

ARTICLE

# Urban social assistance: Evidence, challenges and the way forward, with application to Ghana

Jose Cuesta<sup>1</sup> | Stephen Devereux<sup>2</sup> | Abdul-Gafaru Abdulai<sup>3</sup> |  
Jaideep Gupte<sup>2</sup> | Luigi Peter Ragno<sup>4</sup> | Keetie Roelen<sup>2</sup> |  
Rachel Sabates-Wheeler<sup>2</sup> | Tayllor Spadafora<sup>4</sup>

<sup>1</sup>World Bank, US

<sup>2</sup>Institute of Development Studies, UK

<sup>3</sup>University of Ghana Business School,  
Ghana

<sup>4</sup>UNICEF, Ghana

## Correspondence

Jose Cuesta.

Email: [jcuesta@worldbank.org](mailto:jcuesta@worldbank.org)

## Abstract

**Motivation:** Urban areas are growing as is urban poverty, yet few countries have developed comprehensive programmes for social assistance in urban areas. Those programmes that exist, moreover, are often extensions or duplicates of rural schemes. Urban social protection needs to reflect the distinct characteristics and vulnerabilities of the urban poor, especially that they usually work in informal activities and they face higher living costs than rural dwellers.

**Purpose:** This article addresses two questions: what is the current evidence on effective social assistance programmes in urban areas? How can such programmes be designed and implemented in practice? The article surveys the challenges of designing social assistance programmes in urban areas, focusing on specific urban vulnerabilities, targeting the urban poor, and setting appropriate payments.

**Approach and methods:** Existing evidence on programmes for urban social assistance, including cases from seven countries, are reviewed. Issues are examined in detail for Ghana, a rapidly urbanizing country.

**Findings:** Ghana's flagship social assistance programme, Livelihood Empowerment Against Poverty (LEAP), that operates largely in rural areas, can and should be adjusted to urban areas. Registration by using community leaders is less effective in urban than rural areas. Instead, advertising, (social) media, direct text messaging, and identification through local non-governmental organizations (NGOs) would be better options. Targeting can be improved by developing an urban-specific proxy means test. Cash benefits should be increased, then adjusted regularly to counter inflation. These benefits should possibly be accompanied by subsidies for utilities and services.

**Policy implications:** Several principles to consider when designing urban social assistance emerge. Benefit levels should reflect higher living costs in urban areas and respond to inflation, especially for food and other necessities. Urban social assistance should go beyond cash transfers to focus on generating jobs (especially for young people and women), and to ensure basic services such as health care reach the urban poor, through subsidies, vouchers, or case management. Urban contexts also offer more opportunities to deliver and target social assistance through digital technologies such as mobile phones and automatic teller machines (ATM).

**KEY WORDS**

Ghana, poverty, social assistance, urban settings

## 1 | INTRODUCTION

More than half the world's population lives in urban areas, but most social protection programmes that are sub-national in scope are implemented in rural areas. While 16.6% of the poorest quintile of households in urban areas have access to social protection, this stands at 23.4% in rural areas (World Bank, n.d.-a). Although income poverty rates are generally lower in urban areas, poverty is more complex and multidimensional than in rural areas. The number of poor urban households is also rising constantly along with urbanization rates (World Bank, n.d.-a), implying that the need for tailored social protection for the urban poor is also increasing.

A key challenge for policy-makers, therefore, is whether the conventional toolkit of social protection instruments—especially social assistance and social insurance—is reaching poor urban people. Another question is whether this toolkit meets their specific needs such as housing, transport, electricity, water and sanitation in urban contexts. Most low-income urban workers are informal, and hence face challenges in accessing social assistance and are rarely reached by formal social security schemes. As such, the challenge of urban social protection overlaps strongly with that of extending social protection to informal workers (Devereux & Cuesta, in press).

With this in mind, this article addresses two questions: what is the evidence on effective social assistance programmes in urban contexts globally? And how can such programmes be designed and implemented in urban Ghana?

We pay special attention to social assistance as its programmes are specifically designed to benefit the poor. Ghana is a particularly relevant case study. Despite rapid economic growth and urbanization in recent decades, urban poverty and deprivations are rising even though national poverty rates have halved, and anti-poverty policies and social protection interventions remain biased towards the rural poor (Ragno et al., 2016). The “urbanization of poverty” in Ghana has led to overcrowded housing, limited access to sanitation and outbreaks of communicable diseases. How effectively its social protection system can address the roots of these specific challenges is relevant for many other countries experiencing the rapid urbanization of poverty.

