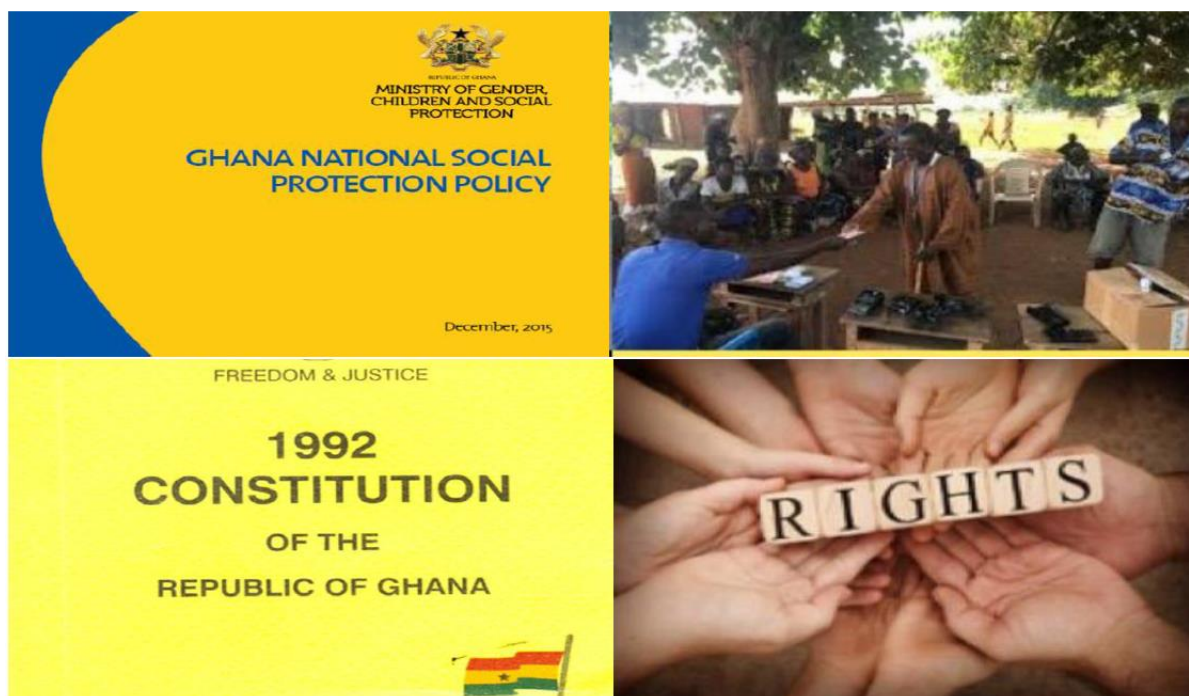# Citizens' Knowledge and Perceptions about Poverty, Vulnerability Rights and Social Protection in Ghana: A Baseline Study



## Report Commissioned by UNICEF Ghana

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## List of Abbreviations

| | |
|---|---|
| AIDS | Acquired immunodeficiency syndrome |
| CDD | Ghana Centre for Democratic Development |
| COVID | Coronavirus Disease |
| CSO | Civil Society Organization |
| CT | Cash Transfer |
| ECH | Ethics Committees for the Humanities |
| EFS | Extended Family System |
| FGD | Focus Group Discussion |
| GDP | Gross Domestic Product |
| GNSPS | Ghana National Social Protection Strategy |
| GoG | Government of Ghana |
| HIV | Human immunodeficiency viruses (HIV) |
| ILO | International Labour Organization |
| ISODEC | Integrated Social Development Centre |
| LEAP | Livelihood Empowerment Against Poverty |
| LIPW | Labour Intensive Public Works |
| MoGCSP | Ministry of Gender, Children and Social Protection |
| NDC | National Democratic Congress |
| NGO | Non-Governmental Organization |
| NHIS | National Health Insurance Scheme |
| NPP | New Patriotic Party |
| NSPP | National Social Protection Policy |
| PDA | Participatory Development Associates |
| PPVA | Participatory Poverty and Vulnerability Assessment |
| RBA | Rights-based Approach |
| SDGs | Sustainable Development Goals |
| SP | Social Protection |
| SPSS | Statistical Package for the Social Sciences |
| ToR | Terms of Reference |
| UNICEF | United Nations Children's Fund |
| UNRISD | United Nations Research Institute for Social Development |

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**Executive Summary**

In the past two decades, Ghana has implemented various social protection programmes for many different purposes but mainly to address poverty and vulnerability. Yet there is little evidence to date about the extent to which Ghanaians view social protection programmes as part of the state's responsibility towards citizens. Very little is known about the understanding and perceptions of citizens about poverty and vulnerability, and of the role of social protection in addressing these problems. This report explores the understanding, perceptions and attitudes of Ghanaians on poverty and vulnerability and how this shape their understanding of, and participation, in social protection programmes. More specifically, the study set out to achieve the following objectives:

- Assess how the general public perceive social protection and linkage with their rights;
- Explore what the public know about government's role and responsibility vis a vis communal/family provisions and support for the poor and vulnerable (reciprocity);
- Explore the underlying values and beliefs that shape people's perception of poverty and vulnerability, and how the poor should be supported;
- Explore the extent to which rights holders understand and apply their rights to social protection in their actions; and
- Identify gaps in the application of Rights-Based Approaches (RBA) to social protection by right holders.

Data for the study was collected from a combination of surveys, focus group discussions and key informant interviews from the Greater Accra, Oti and Upper West regions of Ghana. The findings are summarized below along the key research questions that guided the study namely, knowledge and perceptions about poverty and vulnerability; knowledge and perceptions about social protection; and the influence of socio-cultural norms on social protection.

**Poverty and vulnerability**: Ghanaians generally view poverty in material terms, a key manifestation being the absence or lack of adequate access to the basic necessities of life, including food, clothing and shelter. Vulnerability is seen as a state of helplessness, where one is unable to fulfil one's needs without external assistance. For the majority of Ghanaians, the causes of poverty and vulnerability are both exogenous and endogenous although the former causes are more prevalent. Common exogenous causes cited by Ghanaians are corruption, low political commitment, discrimination/unequal access to social services, lack of insurance, unemployment and poor harvest. The dominant endogenous factors include large family sizes, laziness and lack of initiative on the part of the poor. These perceptions and attitudes towards poverty and vulnerability influence the perspectives of Ghanaians about whose responsibility it is to address poverty and vulnerability, as well as what policies must be implemented in this regard. Here, a significant majority believe that government has ultimate responsibility to tackle the plight of the poor and vulnerable although this must be complemented by other informal forms of support. Quite notably, Ghanaians find it difficult to distinguish between the concepts of poverty and vulnerability, with many indicating that one implies the other.

Put differently, respondents believed that all poor people in their communities tend to be vulnerable whereas vulnerable people are also susceptible to being caught in the poverty trap.

Although this finding may be attributable to the conceptual proximity between poverty and vulnerability, it is also symptomatic of the limited opportunities and attempts in the past to broaden the understanding of Ghanaians about the nature and causes of poverty and vulnerability and how these could be addressed through social protection policies.

**Knowledge and perceptions about social protection**: Ghanaians generally have a limited understanding of social protection. Many Ghanaians lacked information about existing programmes including the eligibility criteria, benefit packages, financing arrangements, feedback mechanisms and administrative structures. The findings in this study highlight an earlier observation by the National Social Protection Policy, that a life cycle understanding of social protection is quite limited, with many people believing that programmes are aimed to addressing immediate causes of poverty and vulnerability particularly for specific categories of people such as the severely disabled, orphaned and vulnerable children, and the elderly. For this reason, the perception that not every Ghanaian must benefit from social protection is quite rife among the public, including the middle class. Related to this, Ghanaians hardly view social protection as a citizenship entitlement, with many programme participants, especially in social assistance, reporting that their benefits were favours/gifts from the state. This situation is further compounded by the fact that existing programmes are characterised by a near-absence of rights-based messaging, inadequate benefits, and lack of feedback mechanisms to address the concerns of citizens.

**Socio-cultural norms and social protection**: The study highlights important links between Ghanaian social norms and attitudes towards social protection. Ghanaians approach the welfare of the individual from a collectivist perspective, emphasising the responsibility of all members of society towards ensuring that the poor, vulnerable and less privileged are able to afford decent living. This expectation is anchored on feelings of reciprocity and mutuality with the result that those who deliberately withhold support from others are less likely to be assisted in future when they are also in need. Whilst this cultural expectation places obligations on Ghanaians to offer social protection to the elderly, severely disabled, children and other vulnerable members of society, some are also motivated mainly by religious injunctions to assist the needy without expecting anything in return. Notable examples are *sadaqa* and *zakat* or alms giving in Muslim communities. Although social norms play a key role in shaping the attitudes of and contributions by Ghanaian towards informal social protection, the study finds that recent developments, including urbanization, economic hardships, and nuclearization of the family system have put a strain on the ability and willingness of people to extend social protection support to others. Although NGOs, churches and other organizations are attempting to fill this gap created in the informal social protection space, much more may be needed to mitigate this impact. At the same time, some cultural beliefs and practices have been noted as adversely shaping the attitudes of Ghanaians to the poor and vulnerable. Whilst these cases are not significant, they highlight how for some, poverty and vulnerability may be due to spiritual factors occasioned by the individual's personal choices, including sins, laziness, and curses resulting from their (or ancestors') (in)actions.

**Recommendations:**
Based on the above findings, the report makes the following recommendations for broadening public understanding of poverty and vulnerability and consolidating social protection implementation.

- First, there should be public sensitization about both the external and internal causes of poverty and vulnerability highlighting the potential risks across the life cycle. This will be useful in addressing the common confusion in the minds of many Ghanaians that view poverty and vulnerability as synonymous and also fail to recognise that circumstances at various stages in life could render anyone poor or vulnerable. It is through this understanding that advocacy around social protection can receive support from Ghanaians across all social spectrums.

- Second, for social protection to be recognised as integral to the state's responsibility towards citizens across the life cycle, it must be implemented within a rights-based approach. The first step towards realising this is for advocacy efforts to be centred around the passage of a social protection law which provides for reliable financing, rights-based messaging, grievance and redress mechanisms and ultimately the sustenance of programmes. Related to this, greater attention must be paid to improving the quality of existing programmes particularly as regards increasing the generosity of benefits, expanding coverage, and streamlining targeting mechanisms to reduce inclusion and exclusion errors. At the same time, stakeholders must consider a national debate that recognises the importance of implementing universal programmes in the long run whilst targeting limited resources in the short run to categories of citizens considered more vulnerable or prone to poverty (e.g. the severely disabled, orphaned and vulnerable children, the elderly and unemployed).

- Third, some disaggregation of findings by locality suggests that current and future policies must be specific to the particular needs of urban and rural populations instead of the one size-fits-all strategies adopted in the past. More importantly, advocacy efforts around this must stress that poverty and vulnerability are not mainly a rural phenomenon, meaning that social protection in urban centres must be given as much serious attention as has been the case for rural areas.

# Contents

## 1.0 Introduction

In the last two decades, there has been a proliferation of social protection programmes as a major instrument for tackling poverty, inequality and vulnerability in developing countries. Existing research highlights the numerous developmental benefits of social protection, including its role in poverty reduction (Barrientos, 2010; Haushofer and Shapiro, 2016), and in promoting social cohesion (Pavanello et al., 2016), human capital development (Daidone and Davis, 2019), and citizenship building (Adato et al., 2016; Hunter and Sugiyama, 2014). Indeed, there is growing recognition of social protection not only as a central element in sustainable poverty reduction, but also as an established human right to be enjoyed by citizens. Article 22 of the Universal Declaration of Human Rights states: "everyone, as a member of society, has the right to social security".

Social protection systems are fundamental not only in reducing poverty and vulnerability, but also in preventing people from falling back into poverty. Lack of effective social protection systems leaves people vulnerable to poverty, inequality and social exclusion across the life cycle, thereby constituting a major obstacle to economic and social development (ILO, 2018). Given its significance in contributing to the social and economic pillars of sustainable development, social protection is reflected directly or indirectly in at least five of the 17 Sustainable Development Goals (SDGs) (ILO, 2018). In particular, target 1.3 of the SDGs requires that by 2030, signatory countries should *"Implement nationally appropriate social protection systems and measures for all',* and *'achieve substantial coverage of the poor and vulnerable".*

However, as several observers have noted, whether implementation of social protection interventions are sustained in a manner that benefit the poor and vulnerable depends on a variety of factors, including public perceptions and attitude about vulnerability, poverty and the poor, the perceived factors that explain why some people become and stay poorer or vulnerable, and the socio-cultural norms on which support for the poor is based (e.g. see Kalebe-Nyamongo and Marquette, 2014). Yet, as Jeremy Seekings has recently noted, "popular attitudes towards poverty, inequality and social protection in Africa have not been examined deeply" (Seekings, 2018: 6). This study seeks to contribute to filling this gap, focusing on the specific case of Ghana.

Ghana's 1992 Constitution contains impressive provisions that make state provision of social protection a right of every citizen. Under the *Directive Principles of State Policy*, the Constitution enjoins the State to "promote just and reasonable access by all citizens to public facilities and services"; "provide adequate means of livelihood and suitable employment and public assistance to the needy"; and "provide social assistance to the aged such as will enable them to maintain a decent standard of living"; among others. In line with these constitutional injunctions, various Ghanaian governments have, since the early 2000s, identified social protection as a strategic anchor for driving more inclusive and equitable forms of development.

With assistance from development partners, Ghanaian governments have significantly expanded the scope of social protection during the past decade and developed a national social protection policy (NSPP) in 2015. The NSPP aspires to provide "universal social protection for Ghanaians throughout the life-cycle" (GoG, 2015: 18). It has the long-term vision of ensuring "an all-inclusive and socially empowered society through the provision of sustainable mechanisms for the social protection of persons living in situations of extreme poverty and related vulnerability and

exclusion" (GoG, 2015: 15). In order to enhance the effective delivery of social protection programmes, the policy outlined several important measures that need to be implemented including the need for "[a]n increased understanding of social protection by the larger public as owners through appropriate education" (GoG, 2015: 12-13). Yet, as in most countries in Africa, there is no systematic and nation-wide study to date that attempts to measure the knowledge base and perceptions of key stakeholders (policy makers, programme implementers, and society as a whole) about poverty and of the role of different social protection programmes in tackling poverty, inequality and vulnerabilities.[1]

## 1.1 Study Objectives and Research Questions

To help fill the above knowledge gaps, UNICEF Ghana commissioned this baseline research to help establish the knowledge base, attitudes and perceptions of the general public about poverty, inequality and rights to social protection, and understand the underlying social norms and values that motivate such perceptions and attitudes. The specific objectives of the baseline research are to:

1. Assess how the general public perceive social protection and linkage with their rights;
2. Explore what the public know about government's role and responsibility vis a vis communal/family provisions and support for the poor and vulnerable (reciprocity);
3. Explore the underlying values and beliefs that shape people's perception of poverty and vulnerability, and how the poor should be supported;
4. Explore the extent to which rights holders understand and apply their rights to social protection in their actions; and
5. Identify gaps in the application of Rights-Based Approaches (RBA) to social protection by right holders.

Flowing from these objectives, the study seeks to address four broad research questions:

1. What does the general public know about social protection (overall objective of SP, available programmes, eligibility, who is responsible for programme provision etc)?
2. To what extent does the general public understand and apply their rights to social protection?
3. How do they perceive poverty, inequality, and rights (citizen-state contract nexus)?
4. To what extent do cultural norms and attitudes reinforce reciprocity in social protection as against state provision of support?

## 1.2 Structure of the Report

The rest of this report is structured as follows: Section 2 undertakes a brief review of relevant literature on perceptions and attitudes towards social protection, the poor and poverty both globally and in Ghana, as well as the roles of socio-cultural norms in shaping such perceptions and attitudes. Section 3 presents the methodology on which the study is based. Section 4 presents the

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[1] One notable exception is a recent research by Yeboah and colleagues, who draw evidence from a single district – the Kintampo Municipality of Ghana – to examine various stakeholders' perceptions about poverty in Ghana and the LEAP as a means to reducing extreme poverty.

main findings of the study along the four (4) key research questions outlined above. Section 5 concludes, while policy recommendations are provided in Section 6.


## 2.0 A brief literature review

The literature on public attitudes toward poverty and vulnerability is largely based on studies from social psychology which hold that perception is a predictor of behaviour towards people, policies or any phenomenon (Cozzarelli et al., 2001). For some, attributions of poverty and vulnerability can be either external or internal, and such beliefs may be critical in how others behave towards the poor and vulnerable. These internal and external causal explanations have further been broken into three main dimensions, namely individualistic, structural, and fatalistic (Delabega et al, 2017; Niemela, 2008; Bullock et al., 2003).

Those who highlight the roles of *individual or internal factors* contend that poor persons are to blame for their condition because their situation is the result of independent lifestyle choices. From this perspective, poor and vulnerable people are likely to exhibit behaviours often frowned upon by society and hence suffer negative consequences associated with their (in)actions.  Common behaviours often cited include laziness, dependency, drunkenness, and poor savings culture (Lindqvist et al., 2017).  For others, whilst personal decisions and actions play a role in shaping one's current and future circumstances, it may be naïve to suggest that poverty or vulnerability is merely the result of behavioural choices. This thinking recognizes that one's environment plays a critical role in shaping one's life opportunities. For this reason, some scholars have long recognised how social structures can constrain individuals thereby resulting in their lack of opportunities for social mobility.

Among others, structural impediments such as discrimination, harsh economic conditions and poor access to education have often been cited (Bullock et al., 2008). For example, there is evidence that poor economic management and fallouts from the market can render some populations worse off, leaving them entrapped in a vicious circle of poverty and vulnerability.  Those who attribute poverty to *fatalistic circumstances* argue that poverty may be the result of bad luck or other circumstances beyond the control of those affected (Oorschot & Halman, 2000). For example, accidents or disasters, disability and illness may deprive people of the capacity to pursue productive ventures, ultimately rendering them poor and/or vulnerable.

Judgments about poverty and vulnerability, and attitudes towards the poor and vulnerable may vary depending on demographic characteristics such as gender, race, class and social affiliations (Oorschot & Loek Halman, 2000). Studies in Africa and Latin America have shown that perceptions towards the poor may differ across elite groups, the general public (including middle class), and the poor (including beneficiaries of anti-poverty interventions) (Opalo, 2019; Kabele-Nyamongo and Marquette, 2014). Moreover, and as one recent study on Malawi revealed, there is reason to expect that the differences in attribution of poverty and attitudes to the poor ultimately shapes elite and non-elite preferences for policy options worthy of the state's investment (see Kabele-Nyamongo and Marquette, 2014).  A growing body of work has shown that the adoption of particular types of social protection programmes and their subsequent expansion to include more beneficiaries are influenced by elite and popular beliefs, ideologies and interests. Graham (2002) notes that in parts of Asia where familial ties are emphasised in times of need, there is less

expectation from the state to invest in welfare programmes. Similarly, the public backlash that often greets state attempts to introduce social assistance programmes in the United States is traced to the long-held belief that there are enough opportunities for individuals to escape from poverty and vulnerability without direct state support in the form of social protection. In contrast, in countries such as Sweden and the United Kingdom, the high level of public endorsement for welfare expenditure is rooted in the collectivist belief that society owes the individual a right to decent living (Graham, 2002).

Although much of Africa has seen the proliferation of social protection programmes, particularly social assistance in the form of cash transfers (CTs), evidence abounds that many policy elites remain skeptical about the efficacy of social assistance, not least because of claims that such programmes lead to laziness and dependency among the poor and vulnerable (Seekings, 2018). As a result, elites, in many cases adopt social protection not on the basis of societal values and norms, but primarily for electoral reasons (Hickey et al., 2019; Hickey and Lavers, 2016). In Malawi and Rwanda, elites reportedly encouraged interventions that harness the capacity of individuals to work and cater for themselves instead of resorting to hand-outs or safety nets. In his study on public opinions on CTs, Opalo (2019) draws attention to two main considerations that may underpin public support for programmes namely trust in the ability of government to implement redistributive policies, and perceived deservingness. He concludes that when these interact with institutional factors and state capacity, the evidence has pointed to public preference for universal, instead of targeted programmes.

What evidence is there in extant literature regarding public perception about poverty, vulnerability and social protection in Ghana? What does the general public in Ghana know about social protection? To the best of our knowledge, there is no study that provides detailed answers to this question. Here, we draw from the limited existing literature in order to provide some guidance to our study.

In a recent study by Yeboah et al. (2016), respondents identified structural and supernatural factors including disability and lack of economic opportunities among the major causes of poverty in the Kintampo municipality of Ghana. Those who mentioned personal causes pointed to laziness and waste of resources on the part of the poor, suggesting that the poor are not entirely absolved of why and how they find themselves in poverty. Although Yeboah and colleagues found little difference in responses across all categories of respondents, they noted that beneficiaries of anti-poverty transfers were more likely to cite external factors as accounting for their poverty. Based on interviews with over 2,000 respondents in 22 communities, one study on poverty and vulnerability in Ghana found "broad support for safety nets" and social protection in general in both southern and northern parts of Ghana (Participatory Development Associates, 2011). Respondents showed basic knowledge of the existence of various social protection programmes, particularly the LEAP and the NHIS. However, the authors also drew attention to some misconceptions and a "deficient appreciation" among many social cash transfer participants in the country. There is a sense in extant literature, for example, that most programme participants perceive the LEAP grant as a gift to be grateful for, rather than an entitlement for which they are qualified (see Abdulai et al 2019; Sabates-Wheeler et al 2020; Oduro, 2015).

## 2.1 Social norms and social protection

Africa has a long history of informal social protection based on cultural dictates of reciprocity and communalism (Apt, 1997; Coe, 2016). For African people in exchange relationships, offering resources gives one a right to receive, and receiving makes one obliged to offer resources in return. The mutual benefits from such give-and-take interactions build connections, trust, and a community sanctioned by an explicit norm of reciprocity. Extensive exchanges in kin relationships establish a firm belief that help is always on the way, and therefore they facilitate a feeling of security against risks (Tsai and Dzorgbo, 2012).

In Ghana, as in other parts of Africa, the extended family has long been seen as a social security system that provides protection to its members based on the principles of solidarity and reciprocity (Boon, 2007). As Gockel (1996) has written within the specific context of Ghana:

> "traditionally, the extended family system (EFS) or the clan is the bastion of social protection and serves as the cohesive unit that provides income security for not only the aged and the disabled, but care for the sick members of the family, the new born child and the mother, and the orphan... traditional extended family practices transcend socio-economic protection to offering psychological stability and moral upliftment. In traditional areas where there is this strong social protection and cohesion, the rates of individual hunger and destitution are virtually non-existent. The hunger or destitution of one member is that of the entire family."

However, there is a sense in existing literature that over time, many of these informal systems of social support have gradually been eroding due to a combination of factors, most notably the declining importance of the extended family. Growing evidence suggests that extended family support for the poorest and most vulnerable has become increasingly unreliable – a problem that has been observed in both rural and urban Ghana (see Oxford Policy Management, 2013; Aboderin, 2004; Nukunya, 2003). In other words, there appears to be a weakening of overall kinship-based forms of support which was anchored on reciprocity (Participatory Development Associates, 2011). One qualitative research undertaken in the Northern and Central Regions of Ghana noted that beyond the central importance of the immediate family in the study communities, wider social support networks were very unreliable, although for differing reasons.

In the case of the Northern region where extended families often lived together in compound houses, "the strength of support networks beyond the compound was weak" due primarily to the economic hardships encountered by most families (Oxford Policy Management 2013: 39). As the authors explained, while in Dagbon culture it is often held that "you cannot have a full stomach while your sibling is hungry", it was increasingly difficult for people to provide social security for the poorest due to growing economic hardships. In the Central Region, the weakness of support for poorest households was more because extended family relations in Fante society were built on contribution: if you did not contribute then you became quickly sidelined. Consequently, extended family support for the most vulnerable was very patchy or non-existent. Here, if you were not a contributing member of the extended family, it would often be only when you had a life-threatening health shock and were on the brink of death that the extended family would spring into action (Oxford Policy Management 2013: 39).

For some observers, it is in recognition of the declining role of the extended family in Ghana that many communities are establishing mutual aid societies to provide social protection. The most common of these is the burial societies, which allow members to pool resources and benefit from their contributions on a rotational basis in times of needs such as funerals. Boon (2007) draws attention to the exclusionary character of these societies, in that "the very poor find it difficult to participate in such schemes because they do not have the capacity to make regular contributions". Focusing on urban communities in Accra, Aboderin's (2004) research on Ghanaian reciprocity reported similar findings, with young families in particular increasingly moving toward self-reliance, in ways that have reduced the functional significance of kin relationships as a web of social support (see also Nukunya, 2003). Asked how the material support received by their aged parents or kin in the past compared with that which older people receive today, all respondents stressed that although things have not completely broken down, there has been a significant decline in the help that older people receive from extended kin over time. What has caused this decline in support? Based on qualitative interviews, Aboderin's (2004) study offered two main answers: a complex interplay between resource constraints and changing normative ideas.

First, and more importantly is the issue of *eroded resource capacity* of current generations to provide adequately for extended family members. The study observed that many adult children today are unable to cater for themselves and their children as well as their older kin. In such situations of scarcity, Ghanaians increasingly give priority to the needs of their immediate family (self, spouse, and children), before older parents let alone other older kin. When asked about the causes of weakened resource capacity on the part of current generations, the most prevalent response pointed to "economic strains and the rising costs of living in Ghana"'(Aboderin, 2004, p.133), that have not only compelled Ghanaians toward smaller family sizes and nuclear households but also reduced the functional significance of kin relationships as a web of social support. Boon (2007: 64-5) concurs with this observation, stating that:

> While some Ghanaians still do recognise their obligations towards the extended family, they are seriously constrained by the prevailing harsh economic conditions and poverty. This makes it difficult for them to extend effective support to their parents. In general, the assistance extended family members are able to offer is too little to make a difference in the lives of elderly people, the handicapped and children.

The second factor that has undermined the extended family support system is a weakening of the threat of family or divine punishment that formerly enforced it. As younger generations are now increasingly responsible for their own material welfare, the threat of withdrawal of family support has, in a sense, become an empty threat. The reduced fear of God, meanwhile, is due to a change in the way God is perceived. Whereas in the past, God was preached and seen as a harsh, punishing authority, younger generations today perceive a loving God who is on their side and on whose help in their goals –economic or otherwise – they count. As one respondent noted: 'Nowadays, we have so many churches…here, but they don't teach the fear of God. Instead they preach that God will help you to be rich and prosper'. In this respect, material support to extended family members has declined because the young can now "afford" to withhold support even from parents without needing to fear the divine sanctions or consequences that might incur (Aboderin, 2004: 135).

