflect well-document and established facts from impact evaluations of other social cash transfer programmes and health intervention across African and beyond (for example Handa et al. 2012; 2013 and OPM 2013 on Ghana; FAO 2014a on Kenya, FAO 2014b on Lesotho FAO 2014c on Ethiopia, OPM 2014 on Malawi; see overview of spending patterns for LEAP and CT-OVC in Tables A.1 and A.2 in the annex). The CIA however puts the analysis and classifications of these effects into a slightly different perspective.

Cash transfers have enabled beneficiary households to increase their expenditure-level. Both in Ghana and Kenya spending priority areas are food, education and health with a positive impact on food security, especially in elderly and children. Food security was reported to have also a broad range of secondary impacts, including better health conditions and as a result, higher productivity ("*you feel stronger*"), a decrease in sickness as well as improved cognitive performance in school children (Ayuku et al. 2014). [vii]

A striking feature across both countries is the findings related to education. Despite both programmes being basically unconditional, the impact on education is considered to be very strong, as caretakers are able to send more children to school, enable them to stay there for longer or in some cases, even achieve secondary level education (see also Handa et al. 2013).[viii] In Kenya the aspect of education appears to play an even more pronounced role, most probably due to the nature of the program itself, which specifically targets children. This is a general finding but seems to be even more pronounced in urban areas.

> *"Education, education and education of my children is the main benefit of this government initiative. Thanks to the government of Kenya"*[ix]

> *"What I can say that I have greatly benefited from, is the school fee. My children used to come home from time to time for the fee, sometimes I used to stay with them here because of lack of school fee, books and sometimes uniforms. At least now my children stay in school like others and they are now happier than they used to be then"*[x]

Caretakers perceive education as an important investment in the future wellbeing of their children, enabling them to live a better life and interrupt the intergenerational cycle of poverty. What is more, people expect also an impact for themselves, as a mechanism of delayed reciprocity into the future: There is a strong expectation that investing in the education of the children will

have a positive bearing on one's own material wellbeing, as children receiving a higher education are expected to having a higher income and thus, also be able to take care of the parents/caretakers in the future. This expectation seems to strongly influence also expenditure decisions. If there is a decision to make between spending cash on boosting one's small scale business or paying school-fees, most households clearly tend to opt for the latter.

Moreover, the results show that while direct investments in productive assets and activities are very modest[xi], they seem to contradict the overall interpretation of cash transfers as a means to create direct productive input: There is indeed, evidence that beneficiaries use the remains of the transfer for buying livestock (buying poultry or a cow), invest in small-scale businesses or increase their farming activities by for example, buying additional hoes so that their children can work on the fields after school. LEAP has increased the saving capacity of beneficiaries enabling them to participate in communal saving schemes, such as SUSU. People report to use the money from the saving schemes to make investments. However, these are not necessarily all promotive investments that advance the livelihood allowing beneficiaries on expanding their economic activity and creating a "springboard out of poverty" (World Bank 2011). A closer look reveals that these material and social investments are rather provisionary and preventative in character helping beneficiaries from declining into destitution and increasing their household risk management portfolio in a multiple risk context. Thus, rather than labeling them as productive strategies geared toward a reduction of poverty, these measures are short- and mid-term risk management strategies destined to render households less insecure and vulnerable and enable them to avoid negative coping strategies, such as taking children out of school, having to stop farming or petty trading or, getting indebted (see also OPM 2013). This also relates to labor investments which are more often coping strategies of labor-constrained households in order to support them with their existing farming activities rather than productive investments geared towards an expansion of farming activities.

Among the multiple risks beneficiaries are facing, there are also risks emanating from the regulatory framework of the programme itself. The fact that the transfer often delays is of major concern to beneficiaries and has clear repercussions on the way they spend the money: If they are not able to pay school-fees in time due to transfer-delays, their children face the risk of being expulsed.[xii] Therefore, many caretakers – having no certainty whether the next transfer will arrive in time - prefer to save the money in order to be able to pay school fees rather than investing the money in productive activities. This is particular the case with beneficiaries who have been part of the programme already for longer and who know its inefficiencies well. They usually plan much

more carefully on how to spend the transfer than beneficiaries who just have received the transfer once or twice.