Rather than providing an exhaustive causal econometric analysis, or developing a strict hypothesis testing, we rather scan the existing evidence on urban social protection most relevant for Ghana. The analysis benefits from previous academic research, analytical work and operational assessments. We succinctly review the handful of previous analyses that exist and extract the main design and operational lessons.

While this approach limits our ability to generate entirely new knowledge, it provides practical advice for a policy approach, the urbanization of social protection, which is increasingly needed in Ghana and elsewhere in the Global South.

This article is structured as follows. Section 2 situates inclusive social protection in a context of sustainable urban development. Section 3 discusses design issues in urban social protection, including urban-specific vulnerabilities, targeting and payment levels. Section 4 reviews lessons learned from case studies in Asia, Latin America and Africa. Section 5 focuses on Ghana's poverty trajectories, poverty reduction and social protection policies. Section 6 identifies changes that should be made when extending social assistance to urban Ghana. Section 7 concludes.

## 2 | SETTING THE SCENE FOR URBAN SOCIAL ASSISTANCE

The increasing concentration of the global population in cities, rising from 30% in 1950 to 54% in 2014 (UN, 2014) poses challenges with regard to inequalities, social and economic exclusion, and delivery of basic services, including social protection (Kilcullen et al., 2015). Urban areas often drive economic growth but concentrate high levels of poverty and inequality, both internally—for instance, between affluent suburbs and impoverished slums—and between large cities and small towns, as well as between urban and rural areas. As such, “the inequality of cities may be as important as the inequality of countries” (Glaeser et al., 2009, p. 617). Social protection is a potentially powerful tool for redistributing wealth and addressing intra-urban and urban–rural inequalities. However, the perception that wealth and employment opportunities are found disproportionately in cities can result in the urban poor being relatively neglected.

The sustainable development of cities is, nevertheless, an explicit Sustainable Development Goal (SDG 11)—“make cities and human settlements inclusive, safe, resilient and sustainable” (UN, 2017). Target 11.1 refers to “access for all to adequate, safe and affordable housing and basic services.” Target 11.2 calls for “safe, affordable, accessible and sustainable transport systems” (Le Blanc, 2015). Social protection can directly enhance access to housing, basic services and transport, for instance through cash transfers that increase the purchasing power of poor people. Target 11.7 identifies vulnerable groups in urban contexts—“women and children, older persons and persons with disabilities”—that are also priority groups in most national social protection strategies. Sustainable and equitable urban development resonates with several other SDGs, including ending poverty (SDG 1), inclusive education (4), water and sanitation (6), affordable energy (7), productive employment and decent work (8), and reduced inequality within and between countries (10) (UN, 2017).

The **New Urban Agenda** (NUA), which aims to provide a guide for urban governance institutions and actors for the next 20 years, also has direct links to several SDGs (UN-Habitat, 2016). A key element of the NUA is the **Quito Declaration on Sustainable Cities and Human Settlements for All**, which outlines the challenges and opportunities arising from the expected doubling of the world’s urban population by 2050. Its first principle is “Leave no one behind,” including “by providing equal access for all to physical and social infrastructure and basic services, as well as adequate and affordable housing” (UN-Habitat, 2017, p. 7).

The core of the NUA comprises 135 points covering transformative commitments for sustainable urban development. Based on the “right to the city” agenda (Mayer, 2009), the NUA commits to equal rights, the right to adequate housing and fundamental freedoms, along with functional social and civic systems, accessible to all, regardless of gender or disability. It pays special attention to developing countries, informal settlement dwellers and migrants and refugees, who make up significant numbers of urban residents in developing countries (World Economic Forum, 2017) and are at risk of being legally excluded from formal social protection (Hagen-Zanker et al., 2017).<sup>1</sup> The NUA commits “to ensuring full respect for the human rights of refugees, internally displaced persons and migrants, regardless of their migration status” (UN-Habitat, 2017, p. 11).

The NUA’s commitment to rights resonates with two key social protection concepts. *Transformative social protection* argues that poverty and vulnerability have both social and economic dimensions, which call for more than income support, implying addressing social exclusion and social injustice

<sup>1</sup>For example, Thailand’s Social Security Act states that domestic workers (who are usually migrants) do not classify as employees and are not covered (The Council of State of Thailand, 1990). In some other national legal codes the ineligibility of migrants for social protection derives from omission.