Whiles these observations would seem to underscore the need for greater attention to formal social protection mechanisms in Ghana (Jones et al 2009: 47), some observers have also noted how the introduction of social protection progammes has instead contributed to weakening kin-based support systems in the country. For example, one study noted with specific reference to the LEAP that because of the grants they received, some programme participants ceased to be perceived as poor, with the results that community members became reluctant to assist such participants even when disbursements were delayed (Participatory Development Associates, 2011). In a more recent quantitative study, Strupat and Klohn (2018) draw on data from the fourth and fifth rounds of the Ghana Living Standard Surveys to investigate the question of whether and to what extent the implementation of the National Health Insurance Scheme (NHIS) affects informal transfer networks. Their findings suggest that the NHIS has led to "a significant crowding out of informal transfers" in Ghana (Strupat and Klohn 2018: 218).

Having provided a brief review of existing studies on poverty, vulnerability and social protection, we proceed to present the methodology deployed for the present study.

### 3.0 Methodology

This study is based on primary data collected in six (6) districts, two (2) each from the Greater Accra, Oti and Upper West regions of Ghana (see Table 3.1). These regions cover the country's three broad geographical zones, namely the Southern, Middle and Northern zones. Within the regions, districts and communities were selected based mainly on a balance between rural and urban areas.

Data was gathered through a combination of quantitative and qualitative approaches. The quantitative approach was executed through survey administration and was aimed to help measure the knowledge base of the general public and beneficiary households about social protection and the extent of public support for such programmes; the causes of poverty and vulnerability in their communities; whose responsibility it is to tackle poverty and vulnerability; and the role of socio-cultural norms in shaping the perception and attitudes of study participants towards social protection. Three sets of slightly different structured surveys were administered: one each for social protection beneficiaries[2], non-beneficiaries of social protection, and middle-class respondents. Together, these surveys covered a total of 640 respondents (see Table 3.1), of whom 58% were female. The gender distribution of the survey respondents is shown in Fig. 3.1.

Table 3. 1**:** Regional and District distribution of all survey respondents

| Region | District | Beneficiaries | Non-beneficiaries | Middle-class |
|---|---|---|---|---|
| | | **Freq (%)** | **Freq (%)** | **Freq (%)** |
| Greater Accra | Ga   West | 52 (18.2) | 34 (16) | 69 (48.9) |

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[2] Unless otherwise stated, the word 'beneficiaries', as used in this report, refers to participants in the LEAP programme who were easier to identify during the data collection processes. The data for the report was collected amidst the COVID-19 pandemic during which schools were locked down. This made it difficult to directly reach out to beneficiaries of other programmes like the school feeding programme and the capitation grant.

| | Kpone Katamanso | 46 (16.1) | 43 (20.2) | |
|---|---|---|---|---|
| Oti | Biakoye | 43 (15) | 33 (15.5) | 31 (22) |
| | Krachi East | 47 (16.4) | 25 (11.7) | |
| Upper West | Lawra | 50 (17.5) | 39 (18.3) | 41 (29.1) |
| | Wa West | 48 (16.8) | 39 (18.3) | |
| Total | | **286 (100)** | **213 (100)** | **141 (100)** |

*Source: Compiled from field work survey, 2020*

Fig. 3. 1**: Gender distribution of all survey respondents**
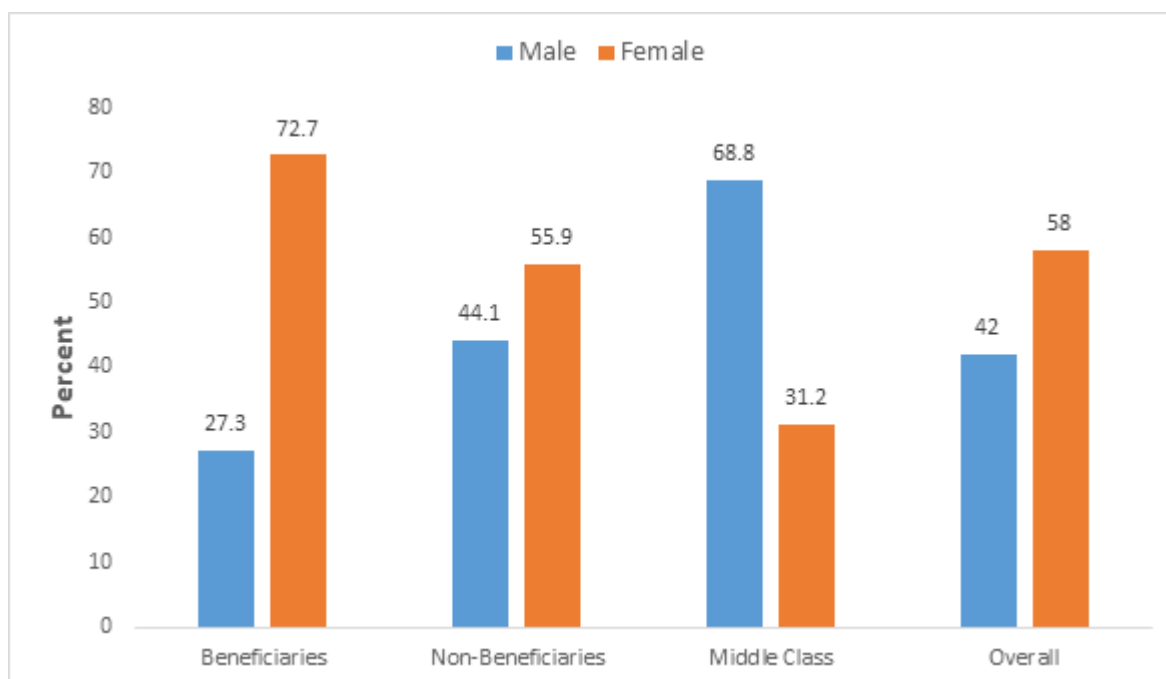


*Source: Compiled from field work survey, 2020*

In each of the three administrative regions, four FGDs were organized, each with an average of 10-12 participants. In order to allow participants to speak freely, separate FGDs were held for men and women, as well as for beneficiaries and non-beneficiaries of social protection programmes. At the national, regional and district levels, key informant interviews were conducted with a wide range of actors, including media practitioners, donors, civil society representatives, senior policy makers, religious leaders, and district social welfare officers, among others. Depending on the availability of respondents, the duration of the key formant interviews varied substantially (between 30 minutes and 1.5hrs), while most of the FGDs lasted for about 2 hours each. A thematic/content-based narrative approach and SPSS software were used to analyse the qualitative and quantitative data respectively.

Ethical clearance for the study was obtained from the University of Ghana's Ethics Committee for the Humanities (ECH) which regulates the ethical conduct of research within the disciplines in the humanities. The research team complied with several ethical protocols. First, before commencing each interview or survey, the research team sought the consent of respondents by

explaining, in a language they understood, the rationale for the study and their right to withdrawal at any point in time without any adverse impact on them. Respondents were also assured of confidentiality and anonymity of information. Interviews and surveys were conducted in conducive settings where the privacy and confidentiality of respondents were protected. The study's report is also presented in a way that helps ensure the anonymity of respondents; for example, direct quotations from respondents are referenced through the use of pseudonyms, making it impossible for the study's participants to be identified by names.

Several steps were also taken to reduce the risks posed by the COVID-19 pandemic to the research team and respondents. First, as the surveys were available online, research participants were encouraged to complete the surveys themselves[3], whiles most of the national-level key informant interviews were conducted on phone, Zoom and Skype. This helped to minimize direct contacts between the research team and respondents. Second, during the training workshop for research assistants, an entire session was devoted to sensitizing the research team about the dangers and mitigation protocols of the COVID-19 pandemic. All research participants were encouraged to abide strictly by the Ghana Health Service's COVID-19 protocols, including maintaining as much social distancing as possible. Prior to the commencement of the field work, members of the research team were provided with face masks and hand sanitizers to help minimize the risks of contracting the virus during the data collection processes.

## 4.0 Analysis of findings
This section presents analysis of both the survey and qualitative interviews from the study. Although we employed an integrated approach to the discussion, we highlight possible differences across the four sub-groups of participants, namely beneficiaries, non-beneficiaries, middle class and policy elites.[4] Where possible and necessary, we also present gendered and regional dynamics and insights that may have some important policy implications.

### 4.1 Perceptions of poverty and vulnerability
This section explores Ghanaians' perceptions about poverty and vulnerability, paying attention to how such perceptions vary across different demographic groups. The discussion focuses on how poverty and vulnerability are conceptualized, the characteristics of the poor and vulnerable, and the question of who is responsible for addressing the plight of poor and vulnerable people. However, the findings point to an apparent difficulty among Ghanaians in delineating the boundaries between poverty and vulnerability.

#### 4.1.2 Poverty and the poor
At the level of both elite and non-elite groups (including beneficiaries and non-beneficiaries of social protection programmes), poverty is perceived as the absence of some basic material and social capabilities. In material terms, poverty is seen as the lack of the necessities of life – food, shelter, clothing – or of the opportunities to obtaining these. Some respondents also emphasized the absence of social influence as an important dimension of poverty, suggesting that poverty has

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[3] However, this medium did not yield significant amount of data as few respondents (specifically those in the middle class category) opted for self-administered survey.
[4] By policy elites, we are referring to various state and non-state actors involved in the formulation and implementation of social protection policies in Ghana. Respondents in this category involved officials from the Ministry of Gender, Children and Social Protection, the LEAP Management Secretariat, the National Health Insurance Scheme, donors and civil society activists.

both material and social dimensions but with an interconnection between these two. Among both the beneficiary and non-beneficiary categories of the study's participants, the commonest characteristics of poor people in Ghana are their inability to afford adequate/decent meals. This observation resonates with the Ghana Statistical Service's definition of the extreme poor, namely those individuals whose "standard of living is insufficient to meet the basic nutritional requirements of the household even if they devote their entire consumption budget to food" (Ghana Statistical Service, 2018: 14). In the most recent Ghana Living Standards Survey (2017/2018), the extreme poverty line was set at GH¢792.05 per adult per year, and there are an estimated 2.4 million extremely poor people in Ghana today (Ibid).

Table 4.1: What are the main characteristics of poor people in your community? [multiple response]

| | Beneficiaries | Non-beneficiaries |
|---|---|---|
| | Per cent | Per cent |
| Inability to afford adequate/decent meals | 94.4 | 94.8 |
| Wearing dirty and won out clothing | 84.3 | 83.1 |
| Poor dwelling places (e.g. dilapidated or uncompleted houses, temporary structures) | 78.3 | 81.2 |
| Surviving on menial jobs | 56.3 | 63.8 |
| Inability to interact with others, including attending social gatherings | 50.7 | 53.5 |
| Can't afford school fees, health care etc. | 78.7 | 79.8 |

*Source: Compiled from field work survey, 2020*

Below are extracts from the qualitative interviews and focus group discussions (FGD), in terms of how poverty is conceptualized among Ghanaians:

[When people] are deprived of the basic necessities of life, I think that is poverty. By 'basic', we are talking about food, water and access to sanitation… when people do not have access to these things there is poverty *(Journalist and Gender Advocate)*.

Poverty is the lack of some necessities in life such as shelter, good meals, health care, education *(Male Non-beneficiary FGD participant)*.

Poverty is about deprivation, essentially based on capabilities. So, if you use the broader definition of what capabilities is, then you will be looking at deprivation not just in terms of income but also whether it is human capital, whether it is health, whether it is shelter *(Academic and poverty expert)*.

Poverty is used to describe anybody who has little to support himself/herself and who needs support to come out of the situation *(Male FGD participant, GA West)*.

Poor people are those who are lacking in all aspects of their life and who need support badly to come out of their situation *(Female FGD participant, GA West)*.

Whilst there appears to be a basic threshold in defining poverty across the study districts, some participants noted that poverty can also be defined in relative terms, by comparing the conditions of some individuals or groups with others. As one NGO worker noted, "in Ghana, if you are not wealthy you are considered as being poor, but the definition of wealth may depend on context" (International NGO official). This implies that depending on the community in which one lives/resides, the measurement of poverty or wealth can vary substantially, ranging from the number of cars or livestock one has to the size of farm produce and the type of house in which one lives. Nevertheless, the general understanding among participants is that poverty is essentially "where people simply do not have what it takes to have a decent life" (*Academic expert, University of Ghana*).  The following quotations from the qualitative interviews provide further support to these conceptualizations of poverty among Ghanaians:

> [I]t appears it (i.e. definition of poverty) varies from community to community. But the underlying notion is one who is deprived in some way *(Social protection expert).*

> [W]e are used to thinking of poverty from an income perspective or your capacity to exchange resources that you have with other things that you may need or want but it goes beyond that… [A poor] person would either be lacking in voice or influence or social capital or access to basic resources for living *(Social protection expert).*

There is a widespread belief, especially by social protection beneficiaries and non-beneficiaries, that it is impossible for the poor to hide their poverty. Poverty is believed to be shown in the appearance of those who suffer from it: the way they dress, where they live, what they eat, how they talk, even how they relate to others. According to one middle class respondent, poor people excite or draw sympathy and "People who excite pity or sympathy are also considered poor" (*Social protection expert*). This view makes it possible for many respondents to identify or almost automatically classify certain social groups (e.g. widows, orphans, and physically disabled persons) as poor.

Study participants across all categories agreed that poverty is caused by both personal (e.g. laziness, wasteful spending) and external/structural factors (e.g. poor economic management, discrimination and lack of education opportunities). Several terminologies exist in the local languages to describe the conditions of the poor: In Ga, for example, poor persons may be said to be "Eekpe kpaa" loosely translated as "chewing the rope" or "eegbla ni etse" meaning as "struggling to cut the rope". In Ewe, the poor may be said to be 'ele aya dum" translated as "gasping for air". Each of these concepts or expressions demonstrates a certain sense of desperation/struggle and an image of a 'fight for survival.'  In Akan, the poor are described as "ahiafo"; in Ewe a poor person is "hiator;" in Ga, someone considered poor is referred to as 'ohiafo'. Each translates to "one in need" or one who lacks what is considered as the basic necessities of life.

Fig. 4. 1**: Who is likely to be poor?**
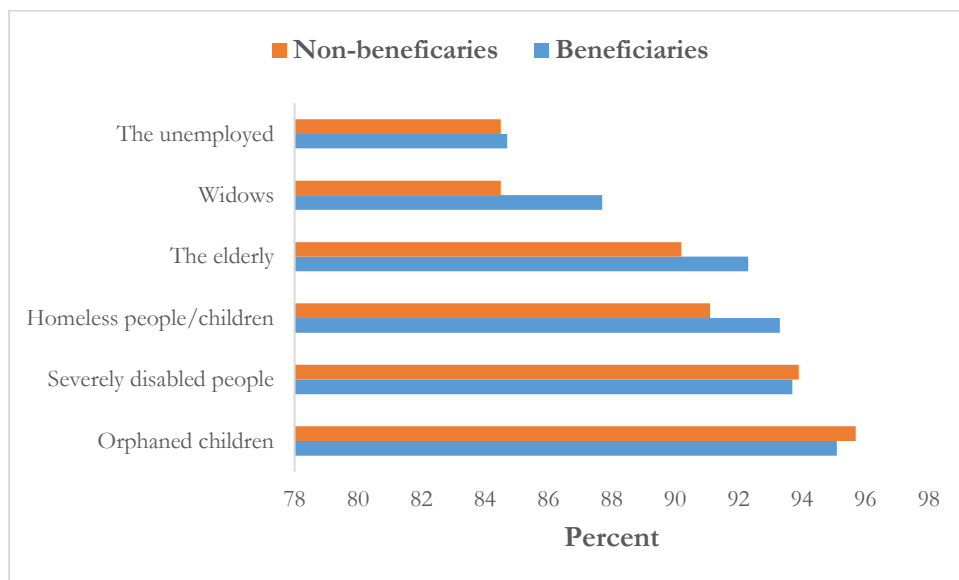


Fig. 4.1 presents the top six groups of people who are generally perceived to be likely to demonstrate signs of poverty in Ghana. Orphaned children were ranked as the people most likely to be poor, followed by the severely disabled.

### 4.1.3 Perceptions of Vulnerability and Vulnerable People

The key finding from the analysis is that the majority of Ghanaians have difficulty in defining the concept of vulnerability; for most respondents, poverty and vulnerability are not mutually exclusive but instead tend to reinforce each other in many cases. Previous studies on vulnerability in Ghana have also reported how the concept of vulnerability was "rather more challenging for people to distinguish from poverty" (Participatory Development Associates, 2011:15).

For the few respondents who showed an understanding of the concept, vulnerability was broadly conceived in terms of 'incapacity' and 'fragility'. Among both beneficiaries and non-beneficiaries of social protection programmes, the concept was generally perceived to be a state in which one lacks the ability to do what one wants to do by himself/herself. Here, vulnerability connotes dependency, a state in which one must necessarily depend on somebody else to meet or gain control over his/her socio-economic and physical goals. In an interview, one Catholic Priest echoed this view, defining vulnerability as a situation "when a fellow hasn't got total control of his or her environment rendering the person less capable of controlling situations, forces and challenges" (*Interview with Catholic Priest*). For others, although one may have the necessary capabilities to lead an independent life, certain situations might put one in a condition that may render them vulnerable. Based on this understanding one senior policy maker defines vulnerability as the "inability of an individual or group to be able to cope with a hazard or even disaster" (*Former Official, MoGCSP*).

Vulnerability is also perceived to be a state of socio-economic fragility - a situation in which a person faces an imminent risk of losing the capacity to do things for himself/herself. Put in another way, vulnerability is a state in which a person lives on the edge, constantly facing the eminent threat of loss of control over his/her basic social, economic, or physical situation.

> When someone is vulnerable, the person is in a situation where with the least change in times, that person slips into a state of helplessness, the person slips into a state where …they do not have the sense of balance, that will be vulnerability. So, a person who is very near or in the danger of slippage, the person who is operating on the edge, the person who, when one ill wind blows them, can no longer meet their basic survival requirements will be vulnerable *(Social protection expert)*.

Whilst vulnerability was often difficult to define by many Ghanaians, particularly by non-elite groups who usually confused the term with poverty, perhaps because of the conceptual proximity between the two (see below), some middle class respondents suggested that the best way to unpack the concept is to resort to proxies. For example, some cited situations where a pregnant woman may not have access to skilled birth or antenatal care, being rendered homeless because of rainstorm, or having a poor harvest. The quotation below from one key informant involved in implementing the LEAP cash transfer in the past further demonstrates the variation in understanding of the concept of vulnerability between elites and non-elites:

> [During enrolment for the] LEAP programme some people indicated that "oh I am a disabled person so because of that I need to be on the LEAP cash grant" …[But] you look at the person and he is a teacher in senior high school, he could even be a lawyer, he could

be a lecturer … and yet the person says that by virtue of the fact that I am disabled I should be selected when he can make use of the other capabilities…There are also these disabled persons who cannot do anything even if you want to move the person out of poverty and those people are [the ones that can be] considered vulnerable *(Former official, LEAP Management Secretariat).*

As with poverty, many believe that vulnerability may be occasioned by both external (e.g. natural disasters; inheritance – intergenerational) and personal factors. Based on the survey data presented in Table 4.2, well over 90% of respondents identified severely disabled persons, homeless and orphaned children and the elderly among the top category of people who are either likely or very likely to be vulnerable in Ghanaian society.

The group interviews also revealed two additional categories of people considered by many non-elites as vulnerable: single mothers and poor teenage girls. That these groups of people are also largely the same group considered to be poor by respondents provides support to the observation that to most people, the concepts of poverty and vulnerability mean essentially the same thing. The important question therefore is whether the design and implementation of social protection in Ghana pays sufficient attention to these most disadvantaged groups in society.

Table 4.2**: Which of the following group of people are likely to be vulnerable in Ghanaian society? (Middle class respondents)**

| | Very Likely (%) | Likely(%) | Unlikely(%) | Very unlikely(%) | Total(%) |
|---|---|---|---|---|---|
| Elderly | 60.3 | 35.5 | 2.8 | 1.4 | 100 |
| Orphaned children | 73.8 | 23.4 | 1.4 | 1.4 | 100 |
| Severely disabled people | 78.7 | 19.9 | 0.7 | 0.7 | 100 |
| The unemployed | 26.2 | 51.1 | 10.6 | 12.1 | 100 |
| People without formal education | 22.7 | 41.1 | 15.6 | 20.6 | 100 |
| Widows | 40.4 | 45.4 | 4.3 | 9.9 | 100 |
| Food crop farmers | 22.7 | 44 | 12.1 | 21.3 | 100 |
| Homeless people/street children | 75.2 | 22.7 | 0.7 | 1.4 | 100 |
| Informal sector workers | 16.3 | 34 | 22.7 | 27 | 100 |
| Migrants | 22 | 33.3 | 17 | 27.7 | 100 |
| People living with HIV/AIDS | 36.9 | 36.9 | 12.1 | 14.2 | 100 |
| Victims of domestic violence | 41.8 | 39 | 7.1 | 12.1 | 100 |
| Women/female headed households | 28.4 | 45.4 | 12.8 | 13.5 | 100 |
| Subsistence/smallholder farmers | 31.9 | 46.1 | 12.1 | 9.9 | 100 |

*Source: Compiled from field work survey*

One notable observation during the qualitative interviews was that there are potential exposures to vulnerability (and poverty) that might be associated with some stages across the life cycle. This might explain why some groups are more likely to be vulnerable than others. To emphasize this point, one former government official noted as follows:

> You look at children, they are vulnerable … for example, their exposure to the six killer diseases…, they are exposed to all sorts of risks but along the line children grow out of that stage, they become young adults, they become teenagers so they leave the vulnerable stage. (*Former Government Official*).

### 4.1.4 Drawing the line between vulnerability and poverty

The line between poverty and vulnerability in terms of how they are conceptualized and articulated by the study respondents across the three regions is hardly discernible. In fact, for most social protection beneficiaries, in particular, the two words mean one and the same thing, as the words to describe them are not distinctive in the local languages. Whilst some participants, mainly those from academia and policy making circles, were able to use proxies to show the distinction between the two concepts, the study found that Ghanaians generally have very limited understanding about the difference between poverty and vulnerability.

Both concepts appear to be underpinned by the idea of lack of resources (material and immaterial) or opportunities and the means to obtaining or accessing resources that are needed to enable people have control over their own lives. It is indeed insightful to know that throughout the field work, efforts by respondents to provide detailed explanation of vulnerability invariably invoked the idea and concept of poverty. In other words, the same words that were used to express poverty were also used to denote vulnerability. As pointed out by one elite respondent, in Akan for example, "ohiani" or "ohia bubro" which mean "poor" and "extremely poor" respectively are also used to describe vulnerable people. In fact, often, when respondents talked of vulnerable people, they were impliedly talking about poor people, and vice versa.

Even among the elite respondents, there was a strong admission of a tight connection between these two concepts. For many of our study participants, poverty makes people vulnerable just as vulnerable people may end up becoming poor. As one international NGO worker put it:

> If you have money and you put up a very solid concrete building and I come and put up a mud house within the same area, our level of exposure to flooding or, may be, any natural disaster will not be the same so poverty then exposes the one who builds the mud house to a greater risk of his or her house getting collapsed and destroyed than the person who has money and has put up a more solid structure. So, this is how I try to conceptualize poverty and vulnerability; to an extent it depends on your level of exposure but also your capability (*International NGO Worker*).

But some elite respondents also shared the view that vulnerability is often more context-dependent than poverty. This means that in some instances, even a poor person may not be vulnerable; at the same time, in other instances even a rich person may be vulnerable. One social protection expert attempted to draw a distinction as follows:

They [poverty and vulnerability] are not always the same thing because when a person is poor, that person is lacking. When a person is vulnerable that person is near to lacking. Indeed, there are people who could not be poor but vulnerable so that older persons for instance may be vulnerable or may be in the danger of slipping over into poverty… persons with disabilities or people who do not have control over resources that they use [may also be vulnerable] That is where that construct of having access to and having control over are relevant. *(Social Protection Expert, Accra).*

The idea of vulnerability also tends to be expressed in terms of socio-economic opportunities. Just like poverty, vulnerability is believed to be occasioned by both endogenous and exogenous factors. Exogenous factors include natural disasters such as fire outbreaks, floods, climate change, congenital physical disability, and intergenerational transfer. Endogenous factors typically refer to unwillingness or inability to tap into existing opportunities to change one's fortunes, laziness, and careless lifestyle. These issues are explored further below.

### 4.1.5 What causes poverty and vulnerability?

Respondents identified two main sources of poverty and vulnerability: external and personal. The external causes are perceived to be the circumstances beyond the control of an individual; the personal are those resulting from the (in)action of individuals. The external causes identified include both structural and non-structural factors. Among the non-structural external factors are business failure; prolonged ill-health, marital breakdowns resulting in single motherhood, lack of social support, inter-generational poverty – (inherited poverty), and death of parents and spouses.

The structural factors relate to the larger national economy including lack of jobs and other income-generating opportunities, lack of educational opportunities leading to high illiteracy levels, lack of opportunities to break out of subsistence agriculture, lack of access to agricultural inputs, lack of marketing opportunities for agricultural products of farmers; corruption which dispossesses the masses of the resources required for enhancing their wellbeing; lack of proper state planning and poor execution of public social interventions. The personal factors perceived to produce poverty and vulnerability are irresponsible parenting, failure to plan one's life, laziness, misuse of resources, high fertility (large family size) resulting from unplanned pregnancies, etc. The following extracts from the qualitative interviews are suggestive of the general findings among various participants:

A person can be poor when the person doesn't have anybody to cater for them especially children, i.e. child poverty. For instance, if the child doesn't have anybody to cater for him or her when growing up, they will experience poverty. Also, if they don't have access to resources especially the rural areas then they will be hungry because they may not meet their nutritional needs per day *(Interview, Senior Government Official).*

Limited or lack of access to resources, starvation, neglect and then the society also places limitations on people. In some ethnic groups, for instance if you go to the north, women cannot own lands, … we did a gender study at the cocoa sector and found that this was also common in the cocoa-producing areas…I went to Volta region, because they are

patrilineal, women cannot own land, so even though they may work on family land when that woman dies even the children cannot access those properties…so cultural values sort of place limitations on people. So all these are …underlying causes [of poverty] *(Senior Government Official).*

The survey data corroborates the in-depth interview data analyzed above. As set out in Table 4.3 below, most respondents from both beneficiaries and non-beneficiaries perceive the external environment as the more likely cause of poverty: corruption, sickness and physical disability, low political commitment to fighting poverty and government's inability to provide enough good jobs. It is notable that majority of both beneficiaries (66.4%) and non-beneficiaries (66.7%) cited corruption in society as the most significant cause of persistent poverty in Ghana. The most prominent personal factors perceived to cause poverty include large family sizes and laziness. Table 4.3 itemizes the top ten factors perceived by both beneficiaries and non-beneficiaries as potential causes of poverty in Ghana. Although the ranking of each cause is slightly different between the beneficiary and non-beneficiary groups, the factors identified are broadly similar.