Paradoxically, inefficiencies in the regulatory framework also create effects that would not exist if the programme worked according to the rules: investments in small-scale business or payment of school fees are only possible because of so-called "bulk-payments" - arrears paid in form of a top up to the regular bi-monthly transfers. This allows them to plan ahead for other investments after having satisfied their consumptive needs (Handa et al. 2013).

Where people have access to more than one social protection measure at a time, this has implications on investment decisions and spending priorities. However, our findings suggest that the shifts in spending priorities were not adjusted as one would hypothesize. Beneficiaries of the CT-OVC in Kenya consider the free maternity policy (in public hospitals) and the abolishment of user fees in public dispensaries and health centres (primary health care level) put in place by the Jubilee Government in 2013 a major improvement despite the huge implementation challenges they face, including long waiting time, availability of drugs, lack of staff, bad staff attitude and other (Maina & Kirigian 2015). People report that they would go to hospital more often and earlier than before, where they would not have gone before for fear of having to pay.[xiii] There is anecdotal evidence by community health workers interviewed on a reduction of maternal deaths due to the policy. The fact that maternity policy is free has allowed shifting expenses, saving the money beneficiaries used to spend on maternal health and invest it in other things. However, in spite of free health services at the primary level the cash transfer continues to play an important role in accessing health by compensating for an imperfect health insurance, in particular the overall lack of drugs. In Ghana, where LEAP beneficiaries have free access to health care provided they register annually, the situation appears to be worse. The low quality of services in many health facilities forces beneficiaries to pay for services which formally are supposed to be free. They therefore, choose not to go to hospital for fear of having to pay, or they only go as soon as they have received the cash transfer and can be sure to afford health care.

> *"Now, NHIS is free for us, and anytime you go to the hospital too, the first thing for them to do is to test your blood. The doctor will test your blood and prescribe some drugs for you to go and buy. Where is the money to do that? So you have to use the transfer money to buy the drugs."*[xiv]

The fact that the annual registration for NHIS until 2016 was chargeable provided an additional barrier for registration. Furthermore, the cash transfer has an important role with regard to

indirect or peripheral health care costs. In Kenya as well as in Ghana, beneficiaries report about the important role of the cash transfer in paying transport to health care facilities as well as food at the hospital. The expected shift in spending priorities and investment decisions due to an additional social policy available that would actually complement the cash transfer programme and allow to free up resources for other investments, is thus less than expected.

The fact that many beneficiaries do not fully profit from free health care services is also related to demand side issues of the programmes. Many beneficiaries do not know at all or not in full about their right to access health services for free, which in turn, impacts on their wellbeing. This is further aggravated by the fact that as LEAP beneficiaries they tend to be stigmatized. There is ample evidence from Ghana that the discrimination of LEAP clients in accessing health services for free is quite common, as are bad staff-attitude and under-table payments.

The lack of information on how programmes work is also a huge challenge with regard to the cash transfers. Many of the actual and prospective beneficiaries have only very limited or piece-meal knowledge with regard to their entitlements, the size of transfers, but also their obligations as beneficiaries or caretakers. Operational programme structures usually lack resources for adequate and tailor-made communication to reach out to all the (extreme) poor, especially to those who reside in very remote or scarcely populated areas. Weak information policy is just one among the many institutional challenges faced by beneficiaries. Apart from above-mentioned delays in payment, operational processes are characterized by a deeply ingrained structural clientelism and corruption, preventing many from accessing programmes and policies in the first place. Under-table payments to the local authorities at the cash-pay point appear to be quite common across both countries. A major reason for this appears to be that social protection programmes are being implemented by often already weak local administrative structures with a lot of other tasks, but without assigning additional human or financial resources. Horizontal and vertical coordination problems undermine the efficacy of these programmes further (see for an in-depth discussion Bender et al. 2017; Rohregger et al. 2017).