(Devereux & Sabates-Wheeler, 2004). In an urban context, the “transformative” aspect might include addressing discrimination against marginalized groups such as street children, informal traders and homeless people.

The *social protection floor* commits governments to guaranteeing income security and access to essential health care to all citizens and residents, using instruments such as cash transfers, disability grants and old-age pensions. The “floor” does not differentiate between urban and rural residents, but it does identify as one guiding principle “social inclusion, including of persons in the informal economy” (ILO, 2012).

We identify three areas of convergence between social protection, the SDGs and the NUA: informal workers, essential services and adequate housing.

The first area is **social protection for informal workers**. If cities are to be engines of inclusive growth, then social protection and dignified work should form two related policy elements of the NUA. Contributory social security schemes with tripartite funding from employers, employees and the state—such as unemployment insurance and employment-related pensions—are the main source of social protection for formally employed workers. However, more than half of the urban workforce in most developing countries is informal—ranging from 51% in Latin America to over 80% in South Asia (Vanek et al., 2014)—and informal workers do not have access to contributory social security schemes. A major challenge, therefore, is extending social protection access to informal workers, including the self-employed. The Quito Implementation Plan for the New Urban Agenda notes that the “livelihoods, working conditions, income security, legal and social protection ... of the working poor in the informal economy, particularly women, including unpaid, domestic and migrant workers ... should be enhanced” (UN-Habitat, 2017, p. 17). Informal workers are also often subjected to dangerous working conditions, violating their labour rights. A transformative approach to social protection would include implementing regulation and monitoring to ensure the health and safety of all urban workers.

**Access to essential public services** constitutes a second area of convergence between social protection and urbanization.<sup>2</sup> Services such as electricity, transport, piped water, sanitation and waste management are crucial for the wellbeing of urban populations, and make their living costs higher than those in rural areas. Social protection can alleviate access constraints by giving poor households subsidized or free access to these services, or cash transfers.

In some cases, informal settlements might be deliberately left underserved to discourage in-migration, such as in Brazil’s favelas and China’s hukou household registration system (McGranahan et al., 2016). On the other hand, such underinvestment may be driven by affordability constraints. We suggest that an “affirmative action” approach plus a rights-based approach—addressing both historical inequalities and current failures to provide essential services—can hold local governments to account. Moreover, recent efforts to redefine social protection to incorporate pro-poor linkages to essential services (see Roelen et al., 2017, on “cash plus” approaches) will make social protection increasingly relevant to urban needs.

A third area of intersection is **adequate urban housing** for all. Globally, over 860 million people live in informal settlements (UN-Habitat, 2016). Efforts to achieve adequate housing are not only a question of financial resources but also involve legal claims on tenure and a political assertion of the right of residents to the city (Gupte, 2010). Social protection systems can help realize the right to an

<sup>2</sup>Although narrow definitions of social protection consider only social assistance and social insurance, broader approaches include access to services. UNICEF’s conceptual framework has four components: social transfers; programmes to ensure economic and social access to services; social support and care services; and legislation and policies to ensure equity and non-discrimination in children’s and families’ access to services and employment/livelihoods (UNICEF, 2012).

adequate standard of living, including adequate shelter. This rights-based approach is underpinned by, among others, a comment by the UN Committee on Economic and Social Rights (ECOSOC) to the effect that states have a core obligation to ensure that social security enables individuals and families to acquire at least basic shelter and housing (UN ECOSOC, 1985). As such, the right to social protection and the “right to housing” discourse articulated in the NUA can be viewed as mutually supportive. For instance, proof of residence at a legally recognized address is often a precondition for accessing social protection and other services.

One governance challenge facing urban social protection is that the NUA devolves much of the responsibility for delivering services such as social protection to local governments and municipalities, whereas social protection is usually implemented at a national or centralized level (Gentilini, 2015). The challenge lies in designing and delivering social protection policies and programmes that meet specific urban needs, but are co-ordinated and portable within a national social protection system in such a way that cities do not attract a disproportionate share of migrants, nor that those who migrate to cities are subsidized over those who remain in rural areas (Gupte, 2016).

