



Social and Health Policies for Inclusive Growth Project

Report on the dissemination workshop “Social protection for inclusive growth in Africa?”

30th June 2017, University of Amsterdam

Overview

The workshop was a half-day dissemination event, to share some key findings from the Social and Health Policies for Inclusive Growth (SHPIG) project and get feedback from moderated roundtable discussions. Participants included project team members from the University of Amsterdam, Bonn Rhein-Sieg University of Applied Sciences and EADI, a representative from the INCLUDE funding platform and a mix of researchers and practitioners working or interested in social protection in Africa. There were representatives from international NGOs such as Oxfam, Amref Flying Doctors and UNICEF.

The SHPIG project is titled ‘Breaking the Vicious Circle of Poverty and Ill-Health: Are Cash Transfers and Social Health Protection Policies in Ghana and Kenya Complementary?’. It aims to develop new strategic knowledge on the effectiveness of cash transfer programmes and social health protection policies in both Ghana and Kenya, trying to understand if and under which conditions these policies are complementary.

Frank van Kesteren from INCLUDE chaired the workshop, and gave the introduction and closing remarks. There were two presentations about the project’s findings. The first was given by Dr Nicky Pouw (University of Amsterdam), with a focus on Ghana, and in particular the quantitative results and community impact assessment. The second presentation was given jointly by Prof. Katja Bender and Dr Barbara Rohregger (Bonn Rhein-Sieg University of Applied Sciences), with a focus on Kenya and the political economy of social protection reforms. After the presentations and formal discussions, lunch was provided in the De Brug university café, where informal discussions among participants continued.

The project team is keen for participants to stay in touch after the workshop – to continue the discussions and sharing of work. Other members of the project who could not attend this workshop can be found on the project website: <https://www.eadi.org/inclusive-growth/shpig-team/>.

1. Introduction

To start the workshop, Frank van Kesteren explained that INCLUDE aims to integrate existing and new knowledge better. This requires dissemination of findings via project websites, workshops, conferences and seminars. Research–policy seminars and debates help to increase the relevance and African policy dialogues are important. There are seven research groups on social protection within the INCLUDE platform, with a focus on medium- and long-term impacts, cost effectiveness and North–South consortia.

2. Discussion on ‘Interaction between two Social Protection Policies in Ghana’

Dr Nicky Pouw gave her presentation on the quantitative analysis of the interaction effects between the cash transfer under LEAP and the NHIS programme in Ghana. The results show that only few interaction effects can indeed be established in the medium term, namely on child anthropometrics. Significant improvements in food consumption, access to health and productive investments in land are also observed. However, these culminate from either the cash transfer or health insurance separately or from the two combined, but without a multiplier effect. Thus, there seems to be a dominant substitution effect going in the combination of the two programmes.

The team explained in more detail that the quantitative analysis was done using existing survey data and therefore they were bound by the constraints of that data. For instance, financial diaries were not available and there was not enough data to do separate regional analyses (although regional differences were controlled for in the model). There were many issues with the data and even some differences in the survey modules between the two waves (2010 and 2012) affecting data quality. We have to be cautious with the results. Cash transfers were taken to hold at household level (since they would be shared out) and health insurance at individual level.



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Food diversity – This wasn’t specifically addressed in the qualitative research. Food quantity is an issue for all but quality of food only for some. Urban/rural differences are relevant because in urban areas people have to buy rather than grow food, which makes it more expensive.

Weak institutions – Specifically related to these results, it is important to note that the National Health Insurance (NHIS) only covers a minority of people in Ghana. Stability and regularity of LEAP cash transfer payments were a big issue in the early years. Also, reimbursement rates for NHIS were very low. Hence people were still forced to buy medicines.

Age factors – When targeting the intergenerational cycle of poverty, effects for different ages are important. For instance, looking at youths falling into a gap (between children and adults). The analysis does not specifically look at youth. However, due to NHIS contributions (it is not free), relatively younger people often decide not to re-register because they feel healthy enough.

