



Research paper

Social protection in Ghana and Kenya through an inclusive development Lens. Complex effects and risks

Nicky R.M. Pouw^{a,*}, Barbara Rohregger^b, Esther Schüring^b, Kennedy A. Alatinga^c,
Bethuel Kinuthia^d, Katja Bender^b

^a Governance and Inclusive Development, University of Amsterdam, 1018 WV Amsterdam, The Netherlands

^b International Centre for Sustainable Development, Hochschule Bonn-Rhein-Sieg, University of Applied Sciences, Germany

^c Department of Community Development, University for Development Studies, Tamala, Ghana

^d School of Economics, University of Nairobi, Kenya

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ABSTRACT

Social protection research in African economies is growing along with global and national policy debates on inclusive growth and development. Yet, empirical evidence on the nature and scope of the effects, in particular on the poorest and most vulnerable, is scant. This article makes both a theoretical and empirical contribution by analyzing the complex effects and risks of social protection policies in Ghana and Kenya. It proposes a comprehensive inclusive development framework for analyzing social protection impacts. Based on a two-years study on the multidimensional wellbeing effects in rural communities in both countries, it is found that social protection impacts food, education, health and to a limited extent productivity levels of individuals and households, their family and community relations and social equity, as well as perceptions of self-reliance and citizenship. Risks involve exclusionary social-economic and political mechanisms and power inequities aggravate programme design and implementation failures that exclude the poorest from accessing social protection at multi-scalar levels in the first place.

1. Introduction

Increasingly, social protection is claimed to foster inclusive growth and development in low-income countries and emerging economies (Adésinà, 2007; Hailu & Soares, 2008; Zhuang, 2008; Barrientos & Hulme, 2010; Niño-Zarazúa et al., 2010; Bachelet & ILO, 2012; Cecchini & Martínez, 2012; Nehring, 2012; Devereux, 2013). Quantitative impact studies demonstrate that social protection policies have positive impacts on human capital and, to a lesser degree on productivity (e.g. Hailu & Soares, 2008; Covarrubias, Davis, & Winters, 2012; Asfaw et al., 2014; Cruz & Ziegelhöfer, 2014; Soares, Knowles, Daidone, & Tirivayi, 2016; Tiwari et al., 2016) on (reduced) inequality and poverty reduction (Rawlings & Rubio, 2005; Barrientos, 2011; Marmot & Bell, 2012; Marmot & Bell, 2012; Leubolt, 2014; Lustig, Pessino, & Scott, 2014). The protective (relief from deprivation) and preventive (preventing deprivation) effects (Holzmann, Sherburne-Benz, & Tesliuc, 2003; Sabates-Wheeler & Devereux, 2010) 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; FAO, 2016). Inclusive growth refers to growth that is broad-based and inclusive of the poorer segments of society (Lanchovichina & Lundström, 2009).

Recent literature suggests that social protection also has transformative effects, provided it addresses social equity concerns and social exclusion by shifting power imbalances (see for example, Adato, Morales Barahona, & Roopnaraine, 2016; Attahm et al., 2016; Molyneux, Jones, & Samuels, 2016). Underlying the transformative change hypothesis is that behavior change can be facilitated through

* Corresponding author.

E-mail addresses: n.r.m.pouw@uva.nl (N.R.M. Pouw), b.rohregger@socialprotection.at (B. Rohregger), esther.schuering@h-brs.de (E. Schüring), bkimuthia@uonbi.ac.ke (B. Kinuthia), katja.bender@h-brs.de (K. Bender).

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more protective and inclusive regulatory frameworks (Sabates-Wheeler & Devereux, 2010; Bender, Kaltenborn, & Pfeiderer, 2013), such as in El Salvador where programming for citizenship is part of conditional cash transfer programmes¹ (Adato et al., 2016). However, a comprehensive analytical framework for exploring such complex interactions between individual/household and collective impacts interacting with regulatory frameworks and policy instruments is currently lacking. Moreover, studying transformative effects over time would require longitudinal data; which in sub-Saharan Africa are rarely available (yet), neither in the form of quantitative data nor qualitative.