In conclusion, social protection—both social assistance and social insurance—offers a powerful set of tools for improving the wellbeing of poor and vulnerable people, and this is also the objective of both the SDGs and the NUA. The following section explores some of the practical challenges that need to be addressed when designing social assistance schemes for urban contexts.

### 3 | KEY ELEMENTS IN DESIGNING SOCIAL ASSISTANCE IN URBAN CONTEXTS

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. Three of the most salient aspects involved in such an adaptation are understanding urban vulnerabilities, targeting and payment levels.

#### 3.1 | Urban vulnerabilities

Urban living and livelihoods raise specific challenges for the design and implementation of social protection, as compared to rural areas (del Ninno & Mills, 2015; Gentilini, 2015). Table 1 maps the different vulnerabilities faced by the urban and rural poor, focusing on areas such as unemployment, food insecurity, weather shocks and rising living costs. Urban poverty is characterized by volatility in income, reliance on fully monetized means of exchange (i.e. not bartering), insecurity of employment, insecure housing tenure, population mobility (including, for example, recent influxes of refugee populations moving to urban areas in Europe, or Venezuelan migrants in Colombia, Ecuador and Peru), diverse populations groups with diverse needs, and weaker social networks to rely on in times of distress (Devereux & Cuesta, in press). Social protection programmes for the urban poor and vulnerable need to be tailored to these needs.

Gentilini (2015, p. 8) reports a rural–urban gap of seven percentage points, favouring rural areas, in the coverage of the poorest quintile of households by safety net programmes, soaring to nearly 24 percentage points in some middle-income countries. One reason for the rural focus of social protection interventions is the perception that poverty and vulnerability are more widespread and serious in rural areas.

**TABLE 1** Differences in (selected) vulnerabilities between the rural and urban poor

<b>Vulnerabilities to</b>	<b>Rural poor</b>	<b>Urban poor</b>
Unemployment ( <i>more precarious in urban areas</i> )	Most working adults are farmers or farm labourers working on family farms since childhood.	Most adults are unemployed or working in the informal sector for low, unpredictable income, affected by inflation and economic shocks.
Food insecurity ( <i>more precarious in urban areas</i> )	Families have direct access to (good quality) food through production or labour.	Households purchase food from the market, for which they need regular cash income, and whose prices may change from internal and/or external food price shocks.
Weather/climate shocks ( <i>different sources</i> )	Rural populations are more vulnerable to weather shocks (e.g. drought, floods) to the extent these (frequently) affect their crops.	Urban populations are often more vulnerable to air, water, chemical pollution; as well as other shocks such as epidemics, more easily transmitted through densely populated settings.
Increasing living costs ( <i>generally higher in urban areas</i> )	Rural areas are usually less affected by increasing living costs to the extent that: food is often produced; fuelwood is collected (free); water is collected (free); transport costs are low; and housing is self-constructed.	Urban areas may be more affected by increasing prices because: food is usually purchased; electricity/wood is purchased; water must often be paid for; transport is expensive; and housing is rented or bought.

Source: Authors.

There is also an assumption that vibrant urban labour markets afford access to income security and social security through employment. Yet in reality, although the urban poor are covered by social insurance and labour-market interventions at twice the rate of rural areas, those programmes still only reach 3%–4% of the urban poor (Gentilini, 2015, p. 8). A significant proportion of the working poor, especially in lower-income countries, work in the informal sector, with unpredictable employment and wages and typically without employment-related social security. While the primary reason for informality might be the lack of formal jobs, high levels of informality and tax evasion frequently occur where rigid contributive social insurance programmes co-exist with generous assistance insurance programmes (Levy, 2008). Such distortions in labour markets can be considerable in urban contexts (Cuesta & Olivera, 2014; Levy, 2008).

Migration is another source of urban vulnerability. Refugees, internal and international migrants moving to cities may have limited knowledge of local languages, have uncertain rights to local services, and (partially) lose social security and other entitlements from their place of origin (Sabates-Wheeler & Feldman, 2011), although the legal right to social protection differs across each of these groups (Hagen-Zanker & Holmes, 2012). They may face discrimination that excludes them from formal employment and threatens their informal livelihoods, and have meanwhile left behind their support networks. Such challenges must be considered in the design of urban social protection.

### 3.2 | Targeting

Targeting eligible urban populations raises challenges that are often not present in rural areas. Options for targeting approaches range from universal programmes to geographic, categorical or community-based targeting, and to self-targeting, means testing and proxy means tests.