Table 4. 3: **Ranking of top ten perceived causes of poverty**

| | Beneficiaries | | | Non-beneficiaries | |
|---|---|---|---|---|---|
| Ranking | Perceived causes of poverty | Percentage | Perceived causes of poverty | Percentage | |
| 1. | Corruption in society | 66.4% | Corruption in society | 66.7% | |
| 2. | Sickness and physical disability | 56.6% | Sickness and physical disability | 57.3% | |
| 3. | Low political commitment to fighting poverty | 52.1% | Low political commitment to fighting poverty (52.1%) | 55.4% | |
| 4. | Government inability to provide enough good jobs | 50% | Government inability to provide enough good jobs | 54% | |
| 5. | Having too many children | 45.5% | Elite lack of sensitivity towards the poor and vulnerable | 50% | |
| 6. | Elite lack of sensitivity towards the poor and vulnerable | 43.7% | Having too many children | 47.4% | |
| 7. | limited opportunities for education | 43% | Lack of assets (including land) | 45.5 | |
| 8. | Laziness & lack of motivation to work | 42.3% | Lack of formal education and employable skills | 44.1 | |
| 9. | Lack of assets (including land) | 40.3 | Inequality of opportunities in accessing social services | 44.1 | |
| 10. | The poor have limited opportunities for education/Unequal access to social services | 39.2 | | | |

*Source: Compiled from field work survey, 2020.*

Tables 4.4a and 4.4b also show that among beneficiaries, external factors like lack of insurance, unequal access to education and other social services, unemployment and poor harvest were more prominent in the perceived causes of vulnerability. Similar responses were reported among non-beneficiaries and the middle class (see appendixes 4.3 and 4.4).

Table 4. 4a: Based on your experience, please indicate how important you think each of the following statements is regarding the causes of vulnerability in your community (Beneficiaries)

| | Beneficiaries | | | | | |
|---|---|---|---|---|---|---|
| | **Very Important (%)** | **Important** | **Somewhat Important (%)** | **Neutral (%)** | **Not Important (%)** | **Total (%)** |
| Lack of social insurance/security (e.g. pensions, health, crops) | 51.4 | 34.3 | 3.1 | 8.4 | 2.8 | 100 |
| Inadequate safety nets in society | 42.7 | 44.1 | 3.1 | 9.4 | 0.7 | 100 |
| Unequal access to productive assets e.g. land | 44.1 | 36.4 | 4.5 | 12.6 | 2.4 | 100 |
| Poor/unequal access to infrastructure | 45.8 | 35.3 | 8 | 8.4 | 2.4 | 100 |
| Inequity in health care access | 49.7 | 34.6 | 3.8 | 9.8 | 2.1 | 100 |
| Poor and unequal access to quality education | 51.4 | 36.4 | 4.2 | 6.6 | 1.4 | 100 |
| Poor family circumstances e.g. poverty, untimely demise of breadwinners | 46.9 | 38.8 | 4.2 | 9.1 | 1 | 100 |
| Lack of employable skills | 43.7 | 42 | 4.5 | 6.6 | 3.1 | 100 |
| Unfair labour markets | 29.7 | 38.8 | 3.5 | 25.9 | 2.1 | 100 |
| Discriminations and social exclusion based on sex (e.g. women). | 33.9 | 35.7 | 8.7 | 15 | 6.6 | 100 |
| Discriminations and social exclusion based on ethnicity (e.g. ethnic minorities) | 37.8 | 30.4 | 9.1 | 14.7 | 8 | 100 |
| Discriminations and social exclusion based on religion (e.g. religious minorities) | 30.8 | 29.4 | 10.8 | 18.9 | 10.1 | 100 |

*Source: Compiled from field work survey, 2020.*

Table 4. 5b: Based on your experience, please indicate how important you think each statement is regarding the causes of vulnerability in your community. (Beneficiaries)

| | Beneficiaries | | | | | |
|---|---|---|---|---|---|---|
| | **Very Important (%)** | **Important** | **Somewhat Important (%)** | **Neutral (%)** | **Not Important (%)** | **Total (%)** |
| Discriminations and social exclusion based on political affiliation | 36 | 31.1 | 9.1 | 15 | 8.7 | 100 |
| Unemployment | 46.5 | 38.8 | 5.2 | 7.3 | 2.1 | 100 |
| Bad weather conditions | 37.1 | 32.5 | 7 | 12.6 | 10.8 | 100 |
| Poor harvest | 40.6 | 33.9 | 8.7 | 9.1 | 7.7 | 100 |
| Natural disasters/acts of God (e.g. perennial rainfall, drought, bushfires) | 42 | 34.3 | 5.6 | 11.5 | 6.6 | 100 |
| Severe disability | 58.4 | 31.8 | 2.1 | 5.2 | 2.4 | 100 |
| Inimical cultural practices | 29.4 | 28.7 | 11.9 | 22.4 | 7.7 | 100 |
| Widening gaps between the rich and the poor | 43.4 | 36.7 | 8 | 9.4 | 2.4 | 100 |
| Communalism increasingly being supplanted by individualism | 37.1 | 35.7 | 8.4 | 14 | 4.9 | 100 |
| Laziness & lack motivation to work | 40.9 | 29.4 | 7.7 | 10.8 | 11.2 | 100 |
| Limited state commitment to social inclusion | 40.9 | 38.5 | 7 | 11.9 | 1.7 | 100 |
| Unequal power relations | 33.2 | 37.8 | 10.1 | 15.4 | 3.5 | 100 |
| Just bad luck, including destiny/curse | 22 | 15.7 | 11.5 | 15.4 | 35.3 | 100 |

*Source: Compiled from field work survey, 2020.*

### 4.1.6 Responsibility for addressing poverty and vulnerability

There was an overwhelming agreement among respondents from across all the sub-groups that responsibility for addressing poverty and vulnerability is a shared one, between government, families, individuals, and society. As indicated in Fig. 4.2 below, the majority of beneficiaries (75.1%) and non-beneficiaries (73.2%) believed that the most important actor with responsibility for addressing poverty is government (central and local). Family/relatives were selected by 18.5% and 20.7% beneficiaries and non-beneficiaries respectively as the second most important actor responsible for tackling poverty. Figure 4.3 further confirms the earlier observation among respondents that poverty and vulnerability are interlinked. In-depth qualitative interviews also unearthed similar findings:

> The prime responsibility is that of the state…to offer every citizen the opportunity to optimize their resources and capacities and to have equitable access to the resources that the nation has (*Social Protection Expert*).

> I think as a developing country government has a major responsibility in providing a public good that helps people come out of poverty… but I don't think it is only government… the private sector has a role to play… I think communities have a role to play when they are getting the interventions… (*Donor Official*).

Government's role was understood to mean the need for the state to create opportunities including in education, transportation, and infrastructure. Many also see government emergency relief support in times of natural disasters as crucial to enabling people extricate themselves from poverty. These findings also support an earlier nation-wide survey in which an overwhelming majority (86% of respondents) identified government as having the primary responsibility in improving the conditions of citizens (ISODEC, 2015).

Fig. 4. 2: **Who among the following has the primary responsibility of supporting those in poverty in your community?** (
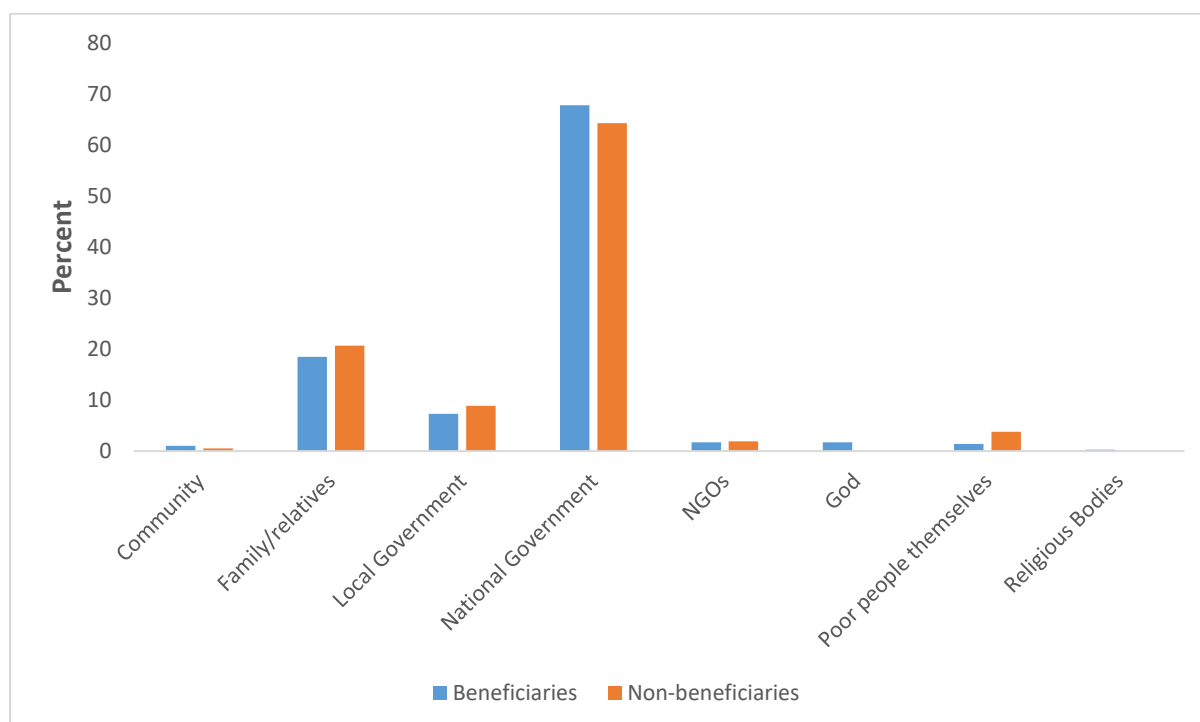


*Source: Compiled from fieldwork survey, 2020*

Fig. 4. 3: **In your opinion, who among the following has the primary responsibility of supporting vulnerable people in your community?**
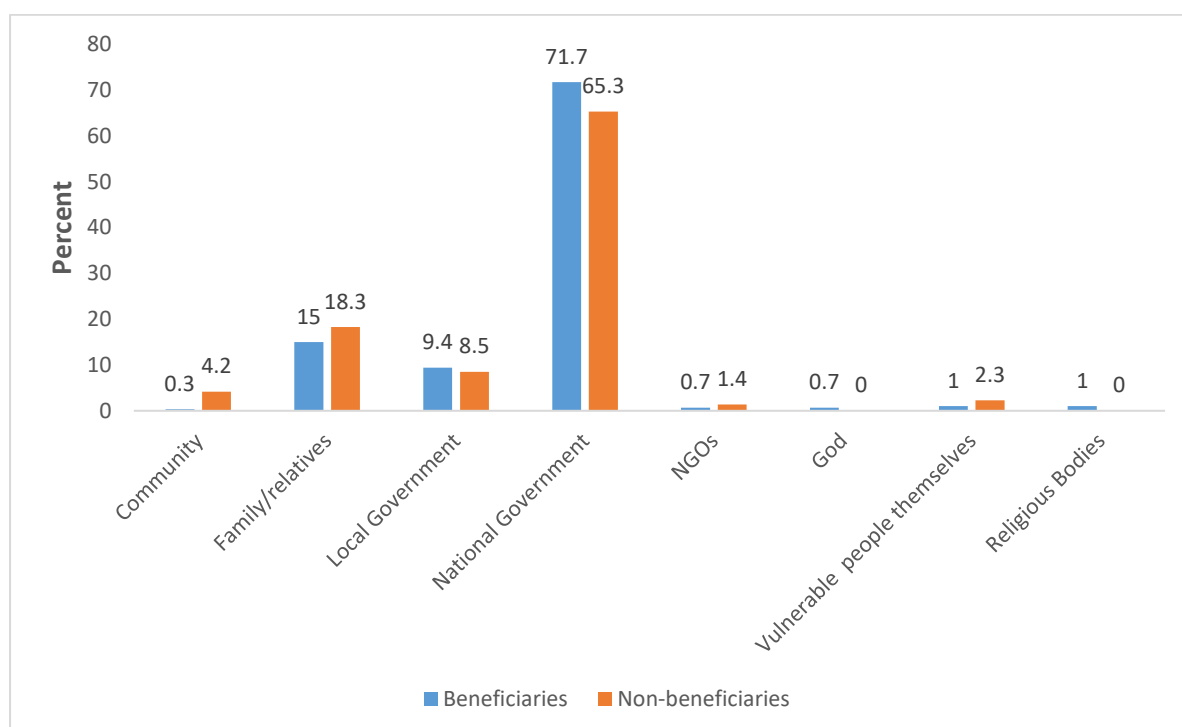


*Source: Compiled from field work survey, 2020*

At the individual level, however, respondents highlighted the importance of individual agency and drive in getting out of poverty. While it is perceived that government must create opportunities, some respondents believe that individuals (the poor and/or vulnerable) must be willing to use those opportunities to get out of poverty, including ensuring that their children get enough education to help them escape intergenerational poverty.

From the interview data, family is understood to mean blood relations; and society is understood to mean social, traditional, and religious groups. An interesting revelation however is that despite the widespread evidence about the importance of religion in the lives of Ghanaians (Abotchie, 2003; Assimeng, 1981), most respondents did not consider religious groups as important actors in addressing poverty. As depicted in Fig. 4.2 above, most consider NGOs, and even the poor themselves ahead of religious groups in terms of responsibilities for reducing poverty. Presumably, this might have been influenced by the thinking among many that expectations from religious groups must be limited to spiritual nourishment.

It is important to note that despite the near unanimity among participants that government has a lead role to play in tacking poverty and vulnerability, some interview respondents identified instances where other actors, including the family and traditional authorities like chiefs were more critical in this regard. For example, in contexts where people depend mainly on subsistence farming, access to land was a key determinant to escaping the poverty trap, hence the custodians of the land were deemed more critical to the welfare of residents. The following responses reflect the various perceptions expressed by some participants:

> For me I will say it is collective responsibility. The chiefs and the local authorities, the district assembly and then the central government. We should not put it on only the government *(LEAP Community Focal Person, Kuntunse).*

> It should start from the individuals, then agencies that are being supported by government or if there is any other NGOs that want to help *(Social Development Officer, GA West).*

> It should start from the family to the community, the zonal council, district assembly and the central government *(Community Focal Person).*

This section has demonstrated that Ghanaians generally perceive poverty as material and social deprivations arising from lack of access to basic needs or the lack of the capability to acquire these needs. Vulnerability was more difficult to define, although it appears to be an umbrella term capturing the inability of the individual to either fulfil his or her wellbeing needs and/or withstand potential shocks/risks. Whilst many find it difficult to distinguish between poverty and vulnerability, there is a sense that the boundary between two concepts is fluid not least because all poor people may be vulnerable whilst vulnerable people could easily fall into poverty. The dominant view among Ghanaians is that the state has the primary responsibility to address poverty and vulnerability although other relevant actors, including the family and traditional authorities have critical roles to play in complementing the efforts of the state. Next, we examine whether

Ghanaians understand and consider social protection a viable tool for addressing poverty and vulnerability, and if so, how they perceive their rights to such programmes.

## 4.2 Knowledge and perceptions about poverty, vulnerability, and rights to social protection

This section explores the knowledge of Ghanaians about their rights to social protection as an instrument for addressing poverty, inequality, and vulnerability. It covers Ghanaians' understanding of the concept of social protection, the broad objectives that social protection programmes seek to achieve, available social protection programmes, delivery of social protections services, and issues around social protection financing, among others.

### 4.2.1 Knowledge of social protection

Fig. 4.4 shows that knowledge about social protection among Ghanaians is not uniform, and the variations appear to be influenced by respondents' status, background, and interests. Middle-class participants in the survey were asked to rate their knowledge on social protection. Most respondents (61.7%) said they were "knowledgeable" whilst nearly a third (29.1%) indicated that they had "very little knowledge" of social protection in Ghana. Another 2.1% indicated that they had 'no knowledge at all' about social protection. Together, this implies that over one-third of Ghana's middle-class respondents have very limited or no knowledge at all about social protection. As we will see further in a later section, although the majority of survey respondents considered themselves knowledgeable about social protection, this understanding was limited not least because many lacked an appreciation of the protective, promotive and transformative dimensions of social protection. Put differently, majority of Ghanaians are yet to grasp an understanding of social protection from a life cycle perspective.

Fig. 4. 4**: Respondents rating of their knowledge of Social Protection** (Middle class respondents)
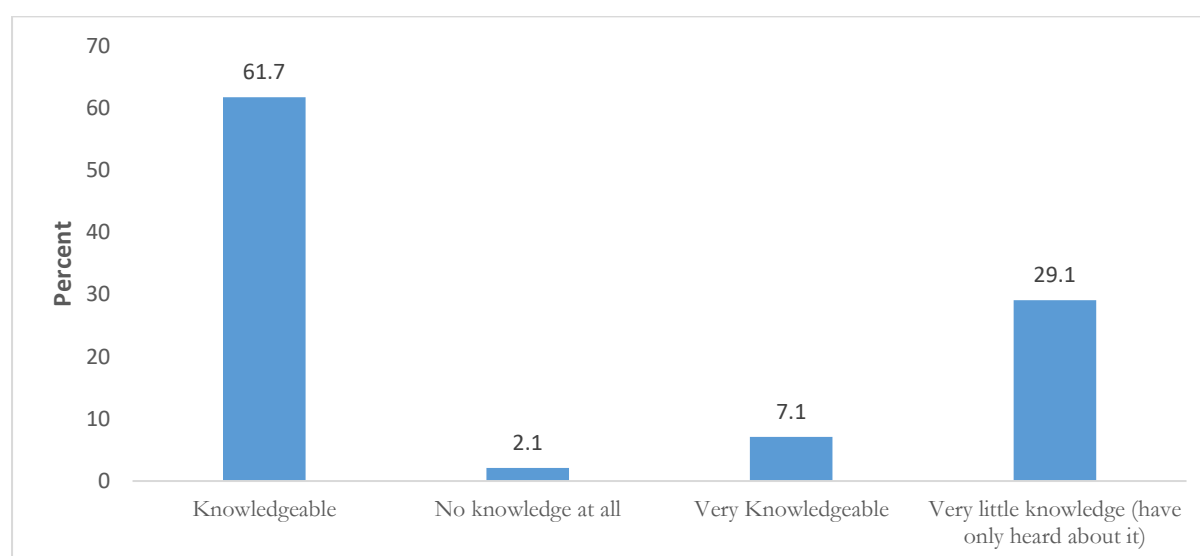


*Source: Compiled from survey data, 2020.*

To further test respondents' knowledge about social protection, the survey asked questions regarding the objectives of social protection, existing SP programmes, and issues around SP financing. The findings on these issues are presented below.

### 4.2.2 Objectives of social protection programmes

In both the survey and interviews conducted, we inquired what respondents considered to be the objectives that the Government of Ghana sought to achieve with its social protection programmes. From Fig. 4.5, it appears that all categories of respondents agree that social protection programmes are aimed at reducing poverty, helping the poor and vulnerable and thereby reducing inequality in society.

Fig. 4. 5: **In your opinion, what objectives do social protection programmes aim at achieving? (Middle class respondents)**
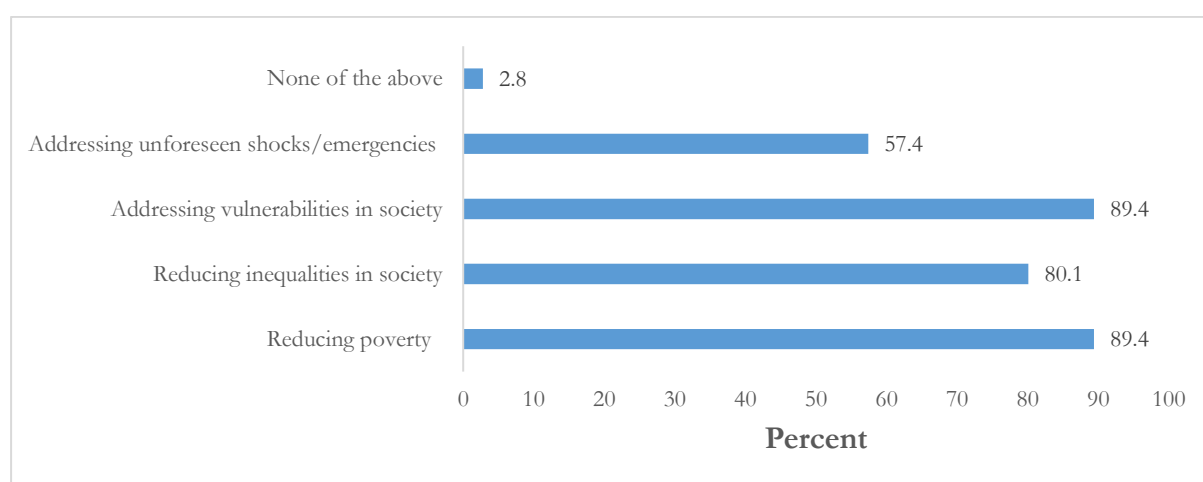


*Source: Compiled from survey data, 2020.*

Some of the interview participants had the following to say about the objectives of social protection programmes:

> My simple understanding is that we are looking at a set of interventions aimed at reducing social and economic risk and vulnerability which means we are looking at alleviating extreme poverty and deprivation among the people in a particular area or jurisdiction (*Religious leader*).

> I would imagine that the aim is generally to close the inequality gap and ensure that there is inclusion for all citizens and then also to make sure that in terms of providing a platform that provides effective services including also social insurance and social assistance *(Member, SDG platform for Social Protection)*.

In a focus group discussion with various beneficiaries of social protection programmes, respondents justified the need for social protection as a response to poverty by government. Similar responses were recorded among non-beneficiaries some of whom noted, among others,

that "social protection is there to help reduce poverty" or "support the aged" (Male non-beneficiaries, FGD.)

Whilst the key informant interviews and focus group discussions provided evidence of some knowledge of social protection objectives among study participants, this was generally limited to policy makers, donors and NGO representatives. It appears that for beneficiaries, non-beneficiaries and the middle class, their understanding and perception is only based on inferences from programmes from which they currently benefit. This situation was largely due to the fact that programme implementation, particularly social assistance, was not accompanied by a concerted effort at educating/sensitizing the public; nor are there opportunities for the public to learn about social protection more broadly except for cases where specific advertisements or media appearances are made in respect of programmes like the NHIS.

### 4.2.3 Knowledge on funding, eligibility and enrolment procedure

Respondents were further asked to indicate their knowledge of how the various social protection programmes are funded, who is eligible to benefit from the programmes and what the enrollment procedure for each of the programmes is. Table 4.5 sums up the survey responses for middle-class participants. The evidence suggests that respondents were more knowledgeable about the NHIS and SSNIT, presumably because they are participants of those programmes. Perhaps because of its limited nature in scale, knowledge of the Labour Intensive Public Works (LIPW) programme was lowest: less than one-third of respondents indicated having knowledge about how it is funded as well as its eligibility criteria and implementation procedures. Although the LEAP is considered the nation's flagship social protection programme, only 45.4% of respondents reported having knowledge about how to enroll on that programme, whiles a little over half (57%) have some knowledge over how it is funded. These observations reinforce findings of another recent study on the LEAP (Yeboah et al 2015). Here, while majority of respondents were generally aware of the LEAP, both programme participants and other community members had a rather thin understanding about the modalities of the programme's implementation, including the application of proxy means test in the selection criteria, amounts due eligible households, and programme 'conditions' or requirements (Yeboah et al 2015). More broadly, the findings also reinforce the earlier observation that knowledge of Ghanaians about social protection might be limited to programmes in which they directly participate.

Table 4. 6: **Knowledge of funding, eligibility criteria and enrolment procedure for social protection programmes** (Middle class respondents)

| | Knowledge of Funding | Knowledge of eligibility criteria | Knowledge of enrolment procedure |
|---|---|---|---|
| | Yes (%) | Yes (%) | Yes (%) |
| NHIS | 81.6 | 87.9 | 88.7 |
| LEAP | 57.4 | 61 | 45.4 |
| LIPW | 28.4 | 22 | 24.1 |
| GSFP | 79.4 | 80.1 | 71.6 |
| Capitation Grant | 76.6 | 64.5 | 57.4 |
| Maternity leave | 63.1 | 68.8 | 68.8 |
| SSNIT | 88.7 | 89.4 | 89.4 |

*Source: Compiled from survey data, 2020.*

On the issues of eligibility criteria and enrollment procedures, the various policy elites (policy makers and implementers), and, to a limited extent, programme beneficiaries, were generally more knowledgeable than the other groups. When asked in FGDs about eligibility criteria of programmes, some participants often mentioned that they "understand the LEAP programme is to protect the aged or old people. So, if you are aged like me you are qualified". Others also indicated that LEAP grants are also available for "orphans, the widows, the handicapped, caregivers and the elderly". Somewhat problematically, there was widespread perception that regardless of the level of one's poverty, anyone who was either aged or had one form of disability automatically qualified to be enrolled on the programme. This lack of understanding of the detailed eligibility criteria sometimes lead to misconception among community members. In one earlier study conducted in the Upper West Region, for example, many LEAP beneficiaries "did not understand how and why they themselves were selected as beneficiaries instead of other community members thought to be equally poor". At best, non-beneficiaries either made guesses or indicated their lack of knowledge on the subject.

### 4.2.4 Available social protection programmes

When asked about their knowledge of existing SP programmes in Ghana, respondents were apparently more conversant with the Livelihood Empowerment Against Poverty (LEAP), the National Health Insurance Scheme (NHIS), the Ghana School feeding programme, capitation grant, and the free senior high school policy. The LIPW was the least popular among the programmes selected or mentioned by study participants:

> I only know of the assistance given to the aged, orphans and widows. After every two months we see the elderly going for their monies. It is the LEAP programme *(Female, non-beneficiaries FGD, Kuntuse).*

> … yes there is the flagship LEAP programme, we have the school feeding programme, we have the National Health Insurance Scheme, now we also have the Free Senior High School *(Middle class male interviewee, Wa West).*

Table 4.6 shows that the LIPW did not only rank low among respondents in terms of knowledge about of programmes but also it was considered less-desirable and less-viable than other recent

programmes like NHIS, LEAP and free SHS. The NHIS was ranked as the most desirable and viable policy recording 93.6% support from respondents followed closely by free and universal basic education, skills training, free maternal care and the free SHS.