Delivery of LEAP cash transfers – Transfer amounts differ per household size. They are bi-monthly payments (the per month amount ranges from 54 Gsh for a 1-person household up to 106 Gsh for larger households). These are tiny amounts aimed at the extreme poor, which should be approximately 20–30% of household income. Amounts did become larger later on. The amount was costed by calculating a food basket, but there are also political aspects. Some countries have index-adjusted cash transfer amounts. This government assistance programme is quite different to NGO programmes such as 100 Weeks, which provides mobile money cash transfers to double income for almost two years. In that case, the selection process is very important and the aim is serious long-term impact. Social impacts within the community must also be considered, such as envy and gender balance.

Other programmes – In the analysis, community and school feeding programmes were controlled for but there was not information on other large-scale programmes.

Complementarities – A lack of complementarity means no multiplier effect, no reinforcement between cash transfers and health insurance. A complementarity effect is when more is saved on health expenditures combined with cash transfer money coming in. We would like to see this happening. Policymakers want to find out how to make this happen. When Kenya introduced an insurance fee waiver for maternity, the results showed substitution effects between national and community programmes. In Ethiopia the most marginalized groups remain excluded. The design of programmes is most important.

Future research – This depends on funding. There is another wave of panel survey data coming (i.e. talking to the same people). For longer-term dynamics and to see institutional improvements over time, you need more waves of data and which cover a longer time horizon. There is a theory of change for future impacts. Time is a general issue in social protection studies looking at protective vs productive impacts. Indirect effects take longer to be seen. For example, the seminal Latin American studies mainly look at children (because they have faster impacts we can see).

Health NGOs – Amref isn't directly looking into social protection. But it is looking at how to incorporate insurance schemes and resilience for the future. Amref works in Kenya. The health insurance scheme is not so far along in its implementation in Kenya compared to Ghana. Amref doesn't have the data but this would be interesting to look at.



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3. Discussion on 'Political Economy Analysis of Social Protection in Kenya'

To introduce their presentation), Prof. Katja Bender and Dr Barbara Rohregger explained that the time horizon is also important for politics: extending social protection is a long-term reform process. For example, it took many years for universal health insurance coverage to be provided even in (nowadays) rich countries (for example, more than 130 years in Germany).

The presentation on the Political Economy Analysis of Social Protection Reforms in Kenya was comprised of three interrelated key areas: (1) characterizing social protection reform dynamics of policy formulation and policy adoption at national level; (2) understanding variations in reform dynamics of pro-poor social protection policies within and across countries (national level); and (3) understanding regional variations in the implementation of pro-poor social protection policies, in particular by focusing on the role(s) of traditional authorities. The post-presentation discussion started with a question on what the research implies for Dutch development policymakers, given that their aim is to reach the poorest of the poor in poor countries.

Role of churches – Religious groups were not interviewed for the research. However, they are used in the cash transfer targeting process. Churches can take up a lot of children.

Private partners – Have there been any initiatives to privatize social health insurance in Kenya? The situation has changed over time. At first, the role of private providers was not made clear. During the third (wider discussion) phase of changes, policymakers wanted to review different options, including private providers. There was no consensus but they are moving towards contracting with both public and private providers. Private insurers are an important part of healthcare.

Empowerment – Does social protection strengthen the existing social order or does it empower people? Are social protection schemes perceived as part of the social contract (political support then being required in return) or do they provide independent citizenship? Both effects are seen, neither in isolation. Cash transfers changed the perceptions of some of the extreme poor towards the state. Initially they thought it was a joke, but over time gained a re-appreciation of the state. They were citizens and acknowledged by the state, their self-esteem improved. Whether that then leads to feelings of gratitude or being critical of state depends on what happens politically. It isn't social protection creating the effect itself.

Individual identity – The revolutionary part of the cash transfer scheme is individual-level targeting rather than (historical) community-level targeting. It's the first time the state recognizes individual people. This changes their social identity, as it is less based on kinship, and the state is perceived to move closer to them. For Europeans, this is hard to understand as we have individual-based societies. There are changes in people's perceptions of citizenship and the state. It is a learning process for people first understanding then demanding their "rights" in the longer term. People are also afraid of getting dependent on the money, though. They don't know if the state is reliable.