Social assistance programmes that are **universal** in terms of national coverage (such as a universal old-age pension) avoid such conundrums, and may be more accessible to urban residents, who are closer to and more used to dealing with government services. But a study of Brazil's *Bolsa Família* cash grant concluded that the urban poor—especially those who are highly mobile, migrants, or do not have a fixed address—can be just as hard to reach as the isolated rural poor (Wong et al., 2016, p. 19).

**Geographical and categorical targeting** can be complicated by the varying spatial geographies of urban poverty and vulnerabilities. The poor are concentrated in specific areas in some cities and towns, but widely dispersed in others. Many rural social protection programmes target smallholder farmers or agricultural labourers, but the most vulnerable urban workers are informal, such as street traders. In the Philippines' Pantawid conditional cash transfer programme, geographic targeting is appropriate because most cities have recognized “pockets of poverty” or “poverty hotspots” (Gentilini, 2015, p. 51).<sup>3</sup> In terms of categorical targeting, Nepal's Child Grant Programme was designed for Dalit families with children. Yet one downside to geographic and categorical targeting is that many people are highly mobile across cities or between rural and urban locations, presenting challenges for programme registration, payment and monitoring.

**Means testing** is often inappropriate for targeting the urban poor, given the prevalence of informal jobs with unpredictable income. Instead, **proxy means tests** (PMT) have become a common targeting mechanism used for urban social protection programmes (Gentilini, 2015). In Addis Ababa, poverty is spread evenly across the city, and a proxy means test model based on easily observable household

<sup>3</sup>However, the cash transfer may not fully offset the costs of schooling and there is evidence that child labour has increased among beneficiary children to contribute towards such costs (de Hoop et al., 2017).

characteristics accurately identified three-quarters of those living below the poverty line (Gentilini, 2015).

However, other country case studies show that the formula for rural populations may not adequately target the urban poor. This is because simple proxy indicators, such as roofing material or access to electricity, do not translate meaningfully to urban contexts. By contrast, the *Oportunidades/Prospera* programme in Mexico caters for these rural–urban differences in the calculation of the PMT, for instance by giving renting a living space twice the weight in urban areas.

**Self-targeting** avoids having to identify the poor by raising access costs or reducing benefits so that only poor people will apply. The PATI programme in El Salvador, for instance, self-targets unemployed young people by offering unskilled work opportunities at wages below market rates (Gentilini, 2015). However, self-targeting is increasingly considered unethical and at variance with rights-based approaches to social protection (Gentilini, 2015).

One way to counter these ethical considerations is to share responsibility through **community-based targeting**. However, the diversity of urban population groups, along with limited social connectedness between households, can undermine any targeting mechanisms that rely on strong personal relationships between neighbours. The performance of community-based targeting in rural areas has been shown to vary considerably across communities, including in Ghana (Pop, 2015).

Finally, many programmes apply **multi-level targeting**. For example, the coverage of the programme is first defined geographically (e.g. informal settlements in Nairobi), then a proxy means test formula is devised and applied, and finally community members are invited to approve the identified households. However, if not properly addressed, the challenges of PMT, self-targeting and community-based targeting are aggregated in a multi-level targeting programme (del Ninno & Mills, 2015).

### 3.3 | Payment levels

Typically, social assistance benefit levels either reflect national budgetary constraints or are set as a proportion of a poverty line or of the cost of a basic food basket, sometimes adjusted for family size and composition (Pop, 2015). Rarely are they adjusted for the considerably higher living costs in urban areas, as reflected in disaggregated urban and rural poverty lines (Pop, 2015.). In poor rural areas, building materials, water, fuel, transport and food typically come from local and natural resources. In urban areas, cash is needed daily to pay for rent, water, electricity, transport and food, and living costs are higher as a result. In Botswana, for example, a uniform national payment for social pensions was 80% short of meeting basic subsistence costs in urban areas but only 20% short in rural areas (Devereux, 2007, p. 555).

One notable exception to the rule of uniform transfer payments is China's flagship Minimum Living Standard Guarantee Program. By 2014, it delivered income transfers to 52 million poor rural individuals and 19 million poor urban individuals. Eligibility is means tested, but both the income threshold and the amount paid are determined at provincial and municipal levels, according to local needs and resources. Despite questions around the programme's implementation (Gubrium et al., 2014; Ravallion, 2007, 2016), this resulted in higher benefits being paid in urban areas (USD 45/month) than rural areas (USD 20/month) in 2014 (Zhang & Wu, 2016).