Table 4. 7: **Viability and desirability of selected social protection programmes (Middle class respondents)**

| | Desirable and Viable (%) | Desirable but not viable (%) | Viable but not Desirable (%) | Neither viable nor Desirable (%) | Total (%) |
|---|---|---|---|---|---|
| Free maternal care | 83 | 12.1 | 3.5 | 1.4 | 100 |
| Old age pensions | 78 | 16.3 | 4.3 | 1.4 | 100 |
| Child support | 68.8 | 24.8 | 3.5 | 2.8 | 100 |
| Unemployment benefits | 37.6 | 39 | 12.8 | 10.6 | 100 |
| Cash/in-kind transfers | 47.5 | 26.2 | 13.5 | 12.8 | 100 |
| Labour Intensive Public works program | 39 | 19.9 | 14.9 | 26.2 | 100 |
| Microfinance support | 56 | 27 | 9.2 | 7.8 | 100 |
| Skills training | 83.7 | 12.8 | 1.4 | 2.1 | 100 |
| NHIS | 93.6 | 5 | 1.4 | 0 | 100 |
| Fertilizer/agricultural subsidies | 75.9 | 20.6 | 2.1 | 1.4 | 100 |
| Fuel subsidies | 51.8 | 21.3 | 12.1 | 14.9 | 100 |
| Free and universal basic education | 86.5 | 8.5 | 3.5 | 1.4 | 100 |
| Free SHS education | 80.1 | 14.9 | 5 | 0 | 100 |

*Source: Compiled from survey data, 2020.*

In a number of ways, these observations resonate with findings of one participatory poverty and vulnerability study conducted about a decade ago (see Participatory Development Associates, 2011). In that study, for example, the LIPW ranked poorly on the list of intervention preferences. Communities were anxious about the ability of LIPW projects to offer sustained employment, but expressed concerns that in the past, such projects were piecemeal at best, and, thus, may not respond adequately to the needs of communities living with vulnerability on a daily basis. However,

assuming longevity could be assured, LIPW was deemed as a highly desirable social protection instrument (Ibid).

 Whilst the above responses were largely similar among both male and female respondents, a few differences are worth highlighting here as presented in Table 4.7. Notably, 72.7% of female respondents considered child support policies as viable and desirable whereas the corresponding response among males was 67%. Also 86.4% and 74.2% of females and males respectively considered old pensions as desirable and viable with 47.7 and 33% females and males respectively providing a similar response in support of unemployment benefits. Whilst 27.8% of male respondents believed that labour intensive public works programs are desirable but not viable, only 9.1% of female respondents held similar opinions

### 4.2.5 Assessing the effectiveness of social protection programmes

Respondents were asked if the existing social protection programmes have been effective in addressing poverty, inequality or vulnerabilities. The survey findings suggest that Ghanaians generally believe that existing social protection programmes are important in addressing these three related societal problems (see Tables 4.8 and 4.9). However, evidence from in-depth qualitative interviews and focus group discussions suggests that the survey responses must be interpreted with caution. This is because respondents might have been inclined to report on the potential significance of the programmes instead of evidence of their actual impact on the ground.

Table 4. 8: Viability and desirability of social protection [by gender] (Middle class respondents)

| | Male | | | | | Female | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Desirable and Viable | Desirable but not viable | Viable but not Desirable | Neither viable nor Desirable | Total | Desirable and Viable | Desirable but not viable | Viable but not Desirable | Neither viable nor Desirable | Total |
| Free maternal care | 81.4 | 15.5 | 3.1 | 0 | **100** | 86.4 | 4.5 | 4.5 | 4.5 | **100** |
| Old age pensions | 74.2 | 19.6 | 6.2 | 0 | **100** | 86.4 | 9.1 | 0 | 4.5 | **100** |
| Child support | 67 | 27.8 | 3.1 | 2.1 | **100** | 72.7 | 18.2 | 4.5 | 4.5 | **100** |
| Unemployment benefits | 33 | 42.3 | 14.4 | 10.3 | **100** | 47.7 | 31.8 | 9.1 | 11.4 | **100** |
| Cash/in-kind transfers | 47.4 | 25.8 | 13.4 | 13.4 | **100** | 47.7 | 27.3 | 13.6 | 11.4 | **100** |
| Labour Intensive Public works program | 34 | 24.7 | 15.5 | 25.8 | **100** | 50 | 9.1 | 13.6 | 27.3 | **100** |
| Microfinance support | 53.6 | 27.8 | 10.3 | 8.2 | **100** | 61.4 | 25 | 6.8 | 6.8 | **100** |
| Skills training | 83.5 | 14.4 | 1 | 1 | **100** | 84.1 | 9.1 | 2.3 | 4.5 | **100** |
| NHIS | 92.8 | 6.2 | 1 | 0 | **100** | 95.5 | 2.3 | 2.3 | 0 | **100** |
| Fertilizer/agricultural subsidies | 75.3 | 22.7 | 1 | 1 | **100** | 77.3 | 15.9 | 4.5 | 2.3 | **100** |
| Fuel subsidies | 51.5 | 24.7 | 9.3 | 14.4 | **100** | 52.3 | 13.6 | 18.2 | 15.9 | **100** |
| Free and universal basic education | 86.6 | 10.3 | 2.1 | 1 | **100** | 86.4 | 4.5 | 6.8 | 2.3 | **100** |
| Free SHS education | 80.4 | 15.5 | 4.1 | 0 | **100** | 79.5 | 13.6 | 6.8 | 0 | **100** |

*Source: Compiled from survey data, 2020.*

Table 4. 9: In your opinion, how effective are the following programmes in reducing poverty in Ghana? (Middle class respondents)

| Program | Very important (%) | Less important(%) | Not important (%) | Don't know(%) | Total (%) |
|---|---|---|---|---|---|
| LEAP | 63.1 | 26.2 | 3.5 | 7.1 | 100 |
| NHIS | 94.3 | 5.7 | 0 | 0 | 100 |
| School Feeding | 78 | 19.9 | 1.4 | 0.7 | 100 |
| Capitation Grant | 68.8 | 22.7 | 1.4 | 7.1 | 100 |
| LIPW | 41.1 | 19.9 | 5 | 34 | 100 |
| Free SHS | 80.1 | 16.3 | 3.5 | 0 | 100 |
| Free School Uniforms | 57.4 | 25.5 | 14.9 | 2.1 | 100 |
| Free Maternal Care | 84.4 | 10.6 | 2.8 | 2.1 | 100 |
| SSNIT Pensions | 90.1 | 8.5 | 0.7 | 0.7 | 100 |
| Free/Subsidised Fertiliser | 78 | 15.6 | 3.5 | 2.8 | 100 |

*Source: Compiled from survey data, 2020.*
*The programmes highlighted are the ones that were also mentioned in the qualitative interviews.

Table 4. 10: **In your opinion, how effective are the following programmes in reducing inequality in Ghana?** (Middle class respondents)

| Program | Very important (%) | Less important(%) | Not important (%) | Don't know(%) | Total (%) |
|---|---|---|---|---|---|
| LEAP | 68.1 | 21.3 | 3.5 | 7.1 | 100 |
| NHIS | 92.2 | 6.4 | 1.4 | 0 | 100 |
| School Feeding | 74.5 | 20.6 | 4.3 | 0.7 | 100 |
| Capitation Grant | 70.2 | 20.6 | 2.1 | 7.1 | 100 |
| LIPW | 43.3 | 22 | 2.1 | 32.6 | 100 |
| Free SHS | 80.9 | 17 | 2.1 | 0 | 100 |
| Free School Uniforms | 56.7 | 27.7 | 13.5 | 2.1 | 100 |

*Source: Compiled from survey data, 2020.*

The qualitative interviews revealed a mixed reaction from all four categories of respondents. Citing the example of people who would have found it difficult to access health, presumably because they did not have the money to register or renew their membership under the NHIS, one key informant noted how LEAP had enabled beneficiaries to access health care (NHIS Officer, Wa). Another participant cited the example of a woman in the Garu community of the Upper East region, where she had no reliable means of livelihood until the LEAP grant enabled her to go into poultry farming (Former Government Official). For one programme beneficiary,

> If you do not have money or food, you will be thinking excessively which can lead to death. So, when you receive that money you make plans. So, you know that after every two months you will receive money thus you make your calculations and become free. It reduces the burden of overthinking (*Female beneficiary, FGD participant).*

For one representative of the donor community involved in social protection implementation, whilst some definite statements could be made about specific programmes, it is difficult to assess social protection programmes more broadly:

> If you're looking at the programmes you cannot give one answer for all of them. I think from where I sit and the supports that we have given to government, LEAP for example has come a very long way… we've seen fundamental changes, we've seen increase in numbers of beneficiaries, we've seen consistent payments with (you know), a couple of issues here but they are just natural *(Donor official).*

The following are more technical assessments of the programmes where respondents, mainly those involved in policy making and programme implementation, lauded the programmes whiles also pointing to persistent gaps in effective implementation. As one of such key informants noted:

> I think our social protection interventions are well intentioned and, in many respects, they represent a good effort but as we can all see, they are simply not able to provide the coverage that is needed and the quality of service (*Academic Expert 1).*

He explains further that whilst policies may be well-intentioned, programme management and impacts are often undermined by several challenges including lack of consultation in programme design and administration, fraud, embezzlement, risk and political interference. There is widespread feeling that government planning and interventions are too heavily top-down and lacking in effective on-the-ground consultations. The result is that programmes do not properly align with community level needs and their implementation often suffers as a result.

Others raised concerns about political interference, especially in the selection of beneficiary communities and even of individuals within communities. There is a perception that although current antipoverty and vulnerability interventions are lofty on paper, actual implementation often goes contrary to the original objectives stipulated in programme documents. As pointed out by participants in the Biakoye district for example, although the Ghana School Feeding Program was aimed at boosting food production at the local level and meeting the minimum nutritional requirements of school-going children, it has in practice, simply "become a procurement gig for well-connected government appointees and cronies", with efforts rarely made to source agricultural inputs from local producers. These problems have long been recognized, including by the two dominant political parties – the National Democratic Congress (NDC) and the New Patriotic Party (NPP). For example, while the NPP's 2016 manifesto accused the NDC of turning the LEAP into "a blatant source of political patronage" (NPP, 2016: 126), the NDC's 2020 manifesto makes the claim that "the NPP has politicised targeting beneficiaries of social protection interventions as manifested in the chaotic, partisan and selective distribution of food and other relief items during the COVID-19 lockdown" (NDC 2020: 77).

There were some negative assessments of the programmes by some respondents mostly based on the LEAP programme. Their assessments were specifically tied to challenges with service delivery

and the generosity of the benefit package. Some respondents argued that the amount is inadequate to offer the kind of support that most beneficiaries anticipated.

> They should be able to give them something reasonable to work with … If it is rearing of chicken or something, they will do it. But the allocations are rather small, you see… someone being given sixty-four Ghana cedis a month, what do you expect the person to do? He will just go and buy food with it. Ah, given the economic situation won't one possibly exhaust sixty-four in a day? *(Social welfare officer).*

> The money we receive from LEAP is not enough to keep us for the whole two months' period *(Male beneficiary, FGD, Ga West).*

These observations are in line with existing studies on various social protection programmes in Ghana. For example, while the ILO recommends that cash transfers be worth at least 20% of recipient households' pre-transfer consumption (ILO 2016: 51), the LEAP cash transfer programme in Ghana represents just 13% of household consumption, or less than six days' worth of food per month (Yablonski, 2017: 7; Sabates-Wheeler et al. 2020). Currently, the LEAP transfers GHC64 to households with one beneficiary member every two months. This translates into GH¢384 per annum, less than half of the extreme poverty line of GH¢792.05 set in the GLSS 7. This means that even without taking into account the adverse impact of inflation, the LEAP cash grant falls below the amount needed for the survival of the poorest if the grant were the sole source of income or livelihood for such households. Similarly, SEND Ghana observes that Government currently spends about $30 (GH¢144) to provide care to NHIS members whereas the World Health Organization recommends spending $86 per member (SEND Ghana, 2019). Others have raised similar concerns with regards to the GSFP which currently provides GH¢ 1 per child. In January 2020, the Ghana Civil Society Platform on the SDGs petitioned government to increase the feeding grant to GHC2.50 to help meet the nutritional needs of beneficiary children (Daily Graphic, January 27, 2020).

There was also widespread perception among study participants that social protection financing in Ghana was not encouraging. Respondents contended that SP programmes in Ghana lacked the required level of funding to make any substantial difference in the lives of community people. For example, 74.1% and 71.8% of beneficiaries and non-beneficiaries respectively indicated that the government was investing too little to improve the quality of life of poor and vulnerable people in their communities (Table 4.10). This limited funding does not only affect the value of programme benefits but also coverage:

> Sometimes the fiscal constraints … you find that you have gone to the field and collected data, you have processed the data on 100 people, 80 of them have qualified to be on the intervention but the government's funding is able to support only 50. So, you are asked to draw the line like the way you normally do in the exams, 50 people can penetrate the remaining 30 should hold on *(Former staff of LEAP Management Secretariat).*

Table 4. 11: **How will you describe government's level of investments towards the wellbeing of poor and vulnerable people in your community?**

|  | Beneficiaries | | Non-beneficiaries | |
|---|---|---|---|---|
|  | **Frequency** | **Percent** | **Frequency** | **Percent** |
| About the right amount | 51 | 17.8 | 36 | 16.9 |
| Don't know | 4 | 1.4 | 10 | 4.7 |
| Too little | 212 | 74.1 | 153 | 71.8 |
| Too much | 19 | 6.6 | 14 | 6.6 |
| **Total** | **286** | **100** | **213** | **100** |

*Source: Compiled from field work survey, 2020*

Further disaggregation of the data (see Table 4.11) shows that among both beneficiaries and non-beneficiaries, the proportion of respondents in the Greater Accra Region who were dissatisfied with the level of government's investment in addressing poverty and vulnerability was higher than those recorded in the Oti and Upper West regions. This finding may reflect a higher rate of vulnerability and poverty in urban centres. This finding might reflect the fact that whilst official approaches to social protection programming often presume that poverty and vulnerability are essentially a rural phenomenon it may well be that urban centres equally deserve – or even more than deserve–such programmes. For example, according to Rounds V (2005/2006) and VI (2012/2013) of the Ghana Living Standards Survey, the proportion of the urban poor increased from 14.7% to 22% whilst the rural poor decreased from 85.3% to 78% between the two survey periods. In terms of absolute figures this translates into an increase of 361, 005 in the number of urban poor compared to a reduction of 1,068, 639 in the rural areas. Also, there is evidence that the nature of poverty and vulnerability in the urban centres may, in some cases, be different from what pertains in the rural areas. For example, some accounts suggest that growing urbanization has put pressure on social services, with many urban dwellers lacking access to decent accommodation, water and sanitation services. One World Bank report suggests that within a period of ten years (2000-2010), the proportion of urban households that had access to potable piped water reduced by over 20% i.e. from 91% to 69% (World Bank, 2015). This suggests that even where urban dwellers are targeted within existing social protection programmes, this might be less effective in addressing their plight not least because such programmes may be more suited to the needs of their rural counterparts.

Table 4. 12: Regional assessment of government's investment in poverty and vulnerability programmes

|  | Beneficiaries (%) | | | Non-beneficiaries (%) | | |
|---|---|---|---|---|---|---|
|  | Greater Accra | Oti | Upper West | Greater Accra | Oti | Upper West |
| About the right amount | 13.3 | 31.1 | 10.2 | 15.6 | 27.6 | 10.3 |
| Don't know | 1 | 1.1 | 2 | 2.6 | 6.9 | 5.1 |
| Too little | 84.7 | 65.6 | 71.4 | 81.8 | 60.3 | 70.5 |
| Too much | 1 | 2.2 | 16.3 | 0 | 5.2 | 14.1 |
| **Total** | **100** | **100** | **100** | **100** | **100** | **100** |

*Source: Compiled from field work survey, 2020*

Recent evidence suggests that the average spending of lower middle-income countries in Africa on non-contributory social protection is estimated to be 2.1% of GDP, and 1.6% for lower-middle-income countries world-wide. In contrast, Ghana's 2019 spending on its flagship social protection programmes was just about 0.6% of GDP, down from a little above 1% in 2016 (UNICEF, 2019). When respondents were asked whether there were alternative ways of financing programmes, 24.1% responded in the affirmative whereas 37.6% were not sure. However, as Tables 12 show, when respondents were presented with various options for ensuring better financing of social protection, they selected the following as some of the areas to be considered: reducing corruption and making more resources available to programmes, reprioritizing social protection in public expenditures, taxing the rich and improving the efficiency of public spending. Notably, about half of middle-class respondents sampled believed that the government can make substantial savings for investment in social protection if it is able to curb corruption. This response may support findings from recent Afrobarometer and other surveys which suggest that Ghanaians believe that corruption and misuse of public resources, rather than the absence of resources per se, might account for the inability of government to tackle development challenges (see for e.g. Armah-Attoh, 2014).

Table 4. 13: **Please rank the following factors from 1-5 in terms of their potential in helping to finance social protection in a sustained manner in Ghana (Middle class** respondents**)**

|  | Frequency | Percent |
|---|---|---|
| Earmarking a significant portion of the national budget for social protection financing | 22 | 15.6 |
| Increasing taxation of the rich | 9 | 6.4 |
| Increasing the efficiency of public spending | 22 | 15.6 |
| Reducing corruption and making more public resources available for social protection programmes | 71 | 50.4 |
| Reprioritizing social protection in public expenditures | 17 | 12.1 |
| **Total** | **141** | **100** |

*Source: Compiled from survey data, 2020.*

For participants in the qualitative interviews, the state can provide leadership and commitment in providing sustainable financing to social protection although non-state actors must complement this effort. One academic pointed to the need for reprioritization of government expenditure to create the fiscal space for supporting programmes specifically aimed at addressing the plight of the poor and vulnerable. For others, the best approach is to use similar approaches for funding some existing programmes like the NHIS:

> The funding should come from the state with the direct input from the family and also funding from non-state actors as a matter of social responsibility. So priorities will determine our willingness to fund social protection, recognizing it as an investment is one of the key principles of allocating resources to social protection: you are investing in society *(Academic Expert 1).*

> Well my first proposal will be looking at the way National Health Insurance is being financed; where it is part of all our tax systems whatever goods or services you buy you incur the National Health Insurance levy. You know that the extractive industry has a lot of money in there… As I understand it, government makes a lot of revenue there so if again whatever is coming in some percentage is applied to finance social protection it would be a very good thing *(Member, SDG Platform on Social Protection).*

Others noted that the modes of accessing programme benefits tend to detract from the effectiveness of programmes. For example, some beneficiaries recounted their experiences with having to travel to access service and in the process lost some of the money they received. Another important issue is the limited access to complementary services often promised in programme documents and public pronouncements of policy elites. LEAP beneficiaries for instance are eligible to register for free under the NHIS or enroll on other programmes like the LIPW. Yet, the evidence suggests that many beneficiaries either lacked knowledge about this or this arrangement

has not been fully operationalised in some districts (see also Agbenyo et al 2017). The following extracts related to the LEAP electronic payment system and the NHIS, support the two issues raised above:

> I for one do not like the current mode of delivery (Going to the bank to withdraw). I prefer when they used to bring us the monies in our homes. I have to take transport which also reduces the money I get at the end of the day *(FGD Participant)*.

> If you look at the interventions, I used to do cases like the LEAP and NHIS. These are supposed to be complementary services. You are on one, you are supposed to get the other, and all LEAP beneficiaries are also entitled to free NHIS. But look at the amounts given them and then the rate of payment. Sometimes the amount is such that before they could even access the NHIS card the person needs to travel and they may end up spending about 25% and some cases 50% of the amount supposed to be give them *(NHIS officer)*.

### 4.2.6 Should Social Protection be targeted or universal?

Respondents were asked their opinion on whether social protection programmes should be targeted or universal. Survey respondents were asked to choose from several options indicating why they think the programmes should be targeted or universal. Table 4.13 shows that respondents were in favour of both targeted and universal programmes depending on the circumstances involved. It is notable that the strongest level of agreement among participants relates to social protection and the need to provide support to citizens irrespective of socio-economic status. For example, a total of 75.8% were in favour of the suggestion that all Ghanaians deserve social protection support from government whilst 76.6% were in support of all vulnerable people, whether poor or not, benefitting from such social interventions. From Table 4.14, a breakdown of responses here does not reveal any significant differences related to gender.

Table 4. 14**: Respondents' level of agreement to SP being targeted or universal** (Middle class respondents)

| Statements | Strongly Agree (%) | Agree(%) | Neutral (%) | Disagree (%) | Strongly disagree (%) | Total (%) |
|---|---|---|---|---|---|---|
| **Social protection (SP) is a right. So, government must provide SP support for all Ghanaians, irrespective of socio-economic status** | 49.6 | 26.2 | 4.3 | 12.1 | 7.8 | 100 |
| **All vulnerable persons (even if they are not poor) have the right to receive social support from government** | 41.1 | 35.5 | 7.1 | 14.2 | 2.1 | 100 |

Table 4. 15: Gendered support for targeted or universal social protection (Middle class respondents)

| Statements | Male | | | | | | Female | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Strongly Agree | Agree | Neutral | Disagree | Strongly disagree | Total | Strongly Agree | Agree | Neutral | Disagree | Strongly disagree | Total |
| Social protection (SP) is a right. So, government must provide SP support for all Ghanaians, irrespective of socio-economic status | 53.6 | 23.7 | 2.1 | 13.4 | 7.2 | **100** | 40.9 | 31.8 | 9.1 | 9.1 | 9.1 | **100** |
| Only those living in poverty (not the well-off) have the right to receive social support from government | 30.9 | 40.2 | 5.2 | 20.6 | 3.1 | **100** | 31.8 | 43.2 | 11.4 | 9.1 | 4.5 | **100** |
| All vulnerable persons (even if they are not poor) have the right to receive social support from government | 44.3 | 35.1 | 4.1 | 13.4 | 3.1 | **100** | 34.1 | 36.4 | 13.6 | 15.9 | 0 | **100** |

*Source: Compiled from survey data, 2020*

The analysis of qualitative data found that across all sub-groups, the majority of participants were strongly in favour of targeting social protection participants. This may appear to contradict the survey findings in some respects. However, the findings also highlight that although universalism is favoured, respondents maintained that the issue of resource constraints necessitates a targeting approach in order to reach out to those who need social protection most. Put differently, responses from the in-depth interviews may better be appreciated in terms of prioritization in the context of limited public resources, but not necessarily an argument against universalism. The few who argued in favour of universal programmes did so from the position of entitlement as Ghanaians. They further contended that every Ghanaian is susceptible to vulnerability at some point in their lives and therefore provision must be made for all:

> To be honest with you, for me all the social protection programs in Ghana if we were to get the best out of them, they should have been targeted *(Former Government Official).*

> It is just common sense to target people who need help, in that way you are creating a more sustainable system of support because it is not everybody that needs water that cannot pay for the water they drink, it is not everybody that cannot pay for sanitation that cannot have a toilet in their homes. So, you have to look out for the people who need the help, that way you make a great impact and apart from that you leave the money or resources you would have invested into the universal bit where the people who do not need it are getting it. It should by all means be targeted *(Journalist and Gender Advocate).*

For others, the two types can co-exist depending on need:

> We have sometimes drafted people into programs against their will...there are some social protection programmes that need to be targeted. A certain category of people who need support because of the lack, historical neglect or discrimination. There is also a place for universal programs. Every Ghanaian is entitled to social security or an old age pension, that for me is universal. Indeed, every Ghanaian is entitled to education to certain quality…So, some of these things are basic, so that if you chose not to pick up your entitlement that becomes your business *(Social protection expert).*

In sum, Ghanaians appear to have a rather limited knowledge about social protection. Citizens appear more knowledgeable about relatively popular programmes like the NHIS, and in programmes in which either themselves or their close relations are participants/beneficiaries. In terms of the impact of social protection programmes, respondents' views were at best mixed. While highlighting the potential and real impacts of some programmes on the lives of the poor, respondents also noted several design and implementation weaknesses that undermine the actual impact of programmes. Most notable among the challenges identified include limited consultations in programme design and administration, political interference in the selection of beneficiary communities and programme participants, inadequate budgetary allocation to social protection, as well as the limited coverage and small size of benefit packages of various programmes.

### 4.3 Does the public understand and apply their rights to social protection?

The expansion and consolidation of social protection programmes are driven by a multiplicity of factors, including the recognition of SP provisioning as integral to the social contract between states and citizens (Ibrahim, 2020; Hickey, 2011; HelpAge, 2011; Beland, 2010). From a social

contract perspective, states must view SP provisioning as an obligation and citizens must view access to such progammes as part of their citizenship rights and entitlements. The purpose of this section is to explore if Ghanaians understand their rights to social protection and, if so, whether they exercise some form of agency in proactively demanding these rights.

### 4.3.1 Understanding of Ghanaians about the rights to social protection

Analysis of the survey data revealed mixed findings about the understanding of Ghanaians regarding their rights to social protection. Study participants generally recognised the importance of social protection to the wellbeing of citizens. Respondents understood state interventions largely within the context of social assistance although they also appeared open to the idea of universal provisioning if sufficient resources were available. Viewed from this perspective, and as we have demonstrated elsewhere in this report, we find that although respondents were in favour of the idea of social protection being extended to all citizens, there was a sense that this was not a priority in the face of limited resources.

The survey asked programme beneficiaries and non-beneficiaries to indicate who they considered as most deserving of social assistance within their communities. Fig. 4.6 shows that only 32.2% and 39.9% of beneficiaries and non-beneficiaries respectively agreed that everyone was deserving of such assistance. However, in the context of limited resources, a significant majority were in favour of prioritizing support for the extreme poor, poor and vulnerable in society.

Fig. 4. 6: **Which category of people in your community do you think is the most deserving of government's assistance?** (Beneficiaries and nonbeneficiaries)
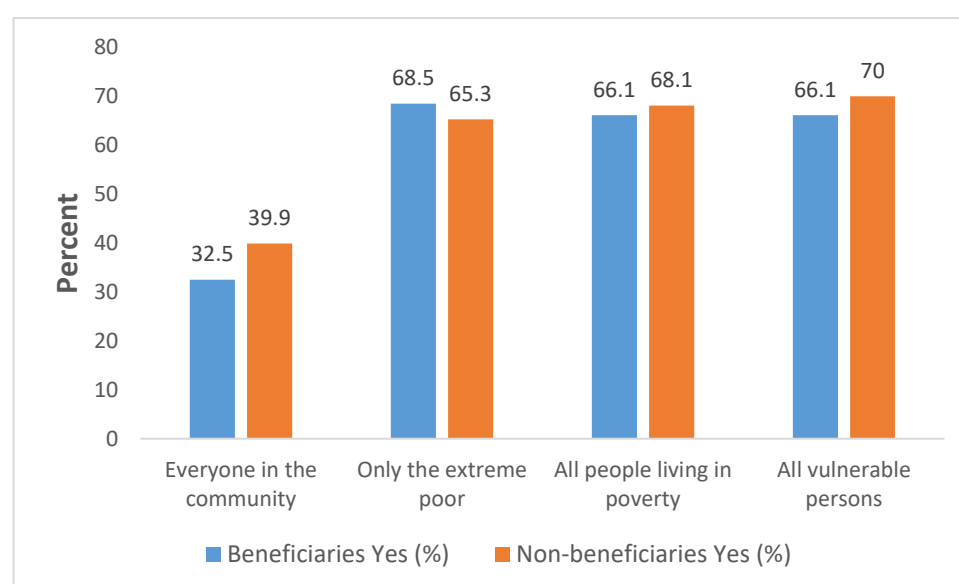


*Source: Compiled from field work survey, 2020*

Findings from qualitative interviews further highlighted that there is limited understanding of the concept of 'right' as it may apply to SP provisioning by the state. This limited understanding was particularly widespread among programme beneficiaries and non-beneficiaries many of whom considered interventions as favours (we discuss this in detail later). Indeed, even some middle class respondents questioned the notion of a rights-based approach to social protection within the

Ghanaian context where limited resources undermines the capacity to provide enough socio-economic protection for all citizens:

> [T]he extent to which you can push the rights argument is tricky… I think for the very basic things then yes. Education is a right and that is enshrined in our constitution but before the Free SHS could you go and stand somewhere and say that is a right, so I am taking the government to court? (*Academic and poverty expert*).