This article proposes an inclusive development lens to analyze the impacts of social protection. 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 qualitative 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 (Adato et al., 2016; Molyneux 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. In fact, we will show that transformative changes do not only occur as a result of systematically promoting the social good, but are “natural” consequences of social protection interventions: The presence of social protection measures alone may trigger far-reaching social and political impacts.

The remainder of this article 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 Fig. 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 and Devereux (2010) typology for categorizing the complex effects. Section 6 discusses the findings in relation to both 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

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, Son, Qureshi, & Arif, 2003), and further leveraging to inclusive growth (Bennett, 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 Graig (2004) stated at the time that

¹ Specifically, the conditional cash transfer programmes in El Salvador made an effort to promote citizenship through informal education and local representative structures. (Adato et al., 2016).

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 those covered in the special edition of the Journal of Development Studies (2016), which highlight the positive impact on people’s social networks. Moreover, subjective experiences and perceptions of social status, self-reliance and citizenship 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 (Narayan, Pritchett, & Kapoor, 2009). This is all the more the case for poor and marginalized people whose social material and political 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 (e.g. targeting 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, Bender, Kinuthia, Ikua, Pouw, & Schüring, 2017; Pouw 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. More recently, inclusive development has been introduced as counter-proposal to neoliberal growth models (Gupta, Pouw, & Ros-Tonen, 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 is 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 (Gupta & Pouw, 2017) 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. Marmot, Friel, Bell, Houweling, & Taylor, 2008). 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 (Fig. 1). Human wellbeing is analyzed across a material, social-relational and subjective dimension (McGregor, 2007), which can be assessed at 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