Another option is to maintain a uniform cash transfer payment level, but to offer additional benefits tailored to urban and rural residents. For instance, poor (or all) older persons would receive the same social pension, but those living in urban areas would also be entitled to apply for housing subsidies, subsidized public transport, and free water and electricity. In New York City, for example,

beneficiaries receive subsidized food, housing and medical care in addition to cash transfers (Human Resources Administration of the City of New York, 2018).

## 4 | COUNTRY EXPERIENCES WITH URBAN SOCIAL ASSISTANCE

Social assistance programmes in low-income countries tend to be either national in coverage or predominantly rural. But following the food, fuel and financial crisis of 2007–2008 (Gentilini, 2015), which affected the urban poor disproportionately, many governments responded by introducing social assistance programmes for urban residents. Although these programmes tended to target the poor, as rural programmes also do, their design had to be adapted to urban contexts. Of course, a few countries already delivered social assistance in urban areas, generating useful lessons for others.

Two broad options can be followed, whereby tailored programmes are introduced only in urban areas (e.g. China, El Salvador, Chad, Kenya, Mozambique), or where programmes start in rural areas and are later extended to urban areas (e.g. Mexico, Ghana). Many national programmes also cover both urban and rural residents, but these do not offer suitable best practices for countries planning to develop urban-sensitive social assistance programmes. Six of the seven countries named above are discussed here in brief case studies summarized from Gentilini (2015), except for Chad (Watson et al., 2016). The seventh country—Ghana—will be explored as a detailed case study in the next section. To the best of our knowledge these countries are the only ones to tackle the issue of designing, adjusting or expanding social protection specifically in or into urban areas.

By contrast, we do not examine reviews of humanitarian aid in urban contexts or universal basic incomes (UBI), as these are not specific interventions aimed at extending urban social protection. It is true that the share of forcibly displaced populations residing in urban areas, the urbanization of poverty, and protracted conflict and emergencies that are hitting urban areas are all increasing (D'Onofrio, 2018). However, although the need to better integrate humanitarian and development social protection is evident, they respond to different fundamental aims, circumstances, political drivers, technical consideration, and financing sources (Campbell, 2018; Humanitarian Practice Network, 2018; Tappis & Doocy, 2018).<sup>4</sup>

With regards to universal basic income schemes, they largely remain to be implemented in practice, although some progress has been made in developing countries (Gentilini et al., 2020). For example, several proposals have been advanced in India but in varying levels of operational detail, illustrating how critical issues of fiscal sustainability, benefit levels and sequence of benefits have not yet been properly answered (Bardhan, 2017; Felman et al., 2019; Ghatak, 2016; Ray, 2016).

### 4.1 | China

In response to rapid urbanization and the restructuring of state-owned enterprises that cost millions of public sector workers their jobs, the Chinese government introduced the urban minimum living guarantee system, *Dibao*, in 1999, reaching 21 million beneficiaries in 2013. The urban *Dibao* has become a formal poverty-oriented measure to support low-income urban working households and the elderly with local residence or *hukou* (thus effectively excluding migrant workers and their families).

<sup>4</sup>Examples of humanitarian aid in urban areas reported by the referenced authors are Haiti, Afghanistan, Bangladesh, Syria and Ecuador (Humanitarian Practice Network, 2018).

*Dibao* benefit levels are set by provinces and cities, initially based on estimated minimum living costs (for food, clothing, housing, utilities, health care and education fees); and later on, as a proportion (e.g. 65%) of the local minimum wage. In addition to *Dibao*, China's urban social protection system includes a number of other programmes targeted at *tekun* people (those in extreme difficulty or poverty)—urban residents with no labour capacity, no income and no legal guardian—as well as programmes on education, health, employment, housing, disaster relief and temporary assistance.

Two key lessons learned are the need to set consistent thresholds across the country for means testing purposes, and the need for standardized benefit levels (i.e. a uniform national payment) or standard rules for benefit levels (e.g. 65% of the local minimum wage in each province or municipality).