> I do not come from a rights-based approach…[this is] not to say that I don't believe in rights … I truly believe that you cannot discuss human rights when somebody is hungry. It doesn't mean anything to them…and that's on the beneficiary side. But there's also the piece on the policymaker side that our policymakers who are providing the money are finance people. If you don't make an economic case for why something is needed forget it, it's as simple as that (*Donor official*).

Fig. 4. 7**: Are you aware of any program that gives support to the poor and vulnerable?** (Middle class respondents)
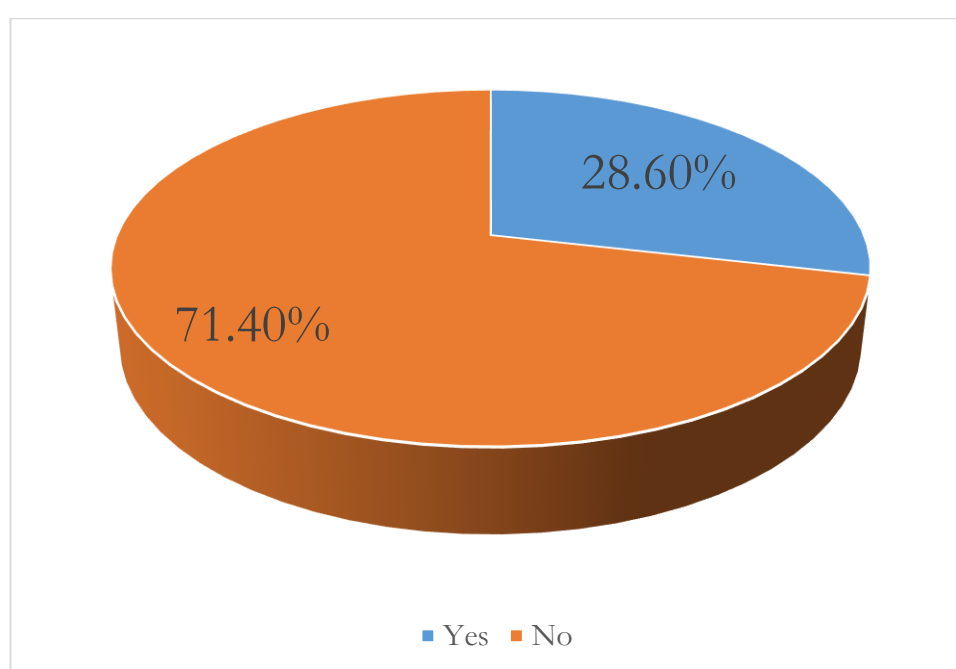


*Source: Compiled from field work survey, 2020*

There appears to be limited information on available SP programmes among non-beneficiaries, whilst for beneficiaries, attention is often focused on delivering benefits instead of sensitizing them about their rights as well. For example, as many as 71.4% of non-beneficiaries indicated that they were not aware of any programme that provided support to the poor and vulnerable (Fig. 4.7). Fig. 4.8 shows that highly visible differences were recorded across regions with nearly 90% and 85% of respondents in the Oti and Upper West respectively indicating their awareness of social protection targeted at the poor and vulnerable whereas less than half of those sampled in Greater Accra responded in the affirmative. As we have highlighted earlier in the report, these findings may be explained by the fact that despite recent evidence of widening urban poverty and vulnerability, existing programmes are largely targeted at rural populations. A regional distribution

of the nation's flagship LEAP programme reflects this rural versus urban disparity in social protection provisioning. As of 2018, only 9, 087 households in the Greater Accra Region benefited from the programme whereas 38, 399 households in the largely rural Upper West had been enrolled. The Volta Region, which included the newly created Oti Region, has 19, 035 households on LEAP. Similarly, whilst the largely rural Oti and Upper West Regions have been put on the Labour Intensive Public Works (LIPW) programme, the urban Greater Accra Region has been left out.

Fig. 4.8: Regional awareness of programs targeted at the poor and vulnerable (Nonbeneficiaries)
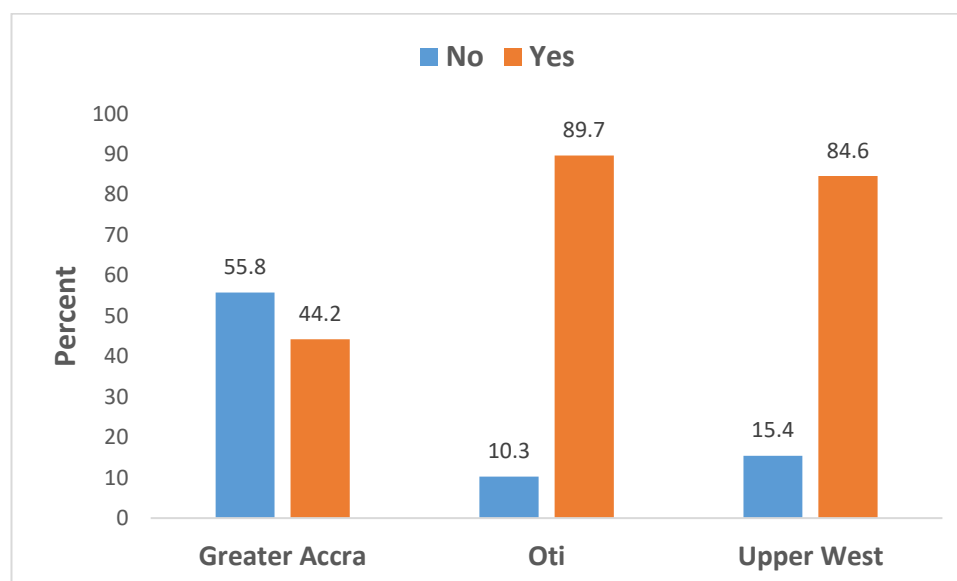


*Source: Compiled from field work survey, 2020*

Moreover, some 60.1% of respondents indicated that they had never been informed of any social protection programme and how they could benefit from them (Fig. 4.9). The proportion of respondents who had never been informed about the availability of, and the processes for enrolling on, social programmes was higher among female respondents than their male counterparts (see Fig. 4.10).

Fig. 4.9**: Have you ever been informed on any social protection programme and how you can become a beneficiary?** (Nonbeneficiaries)
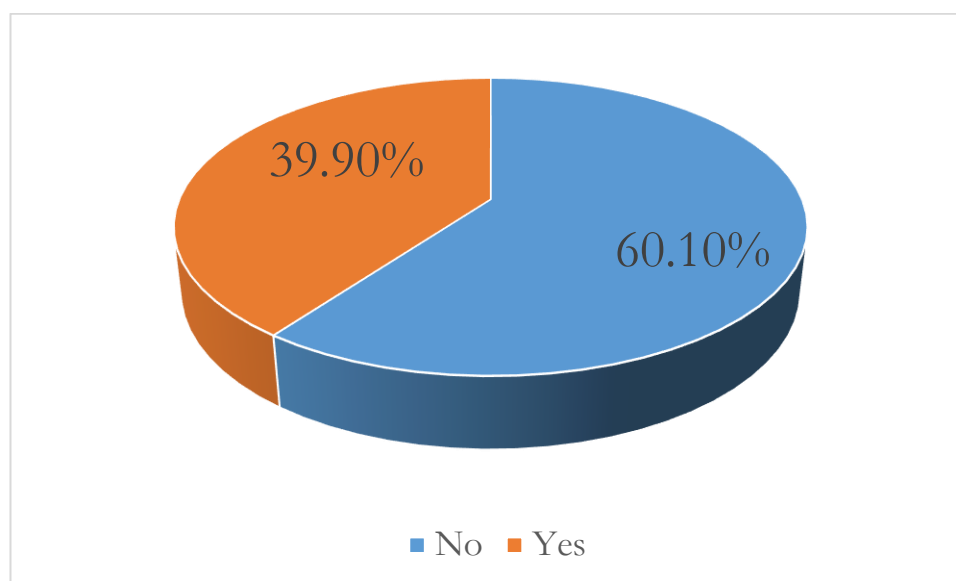


*Source: Compiled from field work survey, 2020*

Fig. 4.10: **Have you ever been informed on any social protection programme and how you can become a beneficiary?** [gendered responses] (Nonbeneficiaries)



*Source: Compiled from field work survey, 2020*

In sum, Ghanaians across various sub-groups have limited understanding about their rights to social protection. For beneficiaries and non-beneficiaries, this may be due to a lack of appreciation of their entitlements as regards the responsibility of the state towards them. For this reason, they regard state interventions as favours. These findings present a paradox not least because they appear to contradict the earlier analysis which showed that respondents belie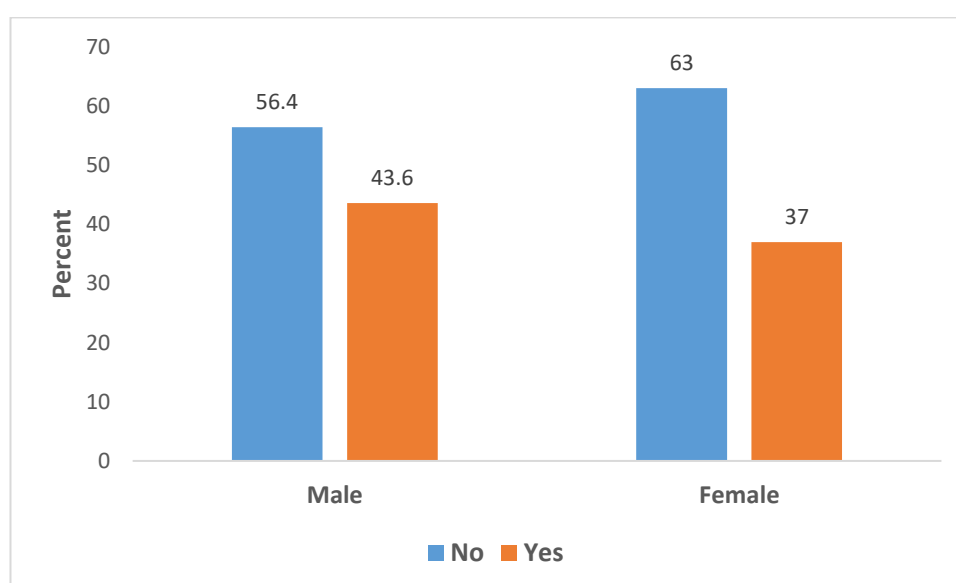ved that the state has responsibility to provide social protection. However, it may be plausibly suggested that because limited resources have often meant that the state was unable to extend social protection to all citizens, targeting is often based on the discretion of state officials, hence those who get selected

feel 'lucky' and this might explain why they regard benefits as a favour. Similar observations have been made by Sabates-Wheeler et al. (2020) in their study on linking social protection to active citizenship. Despite this, some participants still believe that the state must provide social protection for all citizens given that all citizens are susceptible to vulnerability irrespective of their current circumstances. It remains to be seen how these two streams of understanding around rights influence the capacity and incentive of Ghanaians to apply their rights to social protection. The next section explores this issue.

### 4.3.2 Application of rights to social protection

In this section, we first asked respondents to assess the quality of SP provisioning, including around the processes of enrolment and actual administration of benefits. This is important because, as Hunter and Sugiyama (2014) suggest, one way of ascertaining the extent to which citizens and social protection participants understand and apply their rights to social protection is to first assess their levels of satisfaction with programme administration.

The evidence in Figures 4.11 and 4.12 shows that the majority of both beneficiaries and non-beneficiaries reported that they were satisfied with the processes for administering programme benefits, although the level of satisfaction varied by region. For example, some 68.5% of beneficiaries reported that the mechanism for receiving their benefits was "appropriate", whilst 70% of non-beneficiaries said that they were happy with the way beneficiaries in their communities were treated. These responses were mainly in respect of social assistance programmes with specific reference to the LEAP.

Fig. 4. 11: **Given your specific circumstances, do you feel the current mechanism for receiving your benefit is appropriate? (beneficiaries)**
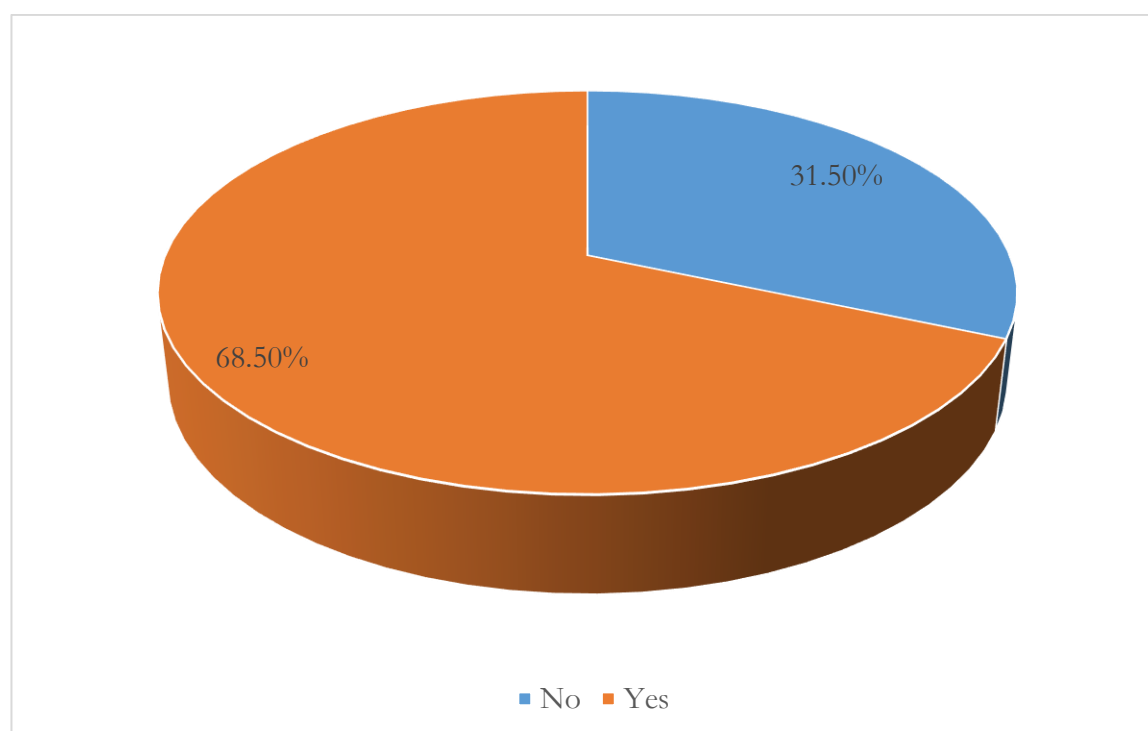


*Source: Compiled from field work survey, 2020*

Fig. 4. 12**: Are you happy with the way social protection beneficiaries are treated in your community?** (Nonbeneficiaries)
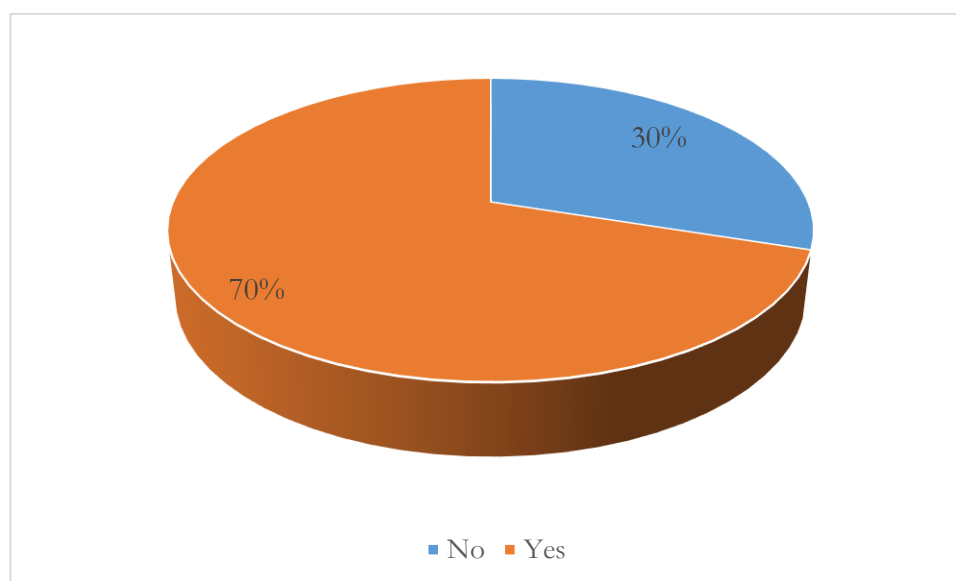


*Source: Compiled from field work survey, 2020*

For those who indicated their happiness with the treatment of beneficiaries, the Oti region recorded a higher proportion (78%), followed by the Upper West region (72%). Nearly 40% of respondents in the Greater Accra region indicated that they were unhappy about the way social protection beneficiaries are treated, compared to less than 30% of respondents who expressed such views in the Oti and Upper West regions.

A similar disaggregated picture emerged when respondents were asked about their satisfaction with the mechanisms for delivering social protection benefits. In both the Oti and Upper West regions, over 70% of respondents consider the current mechanism for receiving SP benefits as appropriate, compared to less than 60% of respondents who expressed such sentiments in Greater Accra.

Fig. 4. 13**: Given your specific circumstances, do you feel the current mechanism for receiving your benefit is appropriate? [Regional Responses] (Beneficiaries)**
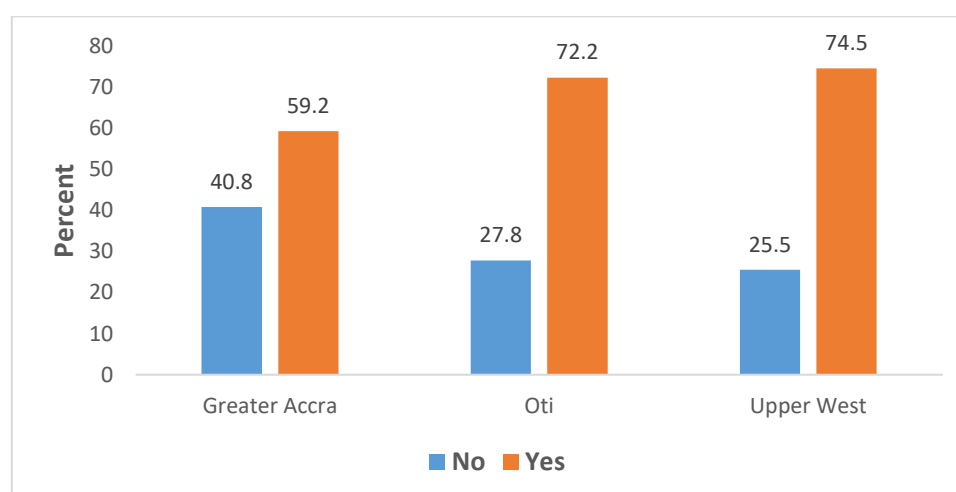


*Source: Compiled from field work survey, 2020*

The fact that a proportion of respondents in the largely urban Greater Accra region compared to the rural Upper West and Oti regions reported being unhappy with the treatment of beneficiaries might suggest that the one-size fits all mode of delivering programmes might not be producing the desired outcomes for poor and vulnerable populations in urban areas. The analyses above are depicted in Fig. 4.14 below:

Fig. 4. 14: **Are you happy with the way social protection beneficiaries are treated in your community? [Regional responses]. (Nonbeneficiaries)**
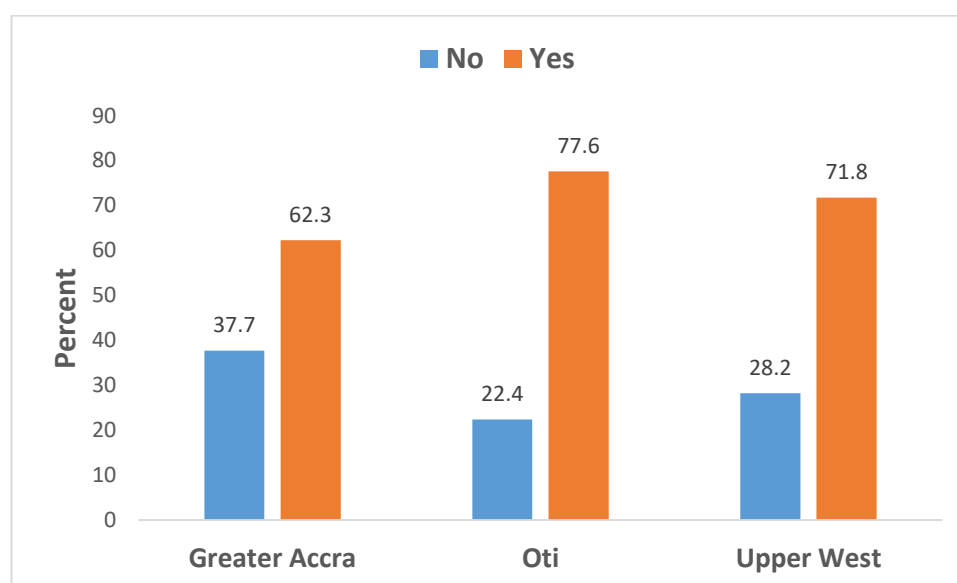


*Source: Compiled from field work survey, 2020*

When the research tried to unpack these responses by zooming into specific aspects of implementation, very visible disparities were observed between beneficiaries and non-beneficiaries. As Table 4.15 shows, beneficiaries' positive assessments of various aspects of implementation were relatively high (ranging from 71.3% to 89.5%) than their non-beneficiary counterparts. However, it may be important to interpret these high ratings with some caution because such responses might have been influenced by the tendency to rate programmes highly presumably in appreciation of government or power brokers who might have been instrumental in getting them enrolled. For non-beneficiaries, those who considered these processes to be "reasonable/acceptable" ranged from 22.5% to 41.8% whilst a significant proportion (between 31% and 65.3%) reported having no knowledge about these processes. It is also notable that far more respondents among the non-beneficiaries (35.7%) see the processes of selecting programme participants as 'discriminatory/unacceptable' than those (29.6 %) who perceive such processes to be 'reasonable/acceptable'. Further analysis of the survey data reveals that contrary to much of the expectation in the social protection literature (see for e.g. Roelen, 2019; Campbell, 2012; Mettler and Stonecash, 2004), majority of beneficiaries (91%), non-beneficiaries (89.2%) and middle class (68.1) respondents disagreed that social protection beneficiaries were stigmatised as a result of their participation in programmes.

Table 4. 16: **Please assess the following in relation to social protection delivery in your community**

| | Beneficiaries | | | Non-beneficiaries | | | |
|---|---|---|---|---|---|---|---|
| | Discriminatory/unacceptable (%) | Reasonable/ acceptable (%) | Total (%) | Discriminatory/unacceptable (%) | Don't Know(%) | Reasonable/acceptable (%) | **Total (%)** |
| Eligibility criteria | 10.5 | 89.5 | 100 | 26.8 | 31.5 | 41.8 | 100 |
| Selection process | 17.8 | 82.2 | 100 | 35.7 | 34.7 | 29.6 | 100 |
| Sensitization | 16.1 | 83.9 | 100 | 27.2 | 35.7 | 37.1 | 100 |
| Mode of delivering of benefits | 15 | 85 | 100 | 19.7 | 40.4 | 39.9 | 100 |
| Gender needs | 15 | 85 | 100 | 13.1 | 53.1 | 33.8 | 100 |
| Complaints procedures | 24.5 | 75.5 | 100 | 14.1 | 62 | 23.9 | 100 |
| Time taken to resolve complaints | 28.7 | 71.3 | 100 | 12.2 | 65.3 | 22.5 | 100 |
| Accessibility to information | 22.4 | 77.6 | 100 | 21.1 | 53.5 | 25.4 | 100 |
| Accessibility to programme officials | 23.1 | 76.9 | 100 | 15.5 | 60.1 | 24.4 | 100 |

*Source: Compiled from field work survey, 2020*

The responses from non-beneficiaries underscore their limited knowledge about the social protection space and might therefore shape the extent to which they feel able to conceptualise and/or assert their rights to programmes. Many participants also noted the mismatch between programme objectives and actual implementation, with notable references being made to political interference in resource distribution. These issues provide potential pointers for measuring whether citizens would apply their rights in order to ensure that the state fulfils its part of the social contract in social protection provisioning.

One way in which citizens can apply their rights is to exercise agency, including expressing *voice* in response to how they are treated (Hirschman, 1974; Beland, 2010). The study attempted to find out whether citizens who felt the state has reneged on its responsibility towards them or considered implementation processes unacceptable applied their citizenship rights for redress. The first step to assessing citizen response to government (in)action or treatments by service delivery officials is to explore the availability and usage of feedback mechanisms. When asked whether they were aware of feedback mechanisms within the SP programmes, only 53.8% of beneficiaries responded in the affirmative, with 46.2% showing no knowledge of where to formally lodge complaints if they had any (see Table 4.16). This finding supports observations by other studies about the absence of a reliable feedback mechanisms in SP delivery in Ghana (CDD, 2016; Abdulai et al 2019; Abdulai, 2020). Regarding the middle class respondents, 68.1% reported that they were aware of feedback mechanisms available to social protection participants. However, 44.8% and 50.4% respectively did not know about the extent to which programme participants patronised these opportunities. Only 16.4% of beneficiaries reported high patronage whereas for 17.8%, patronage was low. The corresponding responses among middle class respondents were 5.7% and 30.5%.