Looking at the multi-level, distributional impact in the community[xv], there are clear indications that the number of extremely poor people in the communities has decreased in Ghana. However, overall poverty levels in the communities had remained the same, also because LEAP households are too few to make a difference. Findings for Kenya are very similar. While important poverty-reducing impacts are noted at the household level, the number of beneficiaries and the size of

transfer are too small to make a real difference with regard to the overall distribution of wealth. The following quote illustrates why:

> *"The only time there will be change is that time when all the deserving people shall be enrolled in this CT-OVC program and this CT-OVC amount increased (…). This amount is too little to bring change that quickly"*[xvi]

Relational Wellbeing: Family Relations & Social Equity

Social policy instruments investigated in both countries have an important impact on intra- and inter household relations, family and the kin. Apart from the relationships at horizontal level, there is ample evidence that cash transfers influence "citizenship", i.e. the relationship between the individual and the state and state-citizen interaction (e.g. see Oduro 2015). This topic will be discussed in more detail under the heading of subjective wellbeing below.

With regard to inter-household relations, perhaps the most striking feature is that LEAP money has eased the pressure on other family members to support beneficiaries. In some cases, their position has actually turned around from being dependents to providers of support – at least these are the expectations by other family members. This explains also why beneficiaries' social status within the household tends to increase. They are more respected than before because they are in a position to contribute to the household's upkeep indicating the close intertwinement between material and relational wellbeing. The transfer has re-gained them their full family membership, meaning that they are invited again to family gatherings or to take part in important family decision-making processes. In general, it appears that the transfer has eased the pressure at household level, rendering relations if not harmonious than less conflictive and quarrelsome as conflicts over scarce resources are less constrained, in particular between men and women, and orphans and other family members indicating that the transfer has a positive impact on the social status of the orphans.

> *"What I have seen is that, anytime the men go for their moneys, they give part of it to their wives to go and buy ingredients and spend some on their children's education which at first was uncommon."*

The fact that the purpose of the transfer is clearly circumscribed is helpful in this respect, reducing the room for other family members to challenge the allocation of resources at household level, in particular for the husbands. In fact, LEAP appears to increase the wider societal status of male beneficiaries in their traditional provider role, as they can now support their wives in educating

the children and taking care of the household. However, there is also evidence of the contrary. Women being the majority of caretakers of LEAP beneficiaries also need to resort to their own specific strategies, such as hiding, in order to avoid intra-household tensions, as becomes clear from this quote:

> *"(…) Sometimes, when the woman is a recipient of the money, the man always expects that when she (wife) receives the money he has to be given a share of it and this degenerates into misunderstanding between the man and the woman. Usually the women hide it (the fact that the cash transfer has arrived) from the men, but they hear it from others outside and it creates the problem."*[xvii]

Evidence from Kenya confirms the Ghanaian findings, although evidence about an improved position of orphans in the households is "thicker". Again, this is most probably due to the fact that the CT-OVC is explicitly targeted at orphans as opposed to LEAP. Caretakers report that intra-household conflicts over scarce resources have declined substantially and family tensions eased. Orphans are complaining less, because the transfer allows them to lead a "normal" life like other children in the household, such as going to school and being decently dressed. In sum, it appears that CT-OVC offers orphaned children a better chance for equal treatment. Especially women mention the positive impact of CT-OVC in Kenya, considering orphans less of a burden to the household as the transfer allows them to fulfil their family obligations: "*Having food in the house, has improved our relations.*"[xviii] There is less strain on the family as a support network and also less need to resort to negative coping strategies like killing a hen or a goat (to pay school fees) which used to incite quarrels.

Similar to Ghana, the cash transfer has raised support expectations by other family members. Other than their male counterparts, women caretakers appear to find themselves more often confronted by hostile behaviour from other family members. It appears that due to their authority as household heads, men are less challenged by other family members in providing support. For people in urban areas, changes in family relations because of the transfer appears to be a minor issue, as many of them are rural migrants whose kin is far and who does not even know that their urban counterpart is receiving support from the state.

The changes in social relationships, within households and communities of people due to social protection, also have a bearing on how people feel about these relationships (level of satisfactions). Due to some people receiving the cash transfer and others not, there is clear evidence of jealousy and hostility among community members and beneficiaries. This is especially

strong among the non-beneficiaries who applied but were not selected despite being almost equally poor.