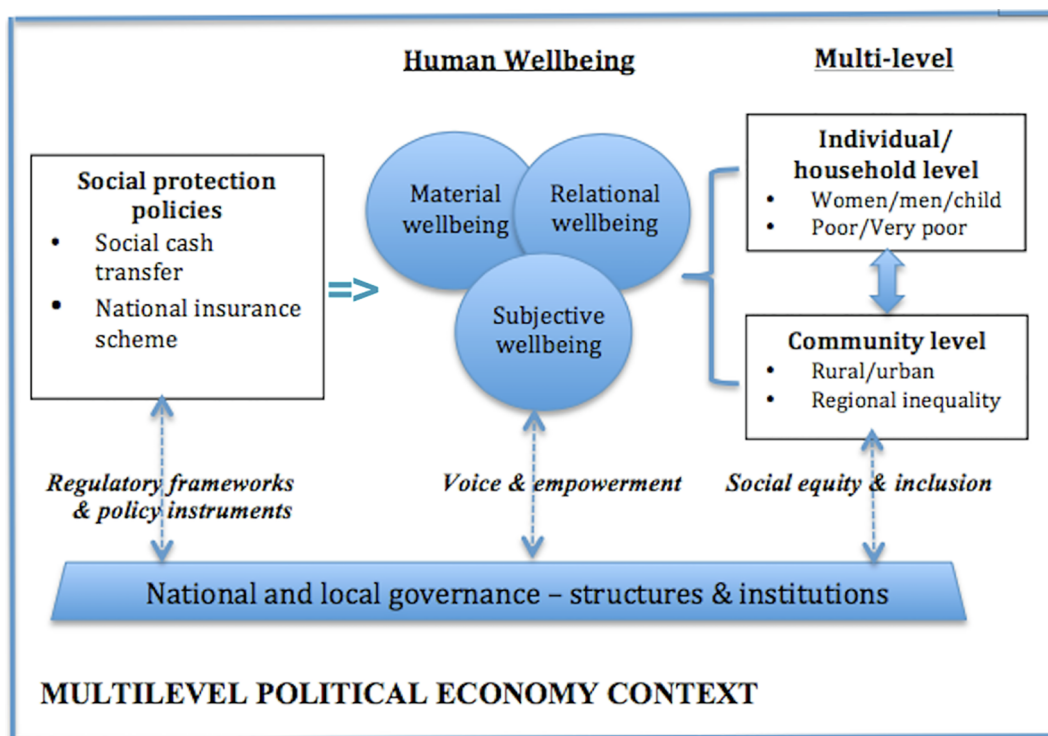


Fig. 1. An Inclusive Development Framework for Analyzing Social Protection.

five dimensions:

- (I) Multi-dimensional human wellbeing: Social cash transfer programmes may help people manage to free-up resources for healthcare and other social investments, which may accrue 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: social protection can 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 and institutions via their regulatory frameworks and policy instruments (i.e. social protection programmes) 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 heterogeneous 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. \(2017\)](#).

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 programme² that through the provision of bi-monthly cash transfers aims at improving basic household consumption and nutrition as well as improving 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)³ 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.⁴

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

² 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 overview see [Ragno et al., 2016](#)).

³ At the current exchange rate of 1 US\$ being equivalent to GH ₵ 4,3891 (September 2017).

⁴ According to the Leap Programme Secretariat, in October 2016 91,110 households out of 219,919 households have been registered onto NHIS (Interview with the LEAP Secretariat 2016).

the cash transfer programmes in Kenya having started in 2004 as response to the 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 these 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 gradually being up-scaled since 2017, which means that not all CT-OVC beneficiaries in our sample were covered by the programme yet.

4. Data collection and methodology

Qualitative community impact assessments were carried out in Ghana and Kenya to assess the perceived household and community level effects of social protection. In Kenya, a total of 63 beneficiary interviews⁵ and 26 non-beneficiary focus group discussions (FGDs) were organized, alongside 18 key informant interviews (KIIs) with health workers, village leaders, local implementation bodies, beneficiary committee workers and county level officers in 9 villages across 3 Kenyan counties (Kibera, West-Pokot and Kwale). In Ghana, a total of 20 FGDs with LEAP beneficiaries and 6 with non-beneficiaries was carried out, alongside 18 KIIs in 22 localities across 3 regions (Central Region, Upper East Region and Greater Volta Region).

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), and (4) location (rural/urban). Non-beneficiaries were further clustered according to their socio-economic status (better-off/just-above-the-poverty line). Both in Ghana and Kenya, the characteristics of the sample populations match the general characteristics of LEAP/CT-OVC households identified in previous evaluations (Handa & Park, 2012; Hurrell, Ward, & Merttens, 2008). Semi-structured interview guidelines provided the bases for the interviews and FGDs. Following the analytical 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 limit 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 and analyzed using Atlas.ti. Interviews were analyzed based on an interpretative-hermeneutic approach.

While being based on careful and systematic in-depth analysis of interviews and focus group responses, the data is not derived from

⁵ Due to a culture of shame, beneficiary respondents were reluctant to discuss the cash transfer in FGDs, and preferred individual interviews instead.⁵ 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).

statistical analysis and survey results and thus, does not offer statistical validity. Further research being based on larger samples and possibly including also a larger number of countries is needed to further validate the information gathered. The aim of this article is of an exploratory and explanatory nature, i.e. gaining a more deep, nuanced and contextualized understanding of how social protection measures impact on different well-being dimensions and across different layers of society.

5. Results: Social Protection, human wellbeing and inclusive development

The ID framework (Fig. 1), featuring McGregor (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 emerging notions of social equity and sustainability, are discussed in passing. They would require 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. Material wellbeing: Food, education, health & productivity effects

The evidence found from the qualitative community impact studies in Ghana and Kenya largely reflect well-documented and established facts from impact evaluations of other social cash transfer programmes and health intervention across African and beyond (for example Handa et al., 2013; Handa & Park, 2012 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 1 and 2 below). The CIA that was conducted from an integrated wellbeing lens, however puts the analysis and classifications of these effects into a slightly different perspective.