Table 4. 17**: Are you aware of any feedback mechanisms available for social protection participants like you?** (Beneficiaries)

|  | Beneficiaries | |
|---|---|---|
|  | **Frequency** | **Percent** |
| No | 132 | 46.2 |
| Yes | 154 | 53.8 |
| **Total** | **286** | **100** |

*Source: Compiled from fieldwork survey, 2020*

Study participants hardly found themselves capable nor did they consider it necessary to explore avenues for redressing their concerns with implementation or asserting their citizenship entitlements. This tendency cannot be adequately explained by the absence or non-functionality of feedback mechanism alone but is also a product of how citizens view social protection provisioning in practice. For example, when asked about why they are benefiting from programmes, 52% of social assistance (the majority of whom are LEAP) beneficiaries reported that "it is a favour from government" whilst another 18.2% considered themselves "lucky to have been selected by my community". Only 26.6% contended that the benefits were their "right as a Ghanaian." To further highlight their inability or lack of incentive to exercise agency in claiming their rights to social protection, over 90% of LEAP beneficiaries said they would either "appeal to

government" or "look up to God" if any government decides to withdraw their social protection support. These findings reinforce earlier studies which have also highlighted widespread perception among social protection beneficiaries that their benefits are favours or 'aban sika' (i.e. government's money/assistance from government) and not as part of citizenship rights and entitlements (see Oduro, 2015; Abdulai et al., 2019; Sabates-Wheeler et al., 2020). One recent study exploring feedback effects of social protection of state capacity and citizenship building in Ghana also found that LEAP beneficiaries failed to exercise voice in implementation because they felt this would be a sign of ungratefulness to the state and local elites who facilitated their enrolment (Ibrahim, 2020).

Fig. 4. 15: **Why do you think you are benefiting from the social protection program of which you are part?** (Beneficiaries)
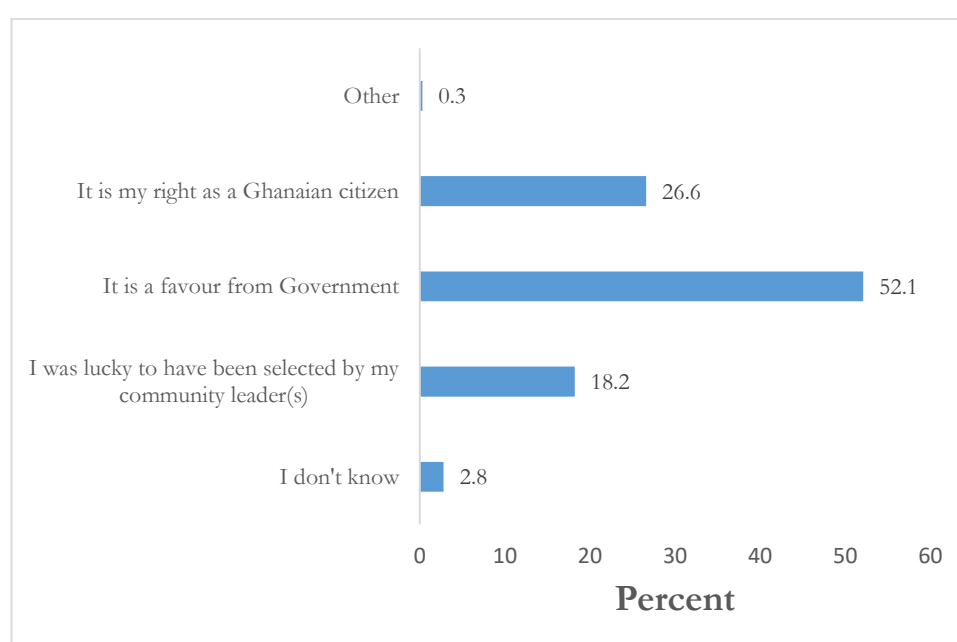


*Source: Compiled from field work survey, 2020*

Fig. 4. 16**: If your social protection support were to be withdrawn by the next Government that wins the 2020 elections, what would you do?** (Beneficiaries)
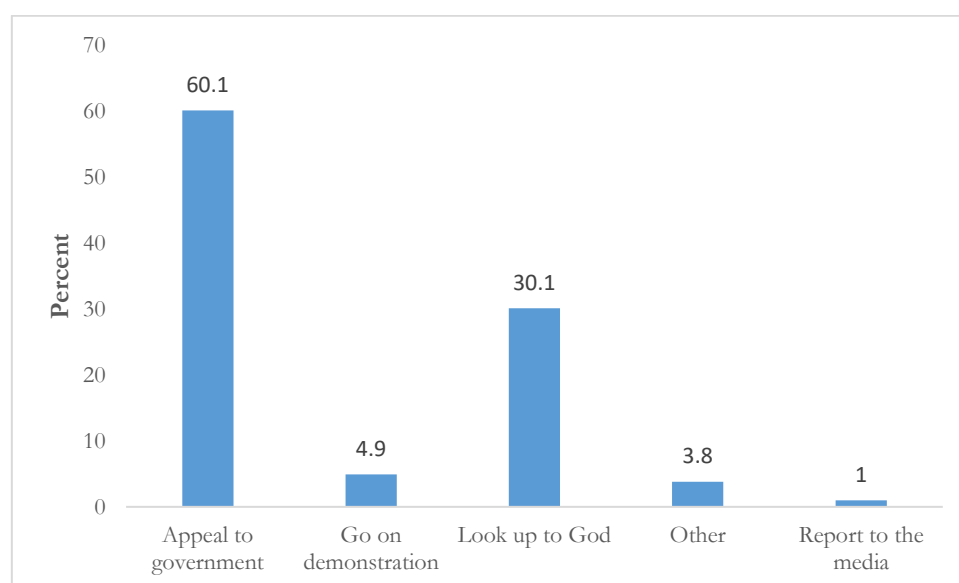


*Source: Compiled from field work survey, 2020*

The analysis did not find significant variations across gender and regions regarding why people were benefiting from programs or what action they would take in response to withdrawal of their benefits.

The responses among non-beneficiaries were similar. Responding to a question about why they had not been enrolled on any social protection programme, 27.7% said "luck eluded" them "during the selection process" whilst 22.5% said that they did not have political connection to power brokers who had control over programmes.

Fig. 4. 17**: Why do you think you are not a beneficiary of any of government's social protection programs?** (Nonbeneficiaries)
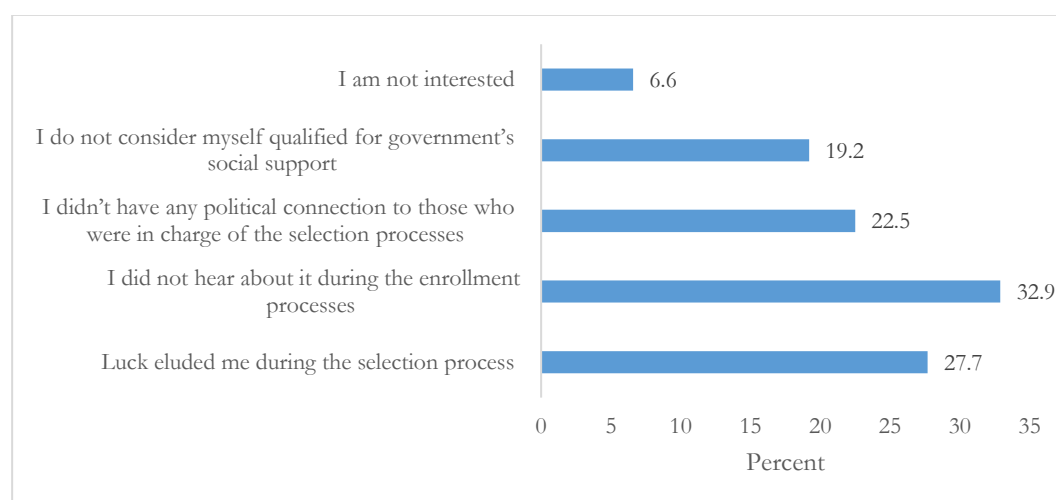


*Source: Compiled from field work survey, 2020*

The study also found that beneficiary/participant inaction is equally common among the middle class and in social insurance programmes. For example, although 89.5% of middle class who were subscribers of the National Health Insurance Scheme (NHIS) said they were not satisfied with the quality of treatments they received under the NHIS (Fig. 4.18), only 33% said they had ever taken any action about the situation (Fig. 4.19). This finding points to a general lack of active citizenship in Ghana, a problem attributed to weak governance structures and the clientelist basis of service provision (Sabates-Wheeler et al. 2020; Ibrahim, 2020).

Fig. 4.18: **Overall, are you satisfied with the quality of implementation of the NHIS?** (Middle class)
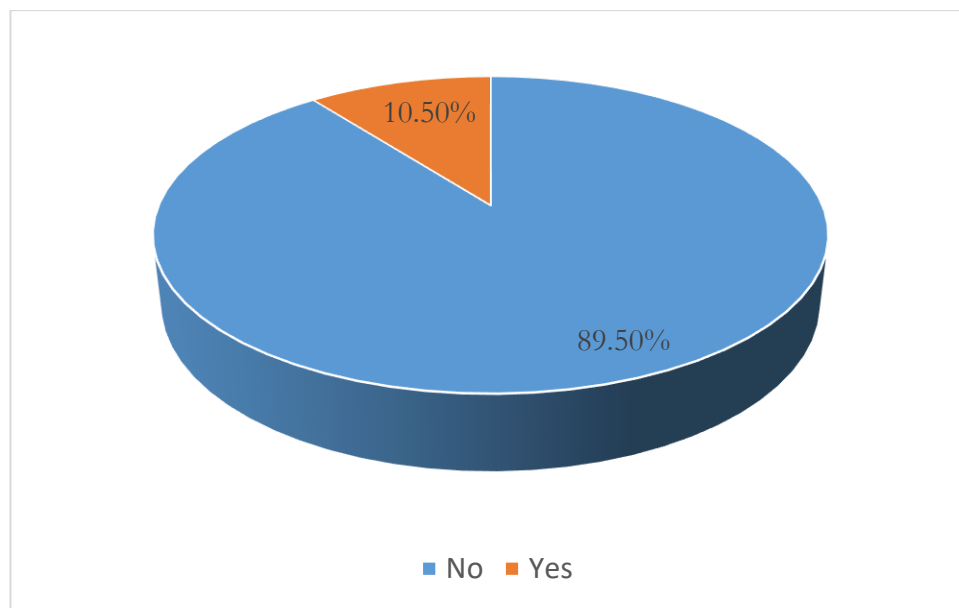


*Source: Compiled from field work survey, 2020*

Fig. 4. 19: **If No have you taken any action about this? (Middle class)**
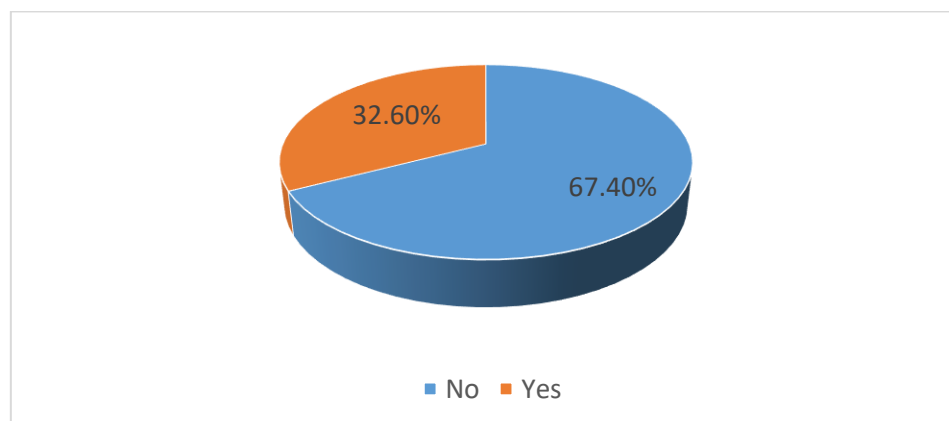


*Source: Compiled from field work survey, 2020*

For those who reported ever taking action in response to poor treatments under the NHIS, the proportion of male respondents was higher, totalling about four times their female counterparts as Fig. 4.20 shows. This finding may be reflective of the patriarchal nature of some Ghanaian

communities where women who are vocal or assertive are likely to be tagged in less favourable terms.

Fig. 4. 20: Have you taken action against poor treatments under NHIS? [Gendered responses] (Middle class)
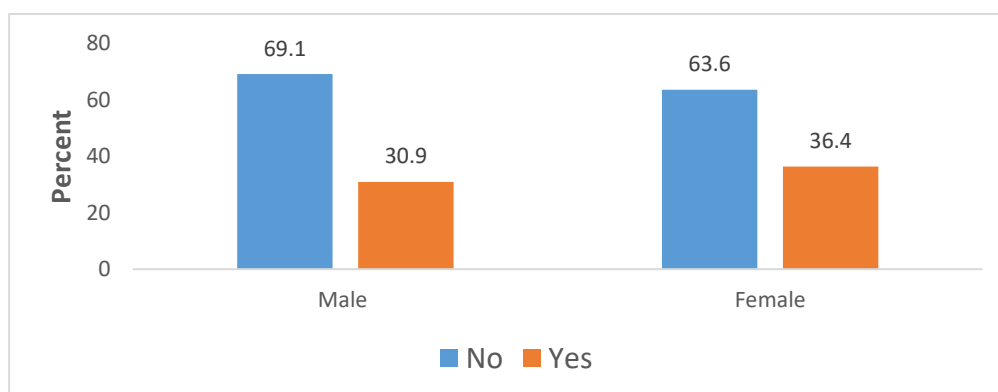


*Source: Compiled from field work survey, 2020*

In effect, Ghanaians are less likely to apply their rights to social protection due to several factors, including the absence of effective feedback mechanisms, and a widespread, albeit mistaken, notion of social protection as a favour to citizens by governments. This perception deflects attention from the state as the responsible provider of citizen welfare, and projects instead, a benevolent actor who can introduce and withdraw social protection support at will. The next section investigates whether and to what extent citizen approach to social protection might also be influenced by cultural norms rather than the absence or otherwise of the legal and regulatory expectations of a democratic state.

**4.4 Do cultural norms and attitudes affect reciprocity in social protection?**
One can hardly fully understand the perception and understanding of Ghanaians towards social protection without exploring whether, and to what extent cultural norms influence their attitudes. This is because as Mamdani (1996) and Ekeh (1975) have suggested, when examining the place of the African modern socio-political contexts, it is important to recognise that behaviour is shaped by both civic and indigenous world views.

Overall, the data suggests that regardless of tribe or ethnicity, there are some widely-shared norms among Ghanaians on the importance of social protection support. The quantitative analysis suggests that respondents across all categories recognise the significance of government's role in providing social protection to citizens. Fig. 4.21 shows that a significant proportion of beneficiaries (67.1%) and non-beneficiaries (64.8%) were convinced that governments have the primary responsibility for ensuring the welfare of individual citizens.

Fig. 4. 21**: Who do you think should bear primary responsibility for individuals' welfare?**
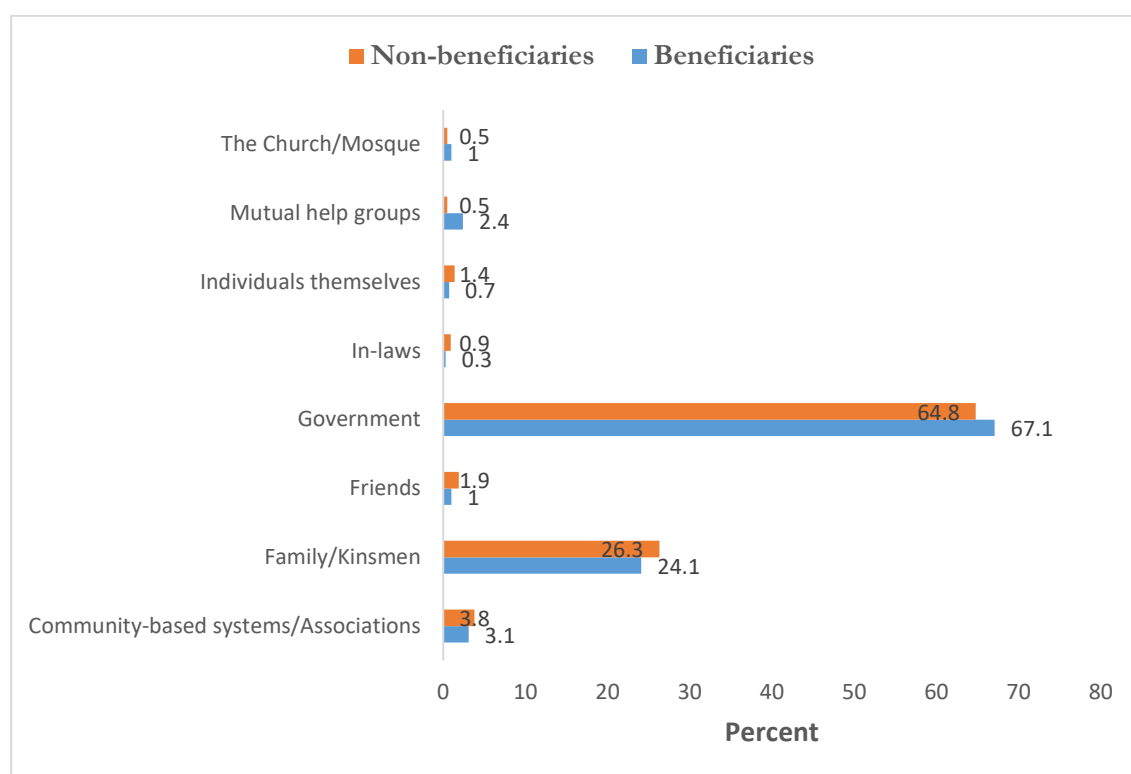


*Source: Compiled from field work survey, 2020*

However, there was a general recognition that community and social relations, including family/kinsmen are important in complementing governments' efforts in the promotion of citizens' welfare. Indeed, an average of only 26.9% of respondents indicated that they mostly looked to government for support during times of need in the past five years, compared to 43.8% who reported turning to family members/kinsmen (Fig. 4.22). In general, the majority of respondents noted that they resort more to social relations for help, including family or kingsmen, in-laws, friends, and the religious groups to which they belong.

Fig. 4. 22**: In the past five years, whom have you normally turned to in times of need?**



**Non-beneficiaries Yes(%)** ■ **Beneficiaries Yes(%)**

| Category | Non-beneficiaries Yes(%) | Beneficiaries Yes(%) |
|---|---|---|
| No one | 18.8 | 15.4 |
| My children | 10.8 | 23.4 |
| Mutual help groups | 12.7 | 15 |
| Friends | 26.3 | 22 |
| In-laws | 1.9 | 3.5 |
| Family/Kinsmen | 44.1 | 43.4 |
| The Church/Mosque | 11.3 | 7.7 |
| Government | 25.8 | 28 |
| Community-based systems/Associations | 10.3 | 12.9 |

Percent
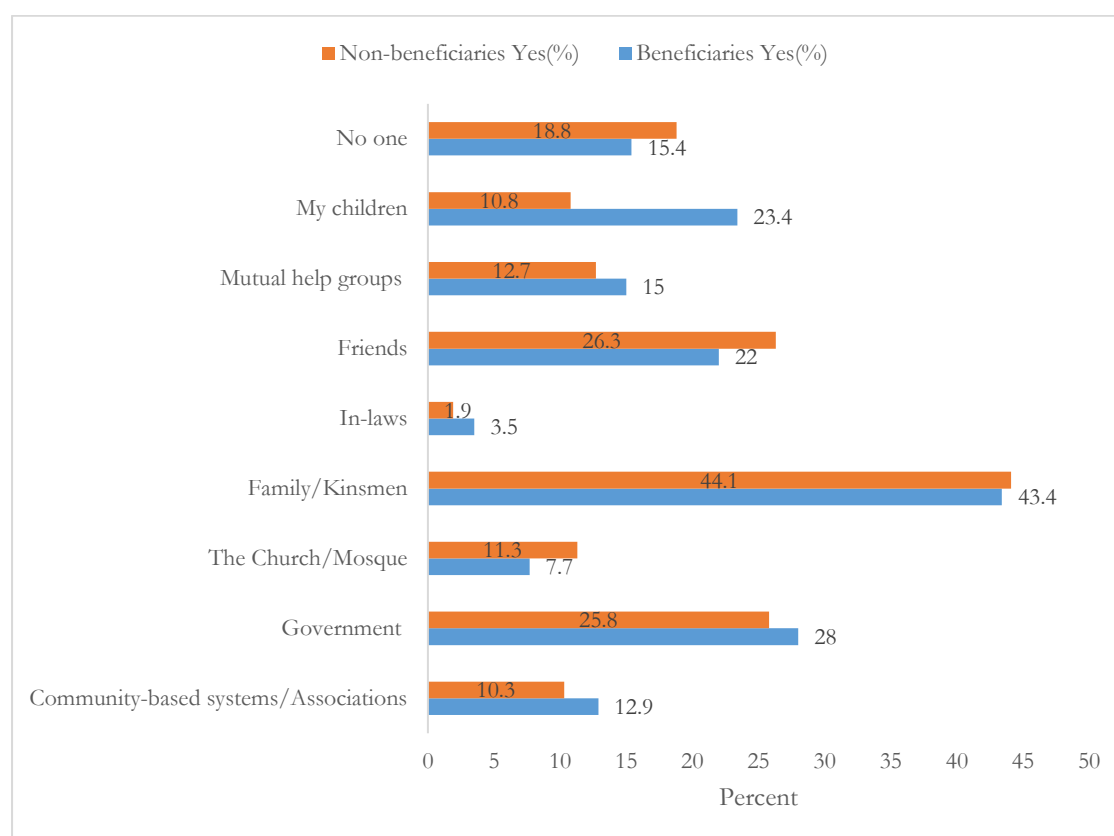
*Source: Compiled from field work survey, 2020*

*4.4.1 Social protection and norms of reciprocity*

The majority (85.1%) of middle-class respondents reported that they feel obliged to provide support to the poor and vulnerable from their own resources (Table 4.17). The research unearthed several socio-cultural norms and attitudes bothering on reciprocity or social capital building (Woolcock, 2001) which might explain the sense of obligation towards, and expectations of support for, the poor and vulnerable members of society

Table 4. 18**: Do you feel the need to support the poor and vulnerable from your own resources?** (Middle class respondents)

|  | Frequency | Percent |
|---|---|---|
| No | 21 | 14.9 |
| Yes | 120 | 85.1 |
| **Total** | **141** | **100** |

*Source: Compiled from field work survey, 2020*

The extended family system is perceived to encourage kinship connections and confers a moral responsibility on the well-off in the family to lend a helping hand to those in need. Instances were provided in which whole communities came together to raise funds to support the education of a child of one community member or the other. Such acts confer an obligation of reciprocity on those supported to also support others in need of help. This sense of reciprocity has been institutionalized in community-level self-help groups such as the *nkabom* and *biakoye* and other welfare groups which work as mutual social protection schemes operating purely based on reciprocity at the community level. Such groups often come to support a member in difficult times; those who do well in honouring this responsibility can often count on the group members to do same to them when they face their own difficult moments.

As the evidence in appendices 4.1 and 4.2 show, reasons for these range from aiding others as a form of insurance for oneself and family, reciprocating assistance received from others in the past, and an escape from social condemnation for being a selfish or greedy member of society. For middle class respondents, the proportion who reported that they "agree" or "strongly agree" to the above reasons are as follows: "social insurance for myself and relatives" (51.8%); "I was helped in the past" (67.4%); "not doing so will incur the displeasure and condemnation of my family and community" (41.1%).

Similar responses were recorded among beneficiaries and non-beneficiaries, and the proportion was even higher among these categories. For instance, 70.3% and 68.1% beneficiaries and non-beneficiaries indicated respectively that they were compelled to assist others in anticipating similar support to them and their family in future whilst 79.8% and 74.6% respectively did so in appreciation of support received in the past. Between beneficiaries and non-beneficiaries, about 57% to 61% were emphatic that those "who fail to assist others in times of need must not expect family/communal support in future."

For others, their offer of assistance is merely in conformity to traditional and customary expectations which require some forms of support to be provided to family/kinship (and or community) members across the life cycle. Common examples cited were assistance rendered to the bereaved, new mothers (and fathers), orphaned and vulnerable children, the elderly and unemployed. Among the middle class, between 55% and 70% were in support of assisting others because they felt traditionally or customarily obliged to do so. The corresponding responses among beneficiaries and non-beneficiaries ranged from 56% to 77%. For many respondents, the sense of communalism undergirding their society invariably ties their wellbeing and dignity to other members. For this reason, they consider it imperative to help those in need as not doing so might lead the latter to seek assistance from outsiders thereby "washing their dirty clothes in public".

A little over half (51.1%) of middle class respondents sampled (strongly) agreed that the responsibility for taking care of the poor and vulnerable "must not be transferred to an external agent (e.g. donors and NGOs)" whilst 31.1% considered it "a disgrace for family members to seek help outside their kingship networks." Similar responses were recorded from beneficiaries and non-beneficiaries among whom 38.8% and 57.2% respectively were in favour of family/kinship or other groups owning the responsibility for the poor and vulnerable rather than an external entity. In terms of their disapproval of family/kinship members seeking assistance from outside, the corresponding figures were 39.1% and 40.4% respectively. At the same time, because of this sense of attachment, some reported that they felt ashamed about the vulnerable or poor conditions of their family or community members as this might be an indication that well-to-do members have reneged on their responsibility to lend a hand. For example, of those who felt ashamed about the condition of others (e.g. family members) 61.9% were beneficiaries whilst 64.8% were non-beneficiaries. The corresponding figure among the middle class was 49%. The following extracts from the qualitative interviews provide support to the analysis of the survey responses:

> I have alluded throughout this interview, that social protection is not alien to us as a people. I think if we look at most of the ethnic groups that we have in Ghana, there are practices of taking care of your neighbor…I give back. People have given me, you see, therefore it is my turn to give back if I can… it is also a way of building social capital. You support today, somebody will also support you tomorrow *(Social protection expert)*.

The findings support popular observations by previous studies that in Ghana and Africa generally, informal social protection is very common and often thrives on cultural expectations of reciprocity, solidarity and social insurance (Apt, 1997; Coe, 2016; Tsai and Dzorgbo, 2012).

Some scholars also contend that religion or belief in supernatural beings is integral to the social structure and world view of Ghanaians (e.g Assimeng, 1981; Abotchie, 2003). Beyond reciprocal and community expectations as well as the need to protect the dignity of one's kinship/family members, some respondents also mentioned religious obligations and the fear of punishment arising out of disobedience to supernatural/religious injunctions as the motivation for providing support to others. Religion is believed by a significant number of people as also laying the grounds for addressing or dealing with poverty and vulnerability. Both the Christian and Islamic religions are believed to offer clear and direct instructions to believers to help relieve the poverty of the

worse off – to give generously including giving alms such as *Zakat* or *sadaqa* among adherents of Islam.