> *"For the non-beneficiaries, especially those who are also poor, there is no peace. You know, poverty causes a lot of anger"*[xix] –

Many of them accuse beneficiaries of having been selected only because of their special relationships to the local authorities who themselves are frequently exposed to accusations of clientelism and patronage by non-recipients. Hostilities tend to be higher towards beneficiaries who supposedly do not use the money well, turning into a social control mechanisms for recipients to spend the money accordingly. Similar to the household level, male beneficiaries are less exposed to these forms of hostility and jealousy. Women complain that they are looked down upon, especially by other female caretakers of orphans who did not succeed in getting the transfer. Neighbours would not help them anymore in their daily household chores or stop visiting. In general, incidences of jealousy are stronger in the village than in town, where people tend to not disclose that they receive the transfer and the social cohesion is lower. However, consequences of jealousy, such as cutting-off support relations are more frequent in town. Evidence from Kenya suggests that factors, such as respect for elderly people or religion branding jealousy as a negative attitude towards the other, may mitigate incidences of jealousy to a certain extent.

The possibility to send children to school has also important consequences beyond its productive, preventive and protective dimensions of wellbeing across generations, meaning relational and social dimensions of wellbeing. Schooling is an important momentum of social integration - both for children and their parents (for example Friendly and Lero 2002). Being able to send one's children to school has thus, also a positive impact on the relational dimensions in the community as intra-household relations are fostered. School also has a certain equalizing social effect enabling children from very poor households and of marginalized status attending school and enabling them to overcome their marginalized position to a certain extent.

Cash transfer increases the credit worthiness of beneficiaries at community level. This also impacts positively on enhanced levels of trust within the community. They are able to buy food on credit (shall the transfer not arrive in time) and are able to re-enter communal saving schemes, such as table banking (merry-go-rounds).

At the communal level, the most striking impact for both beneficiaries and better-off is the fact that transfers allow them to interact "*freely*" with each other. Both better off and poor used this expression to describe the constant pressure of being obliged to provide support experienced by the better off and being constantly in the need to ask for support without being able to give anything back by the poor. With the transfer, the pressure on mutual support at communal level appears to relax as perceived dependencies decrease. This positively impacts on social relations. The transfer enables recipients to re-enter social support networks and participate in reciprocal arrangements, including communal working arrangements during harvesting or participating in construction activities at communal level, all activities from which they were excluded before. As evidence from Ghana suggests, being a LEAP beneficiary has also become a new social identity on which support networks are founded (labor exchange). All these activities enable participants to confirm and foster their newly regained role as a full member of the community and participating in community-level activities. Their regained contributory capacity enables them to participate in ceremonies and festivities, such as weddings and funerals. People are able to make offerings in church and for funerals, which in turn, increases their social status and make people moving closer to them, often with expectations of some kind of support. This has also political implications: If before the poor were excluded by society, they are now invited for communal meetings and taking part in discussions and decision-making processes, thus enabling them to exercise their social and political rights.. The cash transfer in many cases has allowed beneficiaries to regain their dignity, as people do not look down on them anymore. Whereas beneficiaries report that many of them have been considered irresponsible before receiving the transfer because they were not in the position to take care of their orphaned children, this attitude has now changed. Community members consider them responsible people now because they receive support and they deal with in a responsible manner. These findings seem to point to social protection having potentially transformative effects in countering exclusion and social injustice at the community level.

Subjective Wellbeing: Happiness, Self-reliance, Perceptions of Citizenship

It is difficult to disentangle subjective wellbeing from material and relational dimensions; in fact all three dimensions are deeply enmeshed and contingent upon each other, as subjective wellbeing is often also a reflection and consequence of the former:

> *"(…), from the LEAP program, people have been able to empower themselves. Some of them have been able to save and start some form of training. I even know a certain blind*

man who was sleeping under a structure but now he has been able to save to build a room for himself and a toilet. Formally, no one regarded him but now he has gained respect for himself and when there is public gathering, he can now also go and contribute."[xx]

There are clear indications across both countries that the transfers have a positive impact on subjective wellbeing and for that matter, mental health.[xxi] Respondents feel happier, they experience less stress, and describe themselves as socially less isolated, as the transfer has allowed them participating in social activities in their communities. People consider themselves less withdrawn from society and the community, they are able to participate in community meetings and can intervene ("*raise their voice*"). The money allows them to dress decently, which in turn, enables them to move around without being stigmatized. This is especially important for young people and in town:

"It is achieving results and it is making people happier. They are happier than they were and we can see that they are more active in participating social activities in their communities. They are now being empowered, are now participative, not withdrawn as they used to be, then are now outspoken and they feel proud to be Ghanaians, and they feel proud to be members of the community they find themselves in."[xxii]