All beneficiary households indicated that the cash transfers have helped them to substantially increase their expenditure-level. Both in Ghana and Kenya spending priority areas are food, education and health with a reported positive impact on food and nutrition security, especially in elderly and children. Food consumption increased for the majority of the LEAP beneficiaries in Ghana (Table 1) and the CT-OVC beneficiaries in Kenya (Table 2). The focus group discussions and KIIs indicated that the increase in quality and quantity of food also had 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, as children were not forced to go to school hungry (see also Ayuku et al., 2014).⁶

A striking feature across both countries is the findings related to education. Despite both programmes being basically unconditional, there is overwhelming evidence that the cash transfers have a strong impact on education (see Tables 1 and 2). Caretakers not only in a position to send more children to school, but the accounts from the CIA show that the cash transfers have also allowed children to remain in

⁶ 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).

Table 1
Ghana Spending Pattern LEAP (number of answers).

What were the most important changes that you experienced with the cash transfers?	
Changes in Food Consumption (n = 78)	<ul style="list-style-type: none"> ● 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)	<ul style="list-style-type: none"> ● 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)	<ul style="list-style-type: none"> ● 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)	<ul style="list-style-type: none"> ● 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)	<ul style="list-style-type: none"> ● 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)	<ul style="list-style-type: none"> ● 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)	<ul style="list-style-type: none"> ● 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.

school for longer and in some cases, even achieve secondary level education (see also [Handa et al., 2013](#)).⁷ 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”⁸

“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”⁹

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, investing in the education of the children is perceived as an investment in one’s own future 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 their old age (see for example [Roth, 2014a, 2014b](#)). This expectation seems to strongly influence expenditure decisions. The accounts collected on how money is usually being spent indicate a clear spending priority for school fees, also at the expense of making direct investments in productive assets or activities. This suggests a spending pattern based on the protective and preventative dimension of social protection rather than a productive one

⁷ “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](#)).

⁸ Interview 96 (Female CT-OVC Beneficiary in Kibera, Nairobi County, Kenya)

⁹ Interview 119 (Female CT-OVC Beneficiary in Kibera – Serangombe, Nairobi County, Kenya)

or, rather investments strategies that will increase productivity in the long term, such as education.

Indeed, overall evidence suggests that direct investments in productive assets and activities are modest¹⁰ (see [Tables 1 and 2](#)). Moreover the qualitative accounts show that these investments are not necessarily long-term strategies with a view on decreasing poverty in the long-term by increasing productivity and create a “spring-board out of poverty” ([World Bank, 2011](#)). Beneficiaries both in Ghana and Kenya indeed use parts 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 informal saving schemes, such as *SUSU*. People report to use the money from the saving schemes to make investments. However, 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 investments are better understood as 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. This is also the case for labor investments which are more often coping strategies of labor-constrained households in order to support them

¹⁰ 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., 2014](#)) 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.

Table 2
Spending Pattern CT-OVC Kenya (number of answers).

What were the most important changes that you experienced with the cash transfers?	
Changes in expenses related to education expenses (n = 85)	<ul style="list-style-type: none"> ● 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)	<ul style="list-style-type: none"> ● 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 throughout the year; ● Children do not go hungry to school (better educational performance)
Changes in Health (n = 41)	<ul style="list-style-type: none"> ● 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)	<ul style="list-style-type: none"> ● Being able to <u>boost</u> 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)
Changes in Assets (n = 8)	<ul style="list-style-type: none"> ● Being able to buy poultry, cow, sheep ● 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	<ul style="list-style-type: none"> ● People in town often use the transfer to pay rent

Source: Fieldresearch CIA in Kenya, 2016–2017.

with their existing farming activities rather than productive investments geared towards an expansion of farming activities.