Donor interests – The composition and preferences of the donor community have changed over time. For example, the World Bank is one of biggest donors and it has gone from being skeptical of social health insurance to now focusing on this. There are also divergent interests.



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Representation – Recipients of cash transfers are mainly poor, marginalized communities. They do not have representatives, just the official stakeholders, looking out for their interests. NGOs were not much involved. Health insurance fee waivers were introduced differently. After a change in government there was a sudden announcement and even the health ministry didn't know in advance. The topic of social protection is more visible and interest in Kenya has grown over time. Now more NGOs are working there. Many NGOs in Kenya are co-opted into the system. The NGO people interviewed for the research had often previously worked in ministries. Although this could also be due to the interview selection process.

Informal institutions – Lack of awareness and lack of information are the biggest issues. This is where NGOs could improve things: inform people about the cash transfer process, who gets it, why and the amounts due. The NGO role on the ground is important. They can help people know their rights. This could replace or bypass existing informal institutions. If people are better informed then they are empowered to formalize. NGOs can also help reduce transaction costs of e.g. transportation, time waiting for payment, registration difficulties, access to systems.

Power of traditional systems – In Botswana, for instance, identification is very strong in the traditional systems and if those don't work well then nothing else does. For social protection, traditional systems misuse targeting (bad effect) but also play a positive role (good effect). Traditional systems are not as strong in urban areas so formal institutions have a better grip on the administration of cash transfers there. Implementation issues are mainly discussed in terms of technical issues, like targeting, distribution, enrolment systems, but actually we need to consider the political equilibrium. Integrate into existing power system to make the programme more pro-poor. Think in different terms, for example taking traditional leaders to workshops.

Stakeholders – The categories of stakeholder relationship analysis are preferences, beliefs, etc. Power is not directly included, but is split among other categories according to different forms of power. This helps to identify indirect as well as direct power.

4. Closing remarks

Despite the ambitious aims of the research project and challenges faced during the implementation of the research (for example data availability and data quality), there are interesting results and implications. Social protection policies are effective for poverty alleviation, with impacts on the poor and extreme poor. Institutions are strengthening and integrating. In Kenya, reforms on introducing and extending cash transfers are more dynamic (and until now more successful) than reforms aiming at extending social health insurance. This is among others due to conflicting interests being less prevalent, historical legacies impeding reforms being almost non-existent and information structures within the area of cash transfers having been more inductive. Also, policymakers must not forget about informal institutions, such as alternative grievance mechanisms. Reducing transaction costs is crucially important to include the poor and extreme poor.

To measure effects the availability and quality of data matters. Also the time-frames of projects matter. Some results here are still to come. One dissemination workshop has already taken place in Kenya and another will happen soon in Ghana. Also, the project is presenting at the EADI conference in Bergen in late August. Research findings should be used to convince policymakers and improve systems.



SHPIG project team members at the Amsterdam workshop



European Association of
Development Research
and Training Institutes
Kaiser-Friedrich-Strasse 11
D-53113 Bonn
Tel.: (+49) 228 . 2 61 81 01
postmaster@eadi.org
www.eadi.org

Social and Health Policies for Inclusive Growth (SHPIG) in Ghana and Kenya

Contact: Dr. Nicky Pouw, Email: N.R.M.Pouw@uva.nl

Project website: www.eadi.org/inclusive-growth/

Consortium partners:

Nicky Pouw, Lizzie Dipple – Amsterdam Institute of Social Science Research (AISSR), University of Amsterdam (Netherlands); *Susanne von Itter* – European Association of Development Research and Training Institutes (EADI, Germany); *Katja Bender, Barbara Rohregger, Esther Schüring* – International Center for Sustainable Development, Bonn-Rhein-Sieg University of Applied Sciences (Germany); *Kennedy Alatinga* – University for Development Studies (Ghana); *Clement Adamba* – University of Ghana (Ghana); *Bethuel Kinuthia* – University of Nairobi (Kenya)