The quotation nicely draws the link to the debate about social policies and their impact on changing citizen-state relationships (Molyneux, Jones & Smuels 2016). Evidence from Ghana suggests that beneficiaries indeed appear to have a changing perception of the state. Many beneficiaries express a feeling of gratitude and closeness to the state, because the state a) has recognized their problems and b) is taking care of them individually. This recognition by the state as needy individuals or citizens cannot be emphasized enough because it implies a paradigmatic shift of welfare experiences by the state in most of these countries. Development interventions by the state and other development partners were generally interventions targeting the collective communal level rather than the individual or household level. Despite its irregularities – the fact that the cash transfers are a long-term intervention is the second big change that beneficiaries experience and which differs from hitherto development intervention that were short-term and transitory.

All this, appears to have changed the notion of the state, which so far many beneficiaries have experienced as providing a lot of empty promises or at best, business as usual, i.e. a development intervention that will end sooner or later. Despite their many inefficiencies and problems, the fact

that programmes continue to be provided, is also raising expectations towards this 'benevolent state' to expand on existing programmes, providing more money to more people and to develop complementary measures, ranging from employment creation to agricultural extension services, access to water and health facilities and many other things.

The cash transfer also appears to re-define the notion of citizenship as a social identity. Receiving the cash transfer is commonly expressed in terms of one's citizenship, rendering people proud of being Ghanaian. Conversely, those who do not receive the transfer and feel unrightfully excluded, express their anger in the same way, invoking their national identity as guaranteeing them a right to social protection. They perceive themselves as being not considered by government ("forgotten") and as a consequence less of a citizen than those effectively receiving the transfer.

With regard to Kenya, the citizenship discourse is less pronounced which - given the Kenyan context, where ethnic identities continue to dominate politics and according to many scholars, a Kenyan nationalism never really had developed (Branch & Cheeseman 2010) - is hardly surprising. Given the strong mistrust towards the central state, beneficiaries – other than gratitude - tend to express surprise about the CT-OVC programme, in particular regarding its permanent character. Grown and educated in the spirit of *Harambee*, the CT-OVC targeting individual households, is a completely new experience and which – despite evidence to the contrary – is treated with caution and continuous mistrust.

In this context, it is worth noting that some beneficiaries express the fear of becoming dependent on the programme. Notwithstanding this ambivalence, overall, the cash transfer programme appears to have contributed to increase the trust towards the Kenyan state and thus, strengthened state-citizen-relations. Similar to Ghana, people feel "recognized" by the state, which appears to positively influence their notion of citizenship. This concerns particularly those who until then had never received direct support from the state at all. Referring to the fact that most of the children in the CT-OVC programme are orphans, caretakers also refer to the state as taking over the role and responsibilities of the "paterfamilias" in taking care of them. In doing this, they also invoke a rights-based discourse to support which everyone in need should enjoy.

6. Conclusion

In this article we have tried to show that despite its potential role to positively influence inclusive growth, social protection needs to be analyzed within a more comprehensive framework that 1)

aims at better capturing the multiple dimensions of wellbeing, at multiple aggregation levels, and 2) mapping out the transmission channels, taking into account the moderating and mediating role of the regulatory framework and policy instruments. The inclusive development framework based on the three dimensions of wellbeing (material, relational and subjective) provides a more comprehensive lens on social protection in this respect. It also allows taking into account the institutional, social, economic or geographic context in which policies are implemented and which in turn moderate and mediate impact. By looking at the effects of social protection interventions more comprehensively, this paper has highlighted that people do not respond to risk management mechanisms in the same way, producing similar impacts and effects. Whereas the four labels (protective, preventive, promotive and transformative) used to categorize impacts of social protection is useful, we argue that it is important to contextualize impacts. The fact that somebody rears chicken or a goat is by itself not a testimony of productive investment. It could simply be a risk management mechanism in a highly insecure institutional environment, in which cash transfers are often delayed and there is no planning security. Our findings from Ghana and Kenya point to social policies enabling poor people to protect their livelihoods and capabilities, but not necessarily lift them up to a higher level of improving their livelihoods sustainably. In order to classify effects correctly, it is important to look at the many other factors that determine the wellbeing impacts of social protection, including for instance institutional short-comings and the resulting risks for beneficiaries or the mix of social policy programmes that beneficiaries have access to.