The analysis shows that these impacts depend to a great deal on the implementation practices of the programmes. In fact, programmes while being perceived as a major life improvements, they are also perceived as a source of major insecurities which influence investment and spending decisions in the long-term: The fact that the transfer often delays is of major concern to beneficiaries with negative repercussions on their livelihoods: If they are not able to pay school-fees in time due to transfer-delays, their children face the risk of being expelled.¹¹ Therefore, many caretakers – having no certainty whether the next transfer will arrive in time - prefer to save the money – mainly through investing them in communal saving arrangements - in order to be able to pay school fees in time 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 around the uncertainties in the delivery of the programmes planning much more carefully on how to spend the transfer than beneficiaries who just have received the transfer once or twice. Inefficiencies in the regulatory framework also create so-called unintended effects that would not exist if the programme worked according to the rules: investments in small-scale business or payment of school fees in many cases 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 much smaller than one would hypothesize.

¹¹ 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 (Government of Kenya, 2015).

This is mainly due to the low quality of health care services. Beneficiaries in Kenya overwhelmingly report that they go to hospital more often and earlier than before the introduction of the free maternity policy (in public hospitals) and the abolishment of user fees in public dispensaries and health centres (primary health care level). 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, low quality of services requires people 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.”¹²

The fact that the annual registration for NHIS until 2016 was chargeable provided an additional barrier for registration. The fact that expenditure pattern on health does not substantially alter with access to free health care is also related to peripheral health care costs, including transport to health care facilities or the provision of food while 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.

Implementation challenges aggravate the situation further: Many beneficiaries are not aware about their right to access health services for free, which in turn, impacts on their wellbeing. Furthermore, there is ample evidence that LEAP beneficiaries tend to be stigmatized when trying to access health services for free. Bad staff-attitude and under-

¹² Interview No. 16, FGD, Female Beneficiaries, Upper-East Region, Ghana.

table payments were frequently reported in our FGDs.

Lack of information on how to access programmes work is also a huge challenge for cash transfers beneficiaries. Many of the actual and prospective clients have very limited or piece-meal knowledge with regards to programme entitlements, size of transfers, and beneficiaries' obligations (Tables 1 and 2). Operational capacities are usually too scarce 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. Operations all too often are characterized by deeply ingrained structural clientelism and corruption, preventing many from accessing programmes and policies in the first place. Incidences of under-table payments to the local authorities at the cash-pay points have been repeatedly reported during interviews in both countries. Weak implementation structures which are often overburdened by local level implementation tasks without being assigned additional human or financial resources, as well as horizontal and vertical coordination problems are the major factors undermining programme efficacies (see for an in-depth discussion Bender et al., 2017; Rohreger et al., 2017).

Looking at the multi-level, distributional impact in the community¹³, self-rating exercises carried out with communities clearly indicate that programmes have reduced the number of extremely poor people in Ghana. However, overall, poverty levels in the communities have not changed, one major reason cited being that LEAP beneficiary households are currently too few to make a big difference. While important poverty-reducing impacts are perceived at the household level in terms of increased food and nutrition security, education and health, the number of beneficiaries and the size of transfer are perceived as being too small to make a difference with regard to the overall distribution of wealth at community level:

*"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"*¹⁴

The current Ghanaian government plans to professionalize and upscale LEAP and social health insurance is a response to the above concerns.

5.2. Relational wellbeing: Family relations & social equity

Social policy instruments 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 well-being below.

Perhaps the most striking feature in terms of relational impact is the changing social status that LEAP beneficiaries experience within the households and the family. From being a dependent on other family members, LEAP beneficiaries are suddenly turning into potential sources of support for other family members; they are in the position to contribute to the family income and the household's upkeep. This material well-being impacts upon improved relational well-being. Beneficiaries report on improved family relationships and increased respect by other family members. The transfer has re-gained them their full family membership, meaning that they are invited to family gatherings or to take part in important family decision-making processes from which they were previously excluded. 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. This concerns in particular the relationships between couples and – being of particular relevance for the Kenyan context – the relationship between family members and dependent orphans. The targeted transfers have increased considerably their social status within their host families.