Many respondents still believe that religious groups continue to play such useful roles, although widespread economic hardship continues to gravely undermine the performance of these responsibilities. Among beneficiaries and non-beneficiaries, a total of 69.6% and 67.1% respectively said they either "agree" or strongly "agree" with the statement that they "were obliged to help others because [their] religion makes it an article of faith". For 37% of beneficiaries and 45.1% non-beneficiaries, such forms of support are driven by fears that "there may be adverse spiritual repercussions if I withhold support for others". The proportion of middle-class respondents who cited religious obligations was 70% whereas those who mentioned spiritual repercussions were 32.6%. Evidence from the qualitative interviews also lend credence to the significance of religious beliefs in shaping people's attitude to social protection:

> Ghanaians are very religious people and in all of our major religions: Christianity, Islam, and even traditional religion, you have to take care of your neighbor, do good to your neighbor, ensure the wellbeing of your neighbor so that God will have mercy on you. *Social protection expert)*

> I know some individuals who probably out of faith have established like say orphanages and schools in various communities to help the less privileged (*Social Development Officer).*

> My brother, if you see someone that you want to help and God does not direct you to do it, you cannot offer any help. Should God soothe your heart, you will offer help to the fellow. Faith and the fear of God compels us to give *(Female FGD, Non-beneficiaries – Kuntunse).*

Whilst it is generally recognised that socio-cultural norms are promotive of social protection, there are also indications that some of these practices are inimical to efforts to address the plight of the poor and vulnerable. Among middle class respondents (see Appendix 4.2), when asked whether the poor can only get out of poverty by changing their lifestyle, 50.4% responded in the affirmative while another 24.1% indicated they were neutral. Close to 37% agreed or were neutral as to whether the "poor need spiritual intervention to get out of poverty", with about 40% providing similar response to whether they often "withhold support to the poor because it will make them too dependent." For other participants, poverty and vulnerability cannot be fully understood without reference to some spiritual connotations, including having been cursed for the sins committed by their forefathers or their own misdeeds. On this basis, some people believe that it is a taboo to offer support to some vulnerable populations, including the blind and cripples although only a handful of respondents shared these kinds of sentiments.

The findings also point to a widespread recognition that communal or extended family social protection systems are on the decline (see Table 4.18 and Fig. 4.25). Individualism has come to replace communalism as the extended family system has effectively given way to nuclear family and as urbanization has driven a significant part of people away from home, thereby causing them to lose the "we-feeling" characteristic of traditional rural life. But urbanization and nuclearization of family are not the only factors to blame. Most respondents also acknowledge that widespread

economic hardship has made it difficult for people to be good neighbours and to help each other. The idea is that because everybody has effectively shifted to a survival mode, nobody has interest in supporting their neighbour, except in extraordinary circumstances.

Qualitative interview participants also supported these observations with many pointing to the increasing dominance of government and NGOs within the social protection space. At the same time, participants found this development concerning, given the significant role of family and communal support in complementing the state which often narrowly targets social protection beneficiaries on grounds of limited resources:

> Now people are more interested in having their individual homes, nuclear families and taking care of themselves and so on and so forth. With urbanization, a lot of these relationships are going down *(Social protection expert).*

> The kind of compassion that people had in the past is different from what we are experiencing now. In the olden days, whenever I was in need I would go to my family head to seek for assistance; I will not finish with my plea yet he will quickly go into his room and bring the money to me. *(Female Non-beneficiary, FGD – Kuntunse).*

Notwithstanding, some participants believe that communal support systems are being re-invented:

> But I think other forms of support are emerging…Look at how when a hairdresser is getting married, you will see her hairdresser friends come and do a lot of wonderful things over there. Say a tomatoes person's father has died they go and, in their buses, to go and help. So, these social groups and associations, also have a way of protecting one another in times of difficulty *(Social protection expert).*

Table 4. 19**: Please state your views about the following statements, indicating the extent to which you agree or disagree with them.**

| | Beneficiaries (%) | | | | | | Non-beneficiaries (%) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Strongly Agree | Agree | Neutral | Disagree | Strongly disagree | Total | Strongly Agree | Agree | Neutral | Disagree | Strongly disagree | Total |
| The community spirit of taking care of the poor is now left in the hands of governments and NGOs. | 30.8 | 31.1 | 11.5 | 13.3 | 13.3 | 100 | 31.9 | 29.1 | 9.4 | 13.1 | 16.4 | 100 |
| The degree of social support from extended family members and other community-based support systems has declined considerably within the last 10 years or so | 29.4 | 35 | 17.1 | 11.5 | 7 | 100 | 32.9 | 30 | 12.2 | 12.7 | 12.2 | 100 |
| Family members should be responsible for the wellbeing of the poor | 36 | 37.1 | 12.9 | 9.8 | 4.2 | 100 | 37.6 | 38.5 | 11.7 | 7.5 | 4.7 | 100 |
| The whole community should be responsible for the wellbeing of the poor | 28.3 | 42 | 13.6 | 11.9 | 4.2 | 100 | 34.3 | 35.7 | 11.7 | 12.2 | 6.1 | 100 |
| The poorest are often provided with a range of benefits out of sympathy by community members | 22 | 34.6 | 19.2 | 17.5 | 6.6 | 100 | 26.8 | 34.7 | 21.1 | 11.7 | 5.6 | 100 |
| Many orphans and children of poor parents are cared for by their grandparents, aunts and other relatives | 44.8 | 32.9 | 7 | 12.9 | 2.4 | 100 | 40.8 | 36.6 | 9.4 | 8.5 | 4.7 | 100 |
| The support I used to receive from extended family members has diminished because of the social assistance I now receive from Government | 17.5 | 28.3 | 18.5 | 19.2 | 16.4 | 100 | 9.4 | 19.7 | 45.1 | 13.6 | 12.2 | 100 |

*Source: Compiled from field work survey, 2020*

Fig. 4. 6: **Please state your views about the following statements, indicating the extent to which you agree or disagree with them [Middle class respondents]**
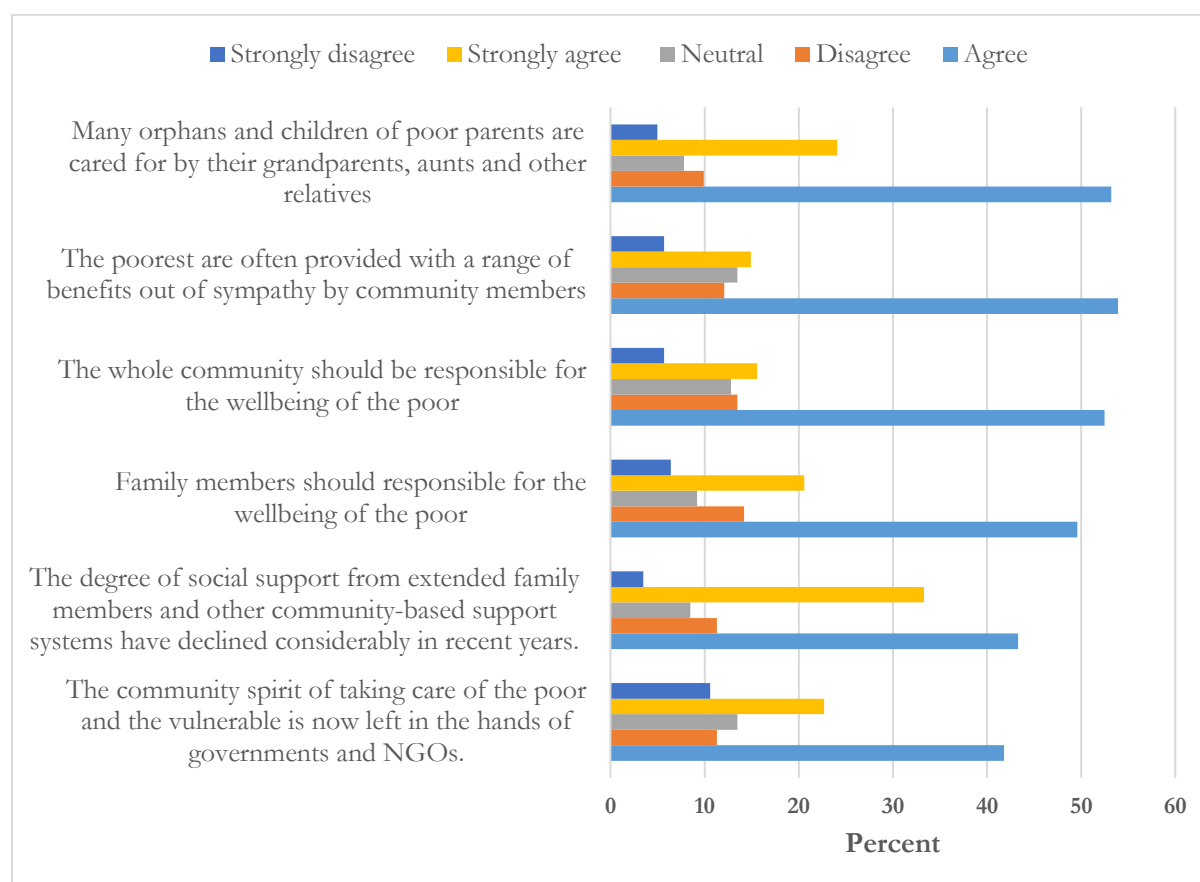


*Source: Compiled from field work survey, 2020*

From the foregoing, cultural norms, and expectations, including reciprocity and religious injunctions, are critical to understanding the perceptions of Ghanaians towards social protection. These norms may manifest in both positive and negative ways, although in general, they appear more promotive of addressing the plight of the poor and vulnerable in society.

## 5.0 Summary and Conclusions

This study set out to explore the attitude and perceptions of both elite and non-elite Ghanaians regarding poverty and vulnerability and how these shape their understanding of, and participation in, social protection programming and implementation. In this section, we highlight the main findings of the study.

*Knowledge and perceptions about poverty and vulnerability*
The study finds that Ghanaians across various sub-groups generally perceive poverty in material terms, often citing inadequate access to food, clothing, and shelter as the principal manifestations of poverty.[5] Poverty is believed to manifest in the appearance of those who suffer from it, ranging

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[5] Only a few respondents highlighted the non-material dimensions of poverty, as with the lack of knowledge, skills and access to socio-political relations necessary for acquiring and guaranteeing the sustenance of their needs.

from the way they dress, where they live, what they eat, how they talk, and even how they relate to others.

While recognising the roles of both exogenous and endogenous factors in creating and perpetuating the conditions that underpin poverty and vulnerability[6], most respondents perceive the external environment as the more likely cause of poverty and vulnerability in Ghana. Across the different sub-groups, external factors such as corruption, poor economic management, low political commitment, lack of insurance, discrimination/unequal access to education and other social services, unemployment and poor harvests were rated well ahead of endogenous ones such as large family sizes and laziness among the poor as the likely drivers of poverty and vulnerability in Ghana. The nature of people's understanding and attributions of poverty shapes their perspectives about who must address the plight of the poor, who benefits among the poor, and what policies get prioritised over others. Not surprisingly, the dominant view among Ghanaians is that the state has the primary responsibility to address poverty and vulnerability although other relevant actors, including the family and traditional authorities have critical complementary roles to play in addressing the plight of poor and vulnerable populations.

The study identified a few cases, particularly among elite respondents where some attempts were made to distinguish the two concepts through the use of proxies, as with cases where people living in good houses could be displaced as a result of rainstorm. In farming communities in the Oti and Upper West regions, examples of vulnerability relate to poor harvests, lack of market for farm products or unreliable rainfall patterns which adversely affect the livelihood strategies of households who rely on mainly farming both for feeding and income generation purposes. In the more urbanized greater Accra region, the fall outs from the COVID-19 presented a clear example of a situation where even middle class residents who would otherwise not fall into the poverty bracket had lost their jobs or other means of livelihood with many becoming increasingly vulnerable as a result of the uncertainty ahead of them. Viewed from these perspectives, it could be argued that whilst the vulnerable may not always be poor per se, in some cases there is a thin line between poverty and vulnerability. At the same time, this highlights the fact that vulnerability may not be a feature of only the poor, and that various events or circumstances across the life cycle could make every citizen vulnerable, an important observation that must inform official decisions around social protection.

In general, however, Ghanaians have very limited understanding about the difference between poverty and vulnerability. In an earlier study, the Participatory Development Associates (PDA) highlighted the difficulty of distinguishing poverty from vulnerability among Ghanaians, concluding that 'vulnerability remains a challenging concept – even for well-educated Ghanaians – to grasp' (PDA, 2011:105). A decade down the line, the findings of this research revealed that not much (if any) has changed in that both elites and non-elite respondents found it difficult to differentiate vulnerability from poverty. For most Ghanaians, the 'vulnerable' are essentially synonymous with the 'poor', in that not only do all poor people tend to be vulnerable, but also all vulnerable persons are likely to fall into poverty. While this challenge is partly attributable to the conceptual proximity between poverty and vulnerability, it is also reflective of limited efforts in

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[6] Exogenous factors include natural disasters such as fire outbreaks, floods, climate change, congenital physical disability, and intergenerational transfer. Endogenous factors typically refer to unwillingness or inability to tap into existing opportunities to change one's fortunes, laziness, and careless lifestyle.

deepening understanding of the general public about poverty and vulnerability, the varied drivers of these phenomena, and of the role of social protection in tackling them.

With poverty and vulnerability understood by most respondents to be essentially the same phenomena, it is not surprising that the category of people who are generally perceived to be more susceptible to poverty are also the same groups likely to be vulnerable in Ghanaian society. The top three groups of people who are generally perceived to demonstrate signs of poverty and vulnerability in Ghana are severely disabled persons, homeless and orphaned children, and the elderly. This finding resonates with evidence in Ghana's national social protection policy, which identifies the severely disabled; orphans, older persons, and people living on the street among the category of persons who are likely to be vulnerable in Ghana (Government of Ghana, 2015). Similarly, based on an analysis of data from the Ghana Living Standards Surveys (GLSS 6, 2013/12), the World Bank (2016) identified poor persons and families living with disabilities and the elderly poor among most vulnerable populations in Ghana.

Despite the general recognition that demographic groups such as the severely disabled and elderly persons are more likely to poor and vulnerable, limited opportunities exist to support a significant proportion of those populations (see Kpessa-Whyte, 2018; Kpessa-Whyte and Tsekpo, 2020. Although the national social protection policy envisages 'mainstreaming …disability issues in social protection', there have been limited efforts in tackling the unique challenges faced by Persons Living with severe Disability. Evidence of the relative neglect of the severely disabled can be found in the 2020 election manifesto of the current governing party, the New Patriotic Party (NPP). The manifesto contains no measures directly aimed at addressing the plight of the elderly poor[7], nor is any mention made of the severely disabled in society. While a pledge is made to allocate GH¢4 million to help disabled persons expand their businesses (NPP, 2020), it needs to be emphasised that the severely disabled can hardly be expected to be potentially productive, and therefore may need different kinds of interventions to help reduce poverty and vulnerability among them. This implies that the idea of prioritizing issues of employment and support for the disabled to expand their businesses may carry the danger of further excluding the severely disabled or the category of disabled persons who may not have any productive capacity.

*Knowledge and perceptions about social protection*
Although Ghanaians have some understanding of social protection, this was largely limited to their participation in specific programmes. In particular, there is limited appreciation of the lifecycle significance of social protection among Ghanaians, a point also recognised by the National Social Protection Policy (Government of Ghana, 2015). Many key informants appeared to view social protection from the perspective that it is only necessary in addressing poverty and vulnerability associated with specific categories of people including the severely disabled, orphaned and vulnerable children, and the elderly as discussed earlier. This thinking informs a general perception that not every citizen is entitled to social protection.

It is striking to note that even for seemingly popular programmes like the LEAP, little is known among the general public about eligibility criteria, enrollment procedures, and the manner in which programmes are funded. Although the LEAP programme is Ghana's flagship cash transfer

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[7] The closest is the pledge to continue implementation of the NHIS which exempts certain category of the elderly from premium payments (see NPP, 2020, pp. 156 and 188).

programme, less than half of the middle class respondents for this study reported having knowledge about its enrollment procedures. Similarly, at the community level, most people lack knowledge of the detailed selection criteria. Here, the eligibility criteria were often confused with disability or old age, with the understanding that anyone who was either aged or disabled automatically qualified to be enrolled on the programme irrespective of their socio-economic circumstances. With no understanding of the detailed selection criteria, community members who felt qualified for the LEAP but are presently excluded from it simply attributed their non-inclusion either to 'bad luck' during the selection processes or their weak connection to political power brokers who had control over the distribution of programme benefits. This general lack of understanding around the eligibility criteria and the processes for enrolling on programmes also perpetuates perceptions about the patron-client orientation of programmes. This is because although the many respondents believe that the state is responsible for their welfare, this understanding does not translate into how they perceive social protection interventions as many, including beneficiaries, seemed to believe that decisions around the introduction and sustenance of programmes as well as who benefits from them are the sole discretion of government.

Of particular concern is the fact that most social protection participants perceive their benefits as a gift for which they ought to be grateful to government, rather than as part of their citizenship rights and entitlements for which they can hold government responsible. Less than a third of social protection beneficiaries understood their benefit packages from a rights-based perspective. In contrast, a cumulative 70.2% of respondents attributed their participation in programmes either to government favoritism (52%) or simply a matter of luck (18.2%). For these reasons, it appears that Ghanaians hardly understand and apply their rights to social protection, as many even remain passive or reluctantly receptive to less satisfactory treatments by the state or service providers in service provisioning.

There appears to be a fair amount of confusion or ambivalence surrounding the concept of rights as it applies to SP provisioning in Ghana. Among the middle class and elites, there is an extreme dose of realism brought to the discussions about rights, informed by factual recognition of resource limitations of the state. Many respondents are in favour of universalism and recognise that rights confer ideas of obligation on the state; yet they concede that such obligations are impossible to fulfil in the context of severe resource constraints. The challenge therefore, remains as to what can be done to be as universal as possible in the face of limited resources. In the particular case of LEAP, for every beneficiary selected, there are at least three equally qualified people who are not selected. Against that background, most beneficiaries see their selection as the act of God or as favour by programme implementers, and are consequently unable to conceive of their selection from the perspective of citizenships rights and entitlements. However, the widespread perception of social protection benefits as a product of government favours or benevolence could also be traced to the creeping but powerful influence of political patronage in which programmes are delivered as reward for political support by communities. While the various SP programmes have formal targeting criteria, political elites are often able to circumvent the formal rules, enabling them to select beneficiaries in ways that help them to secure electoral support (see Abdulai, 2020).Assessments of the effectiveness of social protection in Ghana was mixed. The survey findings suggest that Ghanaians generally believe that existing social protection programmes have played an important role in reducing poverty, inequalities and vulnerabilities. The programmes with the most favourable ratings (above 75% approval ratings) were the NHIS, SSNIT pensions, free maternal care, free SHS and the school feeding programme.

The LIPW received the poorest approval rating (41.1%) in part because of its short-lived nature and relatively limited coverage; some 34% of respondents indicating that they had no knowledge of it. This said, two important caveats are worth highlighting.

First, the study found variations between the Greater Accra region (84.7%) on one hand and the Oti (65.6%) and Upper West (71.4%) regions on the other in terms of citizens' satisfaction with the extent of state investment in addressing poverty and vulnerability. This might be explained by the one-size fits all approach to social protection implementation in Ghana, whereby programmes are usually first designed to target the rural poor and then subsequently extended to urban areas (e.g. LEAP, NHIS) without any adjustments to reflect the apparent differences between rural and urban settlements. For instance, both the LEAP and NHIS use the same targeting approach in both rural and urban areas. As Cuestal et al (2020) have noted, social assistance programmes are typically designed with rural poverty and vulnerabilities in mind, without careful thought about what the specific challenges of urban contexts imply for their design, adaptation or extension. For example, although the LEAP started to incorporate urban areas in 2014, the progamme does not have a defined approach towards working in urban areas and in providing benefits for the urban poor, leading to under-coverage of the urban poor and inadequate programme implementation (Pop 2015).

Second, evidence from our in-depth qualitative interviews and focus group discussions paint a much less encouraging picture about the impact/effectiveness of programmes. On the ground, the quality of programme implementation is undermined by several persistent constraints including low financing, low coverage of the poor and vulnerable, limited value of existing programmes, as well as political interference in the selection of beneficiary communities and individuals within communities. These challenges have significantly undermined the attainment of programme objectives, with an overwhelming majority of middle class respondents (89.9%) who were subscribers of the National Health Insurance Scheme (NHIS) expressing dissatisfaction with the quality of service received under the policy.

Surprisingly, and despite this overwhelming dissatisfaction, only about a third of these respondents were willing or had actually taken any steps to seek redress. To a large extent, this problem is the results of lack of effective grievance and complaints systems for most social protection programmes. In fact, there are either no meaningful processes for appealing against exclusions from most progammes, or even where they exist, as with the LEAP grievance and redress mechanism introduced in 2014 or clients desks in some NHIS offices, citizens are not sufficiently sensitized to use such mechanisms to hold duty bearers accountable. The MoGCSP is making efforts to address this issue. With support from the World Bank, the Ministry established a new hotline in 2017 – the Helpline of Hope Call Centre – aimed at providing a platform for vulnerable populations and other citizens to report cases of abuse they face. However, the relevance/effectiveness of this approach is questionable in a context like Ghana where citizens have not been sufficiently sensitized to understand SP delivery as a right. The combined effect has been that 'spaces for claiming entitlements have been minimal and limited' (Oduro, 2015: 34), while the state's accountability to programmes' beneficiaries remains 'weak' (see CDD-Ghana, 2016; Abdulai 2020). As others (e.g. Ibrahim, 2020) have cautioned, even in contexts where feedback opportunities are created, it is possible for social protection beneficiaries to remain stuck

in a "Faustian bargain" in ways that make asserting their rights a less attractive option.[8] What is also critical is for programme participants to be sufficiently sensitized to understand service delivery from a rights-based perspective. In the Ghanaian context, there is also some evidence that the resolution of cases usually encounters substantial delays. As people begin to believe that they may be unsuccessful in seeking redress, there is less and less incentive to "waste time" in launching official complaints about poor implementation. All these suggest the need to pay greater attention to strengthening the quality of actual service delivery under various SP programmes.

*Socio-cultural norms and social protection*
The study's findings also point to the significant role played by social norms in shaping Ghanaians' attitudes to social protection. Study participants cited deep-rooted cultural practices that see the individual as part of the collective, placing obligations on members to contribute to the welfare of others especially in times of need. Such cultural expectations are informed by a tacit agreement that society must thrive on reciprocity, meaning that those who withhold support should not entertain hopes of being assisted by others in times of need. Within cultural expectations of conduct, religion was noted to play an integral role. This is not surprising because an overwhelming majority of Ghanaians (about 94%) adhere to one religious denomination or the other, with Christians and Moslems together constituting about 89% of the population (Ghana Statistical Service, 2011). These religions place injunctions on their adherents to support the needy and vulnerable, and thereby providing opportunities for various forms of informal social protection mechanisms.

This said, two important caveats are also worth highlighting. First, despite the widely-shared norms among Ghanaians about the importance of societal solidarity in providing support for poor and vulnerable people, the findings also point to a decline of informal social protection mechanisms in Ghana. This has resulted from a combination of factors, including rapid urbanization, growing economic hardships, and the resultant nuclearization of the family system in which people have become less disposed to the idea of supporting others beyond their immediate dependants. The result has been the increasing dominance of government and NGOs within the social protection space. Second there remain some socio-cultural beliefs that are detrimental to addressing the plight of poor and vulnerable people. A sizeable number of Ghanaians believe that some people find themselves in situations of poverty not only because of the structural conditions within which they find themselves, but also because of some adverse spiritual forces. In this respect, poverty is seen as a curse (driven in part by sins committed by the poor themselves or by their forefathers), while spiritual intervention is seen as an escape route out of poverty. While such views are apparently held by a very limited number of Ghanaians, they nevertheless remain detrimental to the fight against poverty since those with such beliefs may also consider it a taboo to offer support to certain vulnerable populations (e.g. the blind and cripples) from their own resources.

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[8] As used here, the notion of a Faustian bargain refers to a situation where programme participants eschew asserting their rights, choosing instead to conform or remain loyal to programme implementers in order not to jeopardise their continuous inclusion among the list of beneficiaries.

## 6.0 Recommendations

As Ghana continues to devise strategies to tackle the needs of citizens and meet regional and global development aspirations like Sustainable Development Goals, social protection must be seen as having an integral role to play. This study and previous research have pointed to the significance of public and elite understanding in grounding social protection as a route to cementing the social contract between the state and citizens. Based on the findings from the study, this section presents a set of recommendations for the future consolidation of social protection as a means to addressing problems of poverty, vulnerability and inequality in Ghana.

1. Advocacy efforts must sensitize both the public and policy elites on both the individual and external causes of poverty and vulnerability. This is important in de-emphasising the misconception that people are solely responsible for their poverty and vulnerability. At the centre of advocacy efforts must be a conscious attempt to highlight the distinction between poverty and vulnerability. One way of doing this is to use proxies that reflect contexts (e.g. urban and rural localities or farming communities and formal sectors) and are therefore meaningful to various categories of people within their own contexts. That way, advocacy efforts would be successful in projecting the potential risks faced by all Ghanaians across the life cycle in ways that could attract more broad-based interests around social protection. Beyond educating the public on causes of poverty and vulnerability as well as the lines of distinction between the two concepts, policy elites at both the central and local levels must translate this understanding into their development planning processes. In particular, medium term development plans and (composite) budgets of ministries, departments and agencies as well as metropolitan, municipal and district assemblies must be attuned to the needs of those identified as poor and vulnerable whilst provisions are also made in anticipation of risks that might lead some segments of the population into vulnerability.

2. There is an urgent need for citizen sensitization on the role of social protection in addressing poverty and vulnerability across the life cycle. This effort must highlight the role of the state in providing the welfare needs of citizens as enshrined in the Constitution and other legal and policy documents. Sensitization activities must also be geared towards addressing citizens' perception about the "culture of poverty" idea often associated with social protection programmes.

3. Rights-based aspirations must be integral to the design and implementation of social protection. This will entail a system that guarantees the sustenance of and transparency in programme delivery as well as the institutionalisation of functional feedback mechanisms that provide opportunities for citizens to register their concerns and, also make claims of the state without fear of reprisals. The first step in this effort is to advocate for the passage of a social protection law and making sensitization efforts about citizenship entitlements integral to the delivery process. To aid sensitization efforts and access to information around social protection generally, it will be helpful for District Assemblies and other public organisations to appoint and train social protection desk officers.