Especially the poor and extreme-poor often face barriers in realizing the full potential of social protection for which social capital and other assets and capabilities are a pre-requisite. We therefore need to better understand the immediate priorities of poor people and the way they make their strategic investments and for what purpose. This will help us uncover crucial interaction effects and transmission channels that make us understand the outcomes we capture.

What does this mean for the policy level? Wellbeing effects of social protection can be far-reaching but are currently still hampered by programme design and implementation failure and exclusion. There is thus an urgent need to address underlying exclusionary mechanisms of social protection and design more inclusive instruments and institutions that enable the (extreme) poor to diminish the transaction costs for accessing social protection in the first place. This implies more bottom-up thinking about the material and social relational priorities of the (extreme) poor, their bottlenecks in accessing social protection and healthcare in order to create the envisioned leveraging effect to inclusive development. Last but not least, there is an urgent need for political

will to push harder towards a multi-sectoral approach and broad-based political incentives to resolve systemic failures, invest more resources and resolve institutional inefficiencies.

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Annex

Table A.1 - Ghana Spending Pattern LEAP

What were the most important changes that you experienced with the cash transfers?	
Changes in Food Consumption (n=78)	• Being able to buy more food and food ingredients (for the whole family) • Increase in number of meals/per day; children can buy snacks at school; • Being able to buy greater variety of food • Cash transfer enables households to have food though out the year; Caretakers emphasize the fact that children do not go hungry to school (better educational performance)
Changes in expenses related to Education (n=64)	• Being able to pay for school fees and examination fees (secondary school), typing fees • Being able to buy school items, such as books, pencils, school uniforms and sandals, as well as soap • Being able to buy food at school (snacks) (chop money)
Changes in Health (n=37)	• Pay for drugs, i.e. those that are not covered by the NHIS • Pay for drugs that in theory are covered by NHIS but are currently not available at health care • Pay for drugs (self-medication; buy drugs on stock for emergencies) • Pay for tests that are not covered (x-rays, laboratory tests, etc.) • For renewal of NHIS card (free since 2016) • Pay for indirect health costs, such as transport costs, food, etc.
Changes in Productive Investments (n=30)	• Being able to buy inputs for small-scale business (fishing nets, weaving material, ingredients for selling food, etc.) • Being able to buy farming utensils, such as seeds, fertilizer or agricultural tools (hoes) • (The more hoes are in the household, the more household members can work on the farm, including children after school)
Changes in Labour (n=17)	• Paying for labour to assist with the farming (sowing, weeding, harvesting) (in particular old people) • To rent agricultural machinery (mentioned only once) • To pay for care labour (disabled persons) • However, many cannot afford to hire labour because the amount is too small
Changes in Assets (n=3)	• Being able to buy cooking utensils (mentioned once) • Being able to buy an iron sheet (mentioned once) • Being able to continue building a house (mentioned once)
Other Changes: Buying Small Animals for Rearing (n=20)	• Buying small animals for rearing (sheep, goat) (as a productive activity) • Being able to buy small animals, like goat, fowls and rear them as savings for emergencies (paying school fees for children, for example)

Source: Fieldresearch CIA in Ghana, 2016-2017.

Table A.2 - Spending Pattern CT-OVC Kenya

What were the most important changes that you experienced with the cash transfers?	
Changes in expenses related to education expenses (n=85)	• Being able to pay for school fees and examination fees, boarding fees (secondary school) • Being able to pay for additional schooling costs, including uniform, lunch money, examination fees and other items that parents are required to pay • Being able to pay school Items, such as books, pencils and soap • Being able to pay transport costs to school • Priority of education even more pronounced in urban areas
Changes in Food Consumption (n=79)	• Being able to buy more food and food ingredients (for the whole family) • Increase in number of meals/per day; • Being able to buy greater variety of food, such as dairy products for children • Cash transfer enables households to have food though out the year; • Children do not go hungry to school (better educational performance)
Changes in Health (n=41)	• Being able to bring children to hospitals when they are sick and pay for hospital bills, but also for other household-members (increase in utilization rates) • Pay for special services (physio-therapy for example) • Pay for drugs (prescribed by medical services or for self-medication) • Pay for indirect health costs, such as transport costs, food, etc. • People go to health facility earlier because of health policies and money of CT-OVC – less diseases perceived – people more productive because less ill and less ill for long;
Changes in Productive Investments (n=32)	• Being able to boost already existing small-scale businesses (buying more ingredients for selling food, increasing stock of small kiosks, etc.) • Being able to buy farming inputs, such as seeds, fertilizer (mainly rural areas and where land available, such as West-Pokot) • Being able to buy poultry, cow, sheep
Changes in Assets (n=8)	• Being able to buy household items, like cooking utensils, beddings, blankets • Being able to thatch the house • No assets because no money left
Other Changes: Rent	• People in town often use the transfer to pay rent