"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 defined is helpful in this respect, reducing the room for other family members to challenge the allocation of resources in favor of weaker family members in need. 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."*¹⁵

Evidence from Kenya reinforces the Ghanaian findings. Caretakers report overwhelmingly that intra-household conflicts over scarce resources have declined substantially and family tensions eased. The transfer allows orphans leading a "normal" life similar to the children belonging to the household, including attending school and being decently dressed. In sum, it appears CT-OVC offers orphaned children a better chance for equal treatment and social inclusion. Especially women who are in charge of managing the household have changed their perception of orphans seeing them less of a burden to the household since they are able to contribute to the family income: *"Having food in the house, has improved our relations."*¹⁶ 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 discussions.

Similar to Ghana, the cash transfer has raised support expectations by other family members to receive support from beneficiaries. Female caretakers are far more often challenged by other family members to divert part of the transfers targeted at orphans for other purposes compared to their male counterparts who due to their overall strong social position face less attempts in this respect. In urban areas the competition over a share of the transfer is much less of an issue, as the social fabric is much weaker and wider kin and family usually far away in the village.

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). In fact, jealousy and hostility among community members and beneficiaries is frequent – though to a varying degree across locations. It is however, particularly strong among rejected non-beneficiaries who consider themselves 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"*¹⁷ –

Many of them accuse beneficiaries of having been selected due their

¹³ Interview No. 2, FGD, Female Non-Beneficiary, Just-above-the-poverty-line, Volta Region, Ghana.

¹⁴ Interview No. 25, Female Caretaker, West-Pokot, Kenya.

¹⁵ Interview No. 44, FDG, Female Beneficiaries, Upper-East, Ghana.

¹³ Using a community wealth-ranking exercise.

¹⁴ Interview No. 17, FGD Female Beneficiaries Upper East, Ghana.

close relationships with local authorities who themselves are frequently exposed to accusations of clientelism and patronage. Hostilities tend to be higher towards beneficiaries who supposedly do not use the money accordingly and are thus, supposed to be socially controlled for. Male caretakers due to their superior social position, tend to be less exposed to these forms of hostility and jealousy as compared to female caretakers. Women complain that they are looked down upon, especially by other female caretakers of orphans who did not succeed in getting the transfer. Some had also experienced negative impacts on their collective support networks with neighbours stopping to provide support with daily household chores or visiting them. In general, incidences of jealousy are stronger in the village than in urban areas where social cohesion is less strong and where it is usually not or less known who is a recipient of transfers. However, immediate action as a consequence of jealousy such as severing support relations, are more frequent in town. Evidence from Kenya suggests that social values, such as respect for elderly people or religion branding jealousy as a negative attitude towards the other does mitigate incidences of jealousy to a certain extent.

Beyond the preventive, protective and productive impact of providing access to education, schooling has also social consequences. Schooling is an important momentum of social integration - both for children and their parents (for example, [Friendly & Lero, 2002](#)). While we found less evidence on the effects on inter-household and community relations, there is evidence on schooling having a certain equalizing social effect across communities, enabling children from very poor households and the margins of society to attend school and thereby overcoming their marginalized position to a certain extent.

Increased social status as a consequence of being a recipient of cash transfers also has important secondary economic effects. As found by other studies ([Barrientos, 2012](#); [Mwangi & Ouma, 2012](#)) reduced household vulnerability through social protection enhances the credit worthiness of beneficiaries at community level, enabling beneficiaries to purchase food on credit (shall the transfer not arrive in time). Also, they are in a position to re-enter communal saving schemes, such as table banking (merry-go-rounds).