4. A public debate should be held about targeting, making it clear who benefits and why and how this fit into the rights framework of Ghanaians. The fact that Ghanaians favour

universality within resource limitations means that we should be looking at the most efficient way to have a sustainable programme that has as much coverage as possible. This may include the specific focus on categories of persons that were highlighted as being particularly poor and vulnerable but may not currently have adequate protection from SP. Whilst there is official recognition that gender and disability must be mainstreamed in social protection and development planning more broadly, the state is yet to make any substantial efforts and progress on this front. For example, although a Disability Fund is currently in place, this intervention could benefit from a higher coverage, injection of resources and a proper targeting mechanism to ensure that it achieves its objectives.

5. Related to the above, advocacy campaigns must push for specific programmes and expansion of existing ones targeted at those regarded as more likely to be poor and vulnerable. These include the severely disabled, homeless people, OVCs, the elderly and unemployed. Recent fallouts from the COVID-19 pandemic have emphasised the urgency of this call.

6. For existing SP programmes, greater attention needs to be paid to qualitative improvements, including creating and strengthening social accountability mechanisms. The high degree of dissatisfaction with services rendered under the NHIS means that for the policy to achieve the desired effect of reducing financial barriers to health care and achieving universal coverage, stakeholders must ensure qualitative improvement in its implementation. Advocacy efforts in this regard must emphasise the need for government to inject the requisite resources and in a timely manner, including increasing budgetary allocations, regular payment of or supplies to beneficiaries, prompt payment of claims to service providers and redress of beneficiary concerns.

7. Advocacy efforts must entreat the state to avoid a one-size-fits all approach in social protection design and implementation in urban and rural areas. Whilst attention must be paid to expanding accessibility in the urban areas, which are often less prioritised, it is equally important to ensure that decisions on benefit packages and other aspects of programme design (e.g. targeting mechanisms) take cognisance of the unique features of urban and rural vulnerabilities, including the relatively high cost of living in urban settlements. Recent lessons from the COVID 19 pandemic suggest that it may also be useful to complement social protection services like cash and food transfers with access to social services like water and sanitation, health and education.

8. Non-state actors within the social protection space (notably, donors and CSOs), must intensify their advocacy efforts for the pursuit of social protection as a citizenship requirement through the application of both soft and hard pressures on the government. This approach has been previously reported as effective, a case in point being the improvements in government's commitment to the timely release of LEAP grants following collaborative advocacy efforts by donors (Abdulai, 2020).

# References

Abdulai, A-G (2021), 'Competitive elections, donors and the politics of social protection uptake in Ghana'. *Critical Social Policy 41(2)*: 270–293.

Abdulai, A. G., Abubakari, A. B., & Martey, J. (2019). Is social protection in Ghana a right? *Development in Practice*, 29(8), 1064-1074.

Aboderin, I. (2004), 'Decline in Material Family Support for Older People in Urban Ghana, Africa: Understanding Processes and Causes of Change'. *Journal of Gerontology* 59B(3): S128-S137.

Abotchie, C. (1997). *Social control in traditional Southern Eweland of Ghana: Relevance for modern crime prevention*. Accra, Ghana: Ghana Universities Press.

Adato, M., Morales Barahona, O., & Roopnaraine, T. (2016). Programming for citizenship: The conditional cash transfer programme in El Salvador. *The Journal of Development Studies*, *52*(8), 1177-1191.

Agbenyo, F., Galaa, S. Z., & Abiiro, G. A. (2017). Challenges of the targeting approach to social protection: An assessment of the Ghana Livelihood Empowerment against Poverty Programme in the Wa Municipality of Ghana. *Ghana Journal of Development Studies*, *14*(1), 19-38.

Alston, P. (2018). Report of the Special Rapporteur on extreme poverty and human rights on his mission to Ghana (Philip A/HRC/38/33/Add.2

Apt, N. A. (1997). Ageing In Africa. G. World Health Organization. Accra, Ghana, Centre for Social Policy Studies.

Armah-Attoh, D. (2014). Perceived corruption escalates, trust in institutions drops: A call for ordinary Ghanaians to get involved in the fight. Afrobarometer Dispatch No. 6.

Assimeng, J. M. (1999). *Social structure of Ghana: A study in persistence and change*. Ghana Publishing Corporation.

Barrientos, A. (2013). Social protection for poverty reduction. In Bender, K., Kaltenborn, M., & Pfleiderer, C. (Eds.): 24-33. *Social protection in developing countries: Reforming systems*. Routledge.

Boon, E. K. (2007). Knowledge Systems and Social Security in Africa: A case study of Ghana. Indigenous Knowledge Systems and Sustainable Development: Relevance for Africa. Tribes and Tribals, 1, 63-76

Bullock, H. E., Williams, W. R., & Limbert, W. M. (2003). Predicting support for welfare policies: The impact of attributions and beliefs about inequality. *Journal of Poverty*, *7*(3), 35-56.

Campbell, A. L. (2012). Policy makes mass politics. *Annual Review of Political Science*, *15*, 333-351.

CDD Ghana (2016). Vulnerability and social protection in Ghana: The Case of Livelihood Empowerment against Poverty. Ghana Centre for Democratic Development (CDD-Ghana), Accra.

Coe, C. (2016). "Not a Nurse, Not Househelp: The New Occupation of Elder Carer in Urban Ghana", *Ghana Studies* No.19, Vol. 1, 46-72. http://dx.doi. org/10.1353/ghs.2016.0003.

Cozzarelli et al., 20 Nukunya, G. K. (2003). *Tradition and change in Ghana: An introduction to sociology*. Ghana Universities Press.

Cuesta, J., Devereux, S., Abdulai, A-G., Gupte, J., Ragno, L.P., Roelen, K., Sabates-Wheeler, R., and Spadafora, T. (2020), 'Urban social assistance: Evidence, challenges and the way forward, with application to Ghana'. Development Policy Review, DOI: 10.1111/dpr.12513

Pop, L. (2015). Options for improving targeting in Ghana. In C. del Ninno & B. Mills (Eds.), Safety nets in Africa: Effective mechanisms to reach the poor and most vulnerable (pp. 67–106). World Bank

Daidone, S., Davis, B., Handa, S., & Winters, P. (2019). The Household and Individual-Level Productive Impacts of Cash Transfer Programs in Sub-Saharan Africa. *American Journal of Agricultural Economics*, *101*(5), 1401-1431.

Delavega, E., Kindle, P. A., Peterson, S., & Schwartz, C. (2017). The blame index: Exploring the change in social work students' perceptions of poverty. *Journal of Social Work Education*, *53*(4), 664-675.

Ekeh, P. P. (1975). Colonialism and the two publics in Africa: A theoretical statement. *Comparative studies in society and history*, *17*(1), 91-112.

Ghana Statistical Service (2011). Population and Housing Census National Analytical Report. Accra.

Ghana Statistical Services (2018), *Ghana Living Standards Survey Round 7, Poverty Trends in Ghana, 2005-2017*. Accra: Ghana Statistical Service

Government of Ghana (2015) 'National Social Protection Policy'. November 2015. Accra: Ministry of Gender, Children and Social Protection.

Handa, S., M.J. Park, R.O. Darko, I. Osei-Akoto, B. Davis & S. Daidone (2013). Livelihood Empowerment against Poverty Impact Evaluation, Carolina Population Center, University of North Carolina. www.cpc.unc.edu/projects/transfer/ghana.

Haushofer, J., & Shapiro, J. (2016). The short-term impact of unconditional cash transfers to the poor: experimental evidence from Kenya. *The Quarterly Journal of Economics*, *131*(4), 1973-2042.

Hickey, S. (2011). The politics of social protection: what do we get from a 'social contract' approach?. *Canadian Journal of Development Studies/Revue canadienne d'études du développement*, *32*(4), 426-438.

Hickey, S., Lavers, T., Niño-Zarazúa, M., & Seekings, J. (Eds.). (2019). *The Politics of Social Protection in Eastern and Southern Africa*. Oxford University Press.

Hunter, W., & Sugiyama, N. B. (2014). Transforming Subjects into Citizens: Insights from Brazil's Bolsa Família. *Perspectives on Politics*, 12, 829–84

Ibrahim, M. (2020). Social protection, state capacity and citizenship building in Ghana: Do quasi-universal insurance and targeted social assistance policies generate different feedback effects? Doctoral dissertation, University of Manchester.

ILO. 2014. *Rationalizing Social Protection Expenditure in Ghana*. Geneva: International Labour Organization

ISODEC (2015). Citizen's perspectives for a better world: What Ghanaians prioritise as their development needs, problems, and solutions. Report of a household survey.

Kalebe-Nyamongo, C., and Marquette, H. (2014). Elite Attitudes Towards Cash Transfers and the Poor in Malawi. DLP Research Paper 30. Birmingham: Developmental Leadership Programme, University of Birmingham.

Kpessa-Whyte, M. (2018). Aging and demographic transition in Ghana: State of the elderly and emerging issues. *Gerontologist* 58(3): 403-408.

Kpessa-Whyte, M. and Tsekpo, K. (2020). Lived Experiences of the Elderly in Ghana: Analysis of Ageing Policies and Options for Reform. *Journal of Cross-Cultural Gerontology* https://doi.org/10.1007/s10823-020-09401-z

Mamdani, M. (1996). Decentralized Despotism. *Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism*, 39.

NDC (2016). Our vision for Ghana: a peaceful, secure & prosperous nation, providing sustainable jobs through industrialization for transformation. National Democratic Congress Manifesto for Election 2016.

NDC (2020). Jobs, prosperity, and more: the people's manifesto. National Democratic Congress Manifesto for Election 2020.

Niemelä, M. (2008). Perceptions of the causes of poverty in Finland. *Acta sociologica*, *51*(1), 23-40.

NPP (2016). Change: Creating Prosperity & Equal Opportunity for All. New Patriotic Party (NPP) Manifesto for Election 2016.

Oduro, R. (2015). Beyond poverty reduction: Conditional cash transfers and citizenship in Ghana. *International Journal of Social Welfare*, 24(1): 27-36.

Oorschot, W. V., & Halman, L. (2000). Blame or fate, individual or social?. *European societies*, *2*(1), 1-28.

Participatory Development Associates (2011). Participatory poverty and vulnerability assessment: understanding the regional dynamics of poverty with particular focus on Ghana's Northern, Upper East and Upper West Regions.

Pavanello, S., Watson, C., Onyango-Ouma, W., & Bukuluki, P. (2016). Effects of cash transfers on community interactions: emerging evidence. *The Journal of Development Studies*, *52*(8), 1147-1161.

Roelen, K. (2020). Receiving Social Assistance in Low-and Middle-Income Countries: Negating Shame or Producing Stigma?. *Journal of Social Policy*, *49*(4), 705-723.

Sabates-Wheeler, R., Wilmink, N., Abdulai, A-G., de Groot, R., and Spadafora, R. (2020), 'Linking Social Rights to Active Citizenship for the Most Vulnerable: the Role of Rights and Accountability in the 'Making' and 'Shaping' of Social Protection'. *The European Journal of Development Research*, 32(1): 129–151

Seekings, J. (2018). Inequality, Popular Attitudes and Elite Ideology in Africa. Draft paper prepared for the UNRISD Conference Overcoming Inequalities in a Fractured World: Between Elite Power and Social Mobilization 8–9 November 2018, Geneva, Switzerland.

Sen, A. (2001). *Development as freedom*. Oxford Paperbacks.

SEND Ghana (2019), An Analysis Of 2019 Budget: Social Protection and Poverty Reduction. SEND Ghana Policy Brief. Accra: SEND Ghana

Sepúlveda, M., and C. Nyst. 2012. The Human Rights Approach to Social Protection. Helsinki: Ministry for Foreign Affairs of Finland.

Soss, J. (1999). Welfare application encounters: subordination, satisfaction, and the puzzle of client evaluations. *Administration & Society*, *31*(1), 50-94.

Strupat, C and Klohn, F. (2018). 'Crowding out of solidarity? Public health insurance versus informal transfer networks in Ghana'. *World Development* Volume 104, pages 212-221.

Sultan, S. M., & Schrofer, T. T. (2008). 5.4 Building Support to have Targeted Social Protection Interventions for the Poorest–The Case of Ghana. *Social Protection for the Poorest in Africa*, *300*.

Tsai, M-C., and Dzorgbo, D-B., S. (2012), 'Familial Reciprocity in Subjective-Well-being in Ghana'. *Journal of Marriage and Family* 74(1): 215-228.

Tweneboah-Koduah, D. (2018), 'Political Clientelism and Poverty Alleviation Programmes in Developing Democracies: An Examination of Ghana's Livelihood Empowerment Against Poverty'. Unpublished PhD Thesis, University of Ghana, Legon, Accra.

Ulriksen, M. S. (2016). *Ideational and institutional drivers of social protection in Tanzania* (No. 2016/142). WIDER Working Paper.

UNICEF (2019). 'Social Protection Budget Brief'. Accra: UNICEF Ghana

UNRISD. (2016). *The Human Rights-Based Approach to Social Protection*. Issue Brief 2. Geneva: United Nations Research Institute for Social Development.

Woolcock, M. (2001). The place of social capital in understanding social and economic outcomes. *Canadian journal of policy research*, *2*(1), 11-17.

World Bank (2015). Rising through Cities in Ghana: Ghana Urbanization Review Overview Report.https://openknowledge.worldbank.org/bitstream/handle/10986/22020/Ghana000Rising0view0overview0report.pdf?sequence=1&isAllowed=y

World Bank (2016). 'Ghana: Social Protection Assessment and Public Expenditure Review'. Washington DC.: World Bank.

Yablonski, J. (2017). 'LEAP is improving lives….but can it do more?' Daily Graphic, 30 September 2017.

Yeboah, F. K., Kaplowitz, M. D., Kerr, J. M., Lupi, F., & Thorp, L. G. (2016). Sociocultural and institutional contexts of social cash transfer programs: Lessons from stakeholders' attitudes and experiences in Ghana. *Global Social Policy*, *16*(3), 287-308.

Yin. R. (2003). Case study research, 3rd edition. Thousand Oaks, CA: Sage.

Appendix 4. 1**: Please tell us your views about the following statements, indicating the extent to which you agree or disagree with them.**

| | Beneficiaries | | | | | | Non-beneficiaries | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Agree(%) | Disagree(%) | Neutral(%) | Strongly agree (%) | Strongly disagree (%) | Total (%) | Agree(%) | Disagree(%) | Neutral(%) | Strongly agree (%) | Strongly disagree (%) | Total (%) |
| I feel compelled to assist others because it is a form of socialinsurancefor myselfand relatives | 36.4 | 12.2 | 8 | 33.9 | 9.4 | 100 | 39 | 11.7 | 10.3 | 29.1 | 9.9 | 100 |
| I feel obliged to assist others because I was also helped in the past | 43.4 | 12.2 | 3.8 | 36.4 | 4.2 | 100 | 40.8 | 9.4 | 10.3 | 33.8 | 5.6 | 100 |
| Those who fail to assist others in times ofneed must not expect family/community support infuture | 37.4 | 20.3 | 10.5 | 23.4 | 8.4 | 100 | 32.4 | 19.2 | 13.1 | 24.4 | 10.8 | 100 |
| I help others because not doing so will incur the displeasure and condemnation of myfamily andthe community | 31.5 | 27.3 | 12.6 | 21 | 7.7 | 100 | 29.1 | 24.4 | 15 | 19.2 | 12.2 | 100 |
| Assisting the poor and vulnerable is a communal responsibility which must not be transferred to an external agent (e.g. Donors or NGOs) | 38.8 | 19.2 | 18.2 | 18.5 | 5.2 | 100 | 30 | 17.8 | 14.6 | 27.2 | 10.3 | 100 |
| It is a disgracefor family members to seek help outside their kinship networks (washing their dirtyclothes in public) | 24.1 | 29.7 | 12.9 | 15 | 18.2 | 100 | 23.5 | 22.1 | 14.1 | 16.9 | 23.5 | 100 |
| I am obliged to help others (e.g.family members) because Ifeel ashamed about their condition | 40.6 | 20.3 | 12.2 | 21.3 | 5.6 | 100 | 42.3 | 14.1 | 15.5 | 22.5 | 5.6 | 100 |
| There may be adverse spiritual repercussions if I withhold supportfor others | 19.2 | 29.7 | 14 | 17.8 | 19.2 | 100 | 22.1 | 20.2 | 20.7 | 23 | 14.1 | 100 |
| I am obliged to help others because my religion makes it an article of faith(e.g. alms giving, loving one'sneighbours) | 37.1 | 14.7 | 11.2 | 32.5 | 4.5 | 100 | 30.5 | 9.4 | 15.5 | 36.6 | 8 | 100 |
| According to our customs and traditions, there is tacit agreementthat people areentitled to specificforms ofsocial support across the life cycle | 38.1 | 17.5 | 18.5 | 21 | 4.9 | 100 | 31.9 | 13.1 | 22.5 | 23.9 | 8.5 | 100 |
| Traditionally,family/community members (e.g. the young, wealthy) are required to extendsupport to the vulnerable (e.g. the aged, OVCs, bereaved, unemployed) | 44.8 | 7 | 12.6 | 32.5 | 3.1 | 100 | | | | | | |

Appendix 4. 2**: Please tell us your views about the following statements, indicating the extent to which you agree or disagree with them**.

| Middle Class response | Agree(%) | Disagree(%) | Neutral(%) | Strongly agree (%) | Strongly disagree (%) | Total (%) |
|---|---|---|---|---|---|---|
| I feel compelled to assist others because it is a form of social insurance for myself and relatives | 36.9 | 24.8 | 9.2 | 14.9 | 14.2 | 100 |
| I feel obliged to assist others because I was also helped in the past | 44 | 18.4 | 9.9 | 23.4 | 4.3 | 100 |
| Those who fail to assist others in terms of need must not expect family/community support in future | 36.9 | 31.9 | 14.2 | 12.8 | 4.3 | 100 |
| I help others because not doing so will incur the displeasure and condemnation of my family and community | 31.2 | 38.3 | 8.5 | 9.9 | 12.1 | 100 |
| Assisting the poor and vulnerable is a communal responsibility which must not be transferred to an external agent (e.g. Donors or NGOs) | 35.5 | 26.2 | 12.1 | 15.6 | 10.6 | 100 |
| It is a disgrace for family members to seek help outside their kinship networks (washing their dirty clothes in public) | 21.3 | 43.3 | 7.1 | 9.9 | 18.4 | 100 |
| I am obliged to help others (e.g. family members) because I feel ashamed about their condition | 36.2 | 29.8 | 12.1 | 12.8 | 9.2 | 100 |
| There may be adverse spiritual repercussions if I withhold support for others | 23.4 | 34 | 12.1 | 9.2 | 21.3 | 100 |
| I am obliged to help others because my religion makes it an article of faith (e.g. alms giving, loving one's neighbours) | 44 | 13.5 | 9.2 | 26.2 | 7.1 | 100 |
| According to our customs and traditions, there is tacit agreement that people are entitled to specific forms social support across the life cycle | 45.4 | 19.1 | 16.3 | 11.3 | 7.8 | 100 |
| Traditionally family/community members (e.g. the young, wealthy) are required to extend support to the vulnerable (e.g. the aged, OVCs, bereaved, unemployed) | 49.6 | 9.9 | 19.1 | 16.3 | 5 | 100 |
| I extend support to others because I do not want them to suffer the same hardships I experienced in the past | 47.5 | 11.3 | 14.9 | 22.7 | 3.5 | 100 |
| I support the poor and vulnerable purely on grounds of civic responsibility | 36.9 | 22.7 | 17 | 18.4 | 5 | 100 |
| My community members (e.g. the youth, unemployed etc.) need my support because they are disadvantaged (e.g. history of marginalization, poor geography) | 53.2 | 12.8 | 12.8 | 16.3 | 5 | 100 |
| I am duty-bound to assist those who are discriminated against (e.g. based on ethnicity and political affiliation) | 39 | 26.2 | 13.5 | 14.9 | 6.4 | 100 |
| The poor can only get out of poverty by changing their lifestyle | 36.9 | 20.6 | 24.1 | 13.5 | 5 | 100 |
| The poor need spiritual intervention to get out of poverty | 12.8 | 36.9 | 14.2 | 9.9 | 26.2 | 100 |
| I withhold support for the poor because it will make them too dependent or lazy | 11.3 | 44 | 12.1 | 8.5 | 24.1 | 100 |
| It is not my responsibility to address poverty, inequality or vulnerability | 24.1 | 29.8 | 19.1 | 7.8 | 19.1 | 100 |
| It is against my traditions, customs or religious beliefs to render support to some categories of people (e.g. widows, orphans) | 11.3 | 39 | 9.2 | 8.5 | 31.9 | 100 |

*Source: Compiled from field work survey, 2020*

Appendix 4. 3: **Based on your experience, please indicate how important you think each statement is regarding the causes of vulnerability in your community.**

| | Non-beneficiaries (%) | | | | | |
|---|---|---|---|---|---|---|
| | Important | Neutral | Not Important | Somewhat Important | Very important | Total |
| Lack of social insurance/security (e.g. pensions, health, crops) | 31 | 5.6 | 3.8 | 5.6 | 54 | 100 |
| Inadequate safety nets in society | 32.4 | 8.9 | 5.2 | 5.6 | 47.9 | 100 |
| Unequal access to productive assets e.g. land | 31 | 10.3 | 8 | 6.1 | 44.6 | 100 |
| Poor/unequal access to infrastructure | 31.5 | 8.5 | 5.2 | 7.5 | 47.4 | 100 |
| Inequity in health care access | 30 | 7 | 3.3 | 6.1 | 53.5 | 100 |
| Poor and unequal access to quality education | 31 | 8.5 | 2.8 | 4.7 | 53.1 | 100 |
| Poor family circumstances e.g. poverty, untimely demise of breadwinners | 27.7 | 8.9 | 5.2 | 6.1 | 52.1 | 100 |
| Lack of employable skills | 31.9 | 6.6 | 4.7 | 7 | 49.8 | 100 |
| Unfair labour markets | 30.5 | 19.2 | 4.7 | 8 | 37.6 | 100 |
| Discriminations and social exclusion based on sex (e.g. women). | 35.2 | 17.8 | 7 | 4.7 | 35.2 | 100 |
| Discriminations and social exclusion based on ethnicity (e.g. ethnic minorities) | 34.3 | 18.3 | 6.6 | 6.6 | 34.3 | 100 |
| Discriminations and social exclusion based on religion (e.g. religious minorities) | 33.3 | 19.7 | 10.8 | 5.2 | 31 | 100 |
| Discriminations and social exclusion based on political affiliation | 33.3 | 14.1 | 8 | 7.5 | 37.1 | 100 |
| Unemployment | 34.7 | 7.5 | 4.2 | 5.6 | 47.9 | 100 |
| Bad weather conditions | 20.7 | 10.3 | 10.8 | 11.7 | 46.5 | 100 |
| Poor harvest | 27.2 | 5.2 | 8 | 10.8 | 48.8 | 100 |
| Natural disasters/acts of God (e.g. perennial rainfall, drought, bushfires) | 27.7 | 8.9 | 8.9 | 10.8 | 43.7 | 100 |
| Severe disability | 25.8 | 4.2 | 5.6 | 5.6 | 58.7 | 100 |
| Inimical cultural practices | 29.6 | 19.2 | 8 | 12.7 | 30.5 | 100 |
| Widening gaps between the rich and the poor | 29.1 | 9.9 | 2.8 | 9.4 | 48.8 | 100 |
| Communalism increasingly being supplanted by individualism | 33.3 | 16 | 3.3 | 9.9 | 37.6 | 100 |
| Laziness & lack motivation to work | 26.3 | 10.8 | 9.9 | 10.8 | 42.3 | 100 |
| Limited state commitment to social inclusion | 37.1 | 8 | 2.8 | 6.6 | 45.5 | 100 |
| Unequal power relations | 37.1 | 13.6 | 3.8 | 8.5 | 37.1 | 100 |
| Just bad luck, including destiny/curse | 17.8 | 15.5 | 33.8 | 10.8 | 22.1 | 100 |

*Source: Compiled from field work survey, 2020*

Appendix 4. 4: **The following statements reflect possible causes of vulnerability. Based on your experience, please indicate how important you think each statement is regarding the causes of vulnerability.**

| | Middle Class(%) | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| | Important | Neutral | Not Important | Somewhat Important | Very important | Total |
| Lack of social insurance/security (e.g. pensions, health, crops) | 38.3 | 4.3 | 8.5 | 11.3 | 37.6 | 100 |
| Inadequate safety nets in society | 43.3 | 7.8 | 7.8 | 7.1 | 34 | 100 |
| Unequal access to productive assets e.g. land | 38.3 | 5 | 7.1 | 7.8 | 41.8 | 100 |
| Poor/unequal access to infrastructure | 46.8 | 5.7 | 7.1 | 5 | 35.5 | 100 |
| Inequity in health care access | 41.8 | 3.5 | 6.4 | 4.3 | 44 | 100 |
| Poor and unequal access to quality education | 44 | 3.5 | 4.3 | 2.1 | 46.1 | 100 |
| Poor family circumstances e.g. poverty, untimely demise of breadwinners | 40.4 | 6.4 | 5.7 | 6.4 | 41.1 | 100 |
| Lack of employable skills | 52.5 | 6.4 | 2.8 | 5 | 33.3 | 100 |
| Unfair labour markets | 47.5 | 8.5 | 5.7 | 6.4 | 31.9 | 100 |
| Discriminations and social exclusion based on sex (e.g. women). | 34.8 | 12.1 | 8.5 | 12.1 | 32.6 | 100 |
| Discriminations and social exclusion based on ethnicity (e.g. ethnic minorities) | 34 | 8.5 | 7.8 | 16.3 | 33.3 | 100 |
| Discriminations and social exclusion based on religion (e.g. religious minorities) | 31.2 | 12.8 | 12.8 | 15.6 | 27.7 | 100 |
| Discriminations and social exclusion based on political affiliation | 32.6 | 9.9 | 6.4 | 9.9 | 41.1 | 100 |
| Unemployment | 48.9 | 9.2 | 2.1 | 7.1 | 32.6 | 100 |
| Bad weather conditions (e.g. droughts) | 42.6 | 18.4 | 9.9 | 9.9 | 19.1 | 100 |
| Poor harvest | 46.1 | 12.1 | 6.4 | 10.6 | 24.8 | 100 |
| Natural disasters/acts of God (e.g. perennial rainfall, drought, bushfires) | 40.4 | 12.1 | 4.3 | 8.5 | 34.8 | 100 |
| Lack of access to nutritious food | 46.1 | 12.1 | 6.4 | 13.5 | 22 | 100 |
| Severe disability | 36.2 | 2.8 | 4.3 | 2.8 | 53.9 | 100 |
| Inimical cultural practices | 51.1 | 7.1 | 5.7 | 12.8 | 23.4 | 100 |
| Limited state commitment to social inclusion | 41.1 | 8.5 | 7.1 | 5 | 38.3 | 100 |
| Unequal power relations | 39 | 11.3 | 6.4 | 7.8 | 35.5 | 100 |

*Source: Compiled from field work survey, 2020*