Source: Fieldresearch CIA in Kenya, 2016-2017

Endnotes

[i] Specifically, the conditional cash transfer programmes in El Salvador made an effort to promote citizenship through informal education and local representative structures. (Adatao et al. 2016).

[ii] The multi-level political economy context is contextually important, and is explored in two related studies part of this project: Bender et al. (2017) and Rohregger et al. (2017).

[iii] LEAP only imposed the conditions upon those beneficiary households that are also considered to be in a condition to comply with them (for a detailed programme overview see Ragno et al. 2016).

[iv] At the current exchange rate of 1 US$ being equivalent to GH ₵ 4,3891 (September 2017).

[v] According to the Leap Programme Secretariat, in October 2016 91,110 households out of 219,919 households have been registered onto NHIS (LEAP Secretariat 2016).

[vi] For Kenya this was the cash transfer programme for orphans and vulnerable children (CT-OVC), for Ghana it was the Livelihood Empowerment Against Poverty Programme (LEAP). As for health, in Ghana LEAP beneficiaries are also entitled to free health. In Kenya, people are entitled to free maternal and child health care.

[vii] These findings are consistent with the findings of the qualitative impact assessments on LEAP (for example OPM (2013). But it does contradict the quantitative impact evaluation (Handa et al. 2013) which does not measure a significant increase in consumption, but an increase in non-consumption items (re-entering social networks, debt repayment).

[viii] "Leap has increased school enrolment among secondary school aged children by 7 percentage points (pp), and reduced grade repetition among both primary and secondary aged children. Among primary aged children LEAP has reduced absenteeism by 10 percentage points." (Handa et al. 2013, p. ii).

[ix] Interview 96 (Female CT-OVC Beneficiary in Kibera, Nairobi County, Kenya)

[x] Interview 119 (Female CT-OVC Beneficiary in Kibera – Serangombe, Nairobi County, Kenya)

[xi] The degree to which people engage in promotive investments depends also on the fact whether they have productive inputs at hand to make these investments work, in particular labor and in rural areas, land. In the context of small-scale business, this means that the transfer enables beneficiaries to boost already existing businesses, but not necessarily to start a new one. Although many caretakers express the wish to do so, they complain that the transfer is far too little to be able to do so (see also Asfaw et al. 2015) in particular those who face labour and other productive constraints. The CT-OVC thus appears to have some promotive effects on the people who are relatively better off.

[xii] Primary education is free of charge since 2004. Secondary education is free of charge in day secondary schools since 2008. This does not include lunch, examination fees and school uniform. Most secondary schools in Kenya are however, boarding schools, in particular in rural areas (GoK 2015).

[xiv] Interview No. 16, FGD, Female Beneficiaries, Upper-East Region, Ghana.

[xv] Using a community wealth-ranking exercise.

[xvi] Interview No. 17, FGD Female Beneficiaries Upper East, Ghana.

[xvii] Interview No. 2, FGD, Female Non-Beneficiary, Just-above-the-poverty-line, Volta Region, Ghana.

[xviii] Interview No. 25, Female Caretaker, West-Pokot, Kenya.

[xix] Interview No. 44, FDG, Female Beneficiaries, Upper-East, Ghana.

[xx] Interview No. 4, Civil Servant District Level, Central Region, Ghana.

[xxi] WHO defines mental health as "a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO 2016, p.1). The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity." (p.1)

[xxii] Interview 31, High-level civil servant at the LEAP-secretariat, Ghana.