Findings point to social protection as having a strong potential in triggering transformative effects in terms of countering exclusion and social injustice at the community level. The most striking impact for both beneficiaries and better-off is the fact that transfers allow both beneficiaries and non-beneficiaries to interact “freely” with each other. Both better off and poor used this expression to describe the constant pressure and social obligation to provide support experienced by the better off and the constant humiliation of being in need to ask for support by the poor. With the transfer, the pressure on communal support networks is relaxing with positive impact 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 social position as a full member of the community. This also expands to other social and religious ceremonies and festivities, such as weddings and funerals in which they are able to participate again, also through making offerings and contributions. This has a positive impact on communal relations both in terms of guaranteeing their full participation in mutual support networks at communal level and in politics: 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 transfers in many cases have also changed the way beneficiaries perceive themselves as well as how they are perceived by others. Many beneficiaries report about having regained their dignity, as “people do not look down on me anymore”. The transfer has also

changed the public attitude towards foster parents. Whereas before they were often considered irresponsible because not able to take care of their orphaned children in an adequate way, they are now treated with respect, because people realize that it was their material situation that rendered it challenging to take care of their orphans in a responsible manner.

5.3. 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.”¹⁸

There are clear indications across both countries that the transfers have a positive impact on subjective wellbeing and for that matter, mental health.¹⁹ 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”); they can dress decently which allows 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 (before receiving the transfer, authors) and we can see that they are more active in participating in social activities in their communities. They are now being empowered, are now participative, not withdrawn as they used to be, they are outspoken now and feel proud to be Ghanaians, and they feel proud to be members of the community they find themselves in.”²⁰

The quotation clearly illustrates the link between communal and wider societal relations, drawing the link to the debate about social policies and their impact on changing citizen-state relationships ([Molyneux, Jones & Smuels, 2016](#)). In Ghana, we found overwhelming evidence of beneficiaries expressing gratitude and pride in being Ghanaian, because the state a) has recognized their problems and b) is taking care of them. The recognition by the state as needy individuals or citizens cannot be emphasized enough because it implies a paradigmatic shift from past welfare experiences in many developing countries where social development interventions by the state and development partners tended to target communities rather than the individual or household level, as for example epitomized in the social action funds that for years determined social interventions at local level in many Sub-Saharan African countries ([World Bank, 2011](#)). All this appears to have changed the notion of the state, which thus far, many beneficiaries have experienced as being based at best on single short term interventions that would end sooner or later. At the same time, the fact that

¹⁸ Interview No. 4, Civil Servant District Level, Central Region, Ghana.

¹⁹ 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).

²⁰ Interview 31, High-level civil servant at the LEAP-secretariat, Ghana.

cash transfers are based on a long-term perspective is 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 adds a new dimension to the notion of citizenship. Beneficiaries usually express their gratitude towards the state as being proud of being a 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 a guarantee and right to social protection. They perceive themselves as being forgotten by government and as Ghanaians.

With regard to Kenya, the citizenship discourse seems to be less pronounced. 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. Some beneficiaries express the fear of becoming dependent on the programme. Notwithstanding this ambivalence, overall, the cash transfer programme appears to have contributed to increased trust towards the Kenyan state and overall seem to have strengthened state-citizen-relations. Similar to Ghana, beneficiaries are positively surprised as they feel “recognized and valued” by the state as citizens. 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 invoking a basic notion of the welfare state and, at the same time, also a rights-based discourse to support which everyone in need should enjoy.

6. Conclusion

In this article we have argued 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 provides a 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. 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 better 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, design and processes towards 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 the policy level to push harder towards a multi-sectoral approach and broad-based political incentives to resolve systemic failures, invest more resources and resolve institutional inefficiencies. The findings presented in this article represent an initial attempt to tie together multiple impacts of social protection within one model aiming at identifying pathways between different support dimension and societal levels. Although being based on a systematic qualitative analysis based on data from two countries, a quantitative analysis based on a larger sample is needed to statistically validate the ethnographic findings presented in this article.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

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