## 4.2 | El Salvador

In response to the “triple F” crisis of 2007–2008, El Salvador introduced a social protection system in 2009, with a rural component (*Comunidades Solidarias Rurales*) and a specific urban component (*Comunidades Solidarias Urbanas*, CSU). A Temporary Income Support Programme (PATI) was implemented under the CSU, which targeted urban young people, especially unemployed men in their 20s, in an attempt to prevent crime. Alongside income transfers (for six months only), a package of employment-related support was provided, including youth mentoring, employment counselling, workplace linkages, job skills training and seed capital for self-employment. An impact evaluation found positive impacts, especially for urban young people and women, on poverty and labour-market participation, immediately after participating in the programme and also in the medium term (Beneke de Sanfeliú, 2014).

## 4.3 | Chad

*N'Djamena Nadif* was implemented by the mayor's office in N'Djamena, the capital, as an initiative to create employment opportunities for poor urban women. The plan was to recruit 10,000 women as street sweepers and market cleaners for an “urban sanitation” programme in a bid to generate continuous long-term employment. However, the scheme only employed 850 women, reflecting the difficulty in creating labour-intensive employment at scale in cities. There was also concern over whether employing exclusively women as cleaners reinforced gender stereotypes. Nonetheless, participants affirmed the vital contribution the income they earned via *N'Djamena Nadif* had made to their households' food security, education and housing costs (Watson et al., 2016).

## 4.4 | Kenya

Nairobi's slums are fast-growing and densely settled, their residents are highly mobile—half have migrated from rural Kenya—and unemployment, food insecurity and under-five mortality rates are very high (Creti, 2014). In response, the Urban Safety Net Programme was launched in 2010. Beneficiaries received monthly unconditional cash transfers, skills training and business grants. Geographic targeting was considered politically unacceptable, so eligibility criteria initially included low income, food insecurity, taking care of orphans and being a female- or child-headed household. Because income data were unreliable, these were replaced by a poverty scorecard using 18 indicators. Another challenge was the benefit level, which was set at the same level as the

government's rural cash transfer programmes, even though the official food poverty line is 32% higher in urban areas.

Nonetheless, food security indicators such as meals per day and dietary diversity improved following the programme's implementation. However, "other factors affecting malnutrition (hygiene, sanitation, and care) remained unsatisfactory due to the poor living conditions in the slums" (Gentilini, 2015, p. 128).

## 4.5 | Mozambique

In the early 1990s Mozambique introduced one of the first urban cash transfer programmes in Africa, targeting people who were displaced from the countryside into towns and cities by the civil war. This programme eventually grew to cover the rural poor as well (an unusual case of an urban programme expanding into rural areas), but coverage and payment levels remained extremely low—the cash transfer currently equates to one-third of the urban poverty line.

In 2008 the "triple F" crisis triggered rapid increases in living costs, affecting the urban poor most severely. In Mozambique, this was aggravated by cuts to fuel subsidies and social spending, which provoked urban riots. The government responded by subsidizing transport costs and introducing an urban food voucher programme called *Cesta Básica*. The National Strategy for Basic Social Protection was launched in 2010. In 2012, labour-intensive public works were implemented in Maputo, but on a much smaller scale than a pre-existing rural public works programme. A new national social protection strategy was approved in 2016, but does not include a strong focus on urban areas (Zapatero & Villanueva, 2014).

## 4.6 | Mexico

The expansion of the *Oportunidades/Prospera* conditional cash transfer programme into urban areas in Mexico required adaptations in design and delivery over several years as best practice was learned. For example, instead of door-to-door visits to identify and register eligible households, the programme was advertised in the mass media and applicants had to queue at recruitment offices. Initially, payments were the same for rural and urban beneficiaries, but an urban-adjusted benefit was introduced in 2009. Urban beneficiaries are also given bank cards to collect their cash from ATMs. Receipt of the benefit was also made conditional on beneficiaries taking steps to improve their nutrition and wellbeing with the support of health services, and the promotion of good nutrition and wellbeing.

These case studies demonstrate the need across different contexts to modernize the design and implementation of social assistance if it is to be impactful in urban areas. This innovation implies linking such programmes with new technologies; improving targeting to reach traditionally overlooked groups such as unemployed young people and women; and defining benefits flexibly. These lessons help structure our analysis of and recommendations for the urbanization of cash transfers in Ghana.

## 5 | POVERTY AND SOCIAL ASSISTANCE IN GHANA

This section introduces the country case study of Ghana—its incidence, trends and distribution of poverty; poverty reduction policies; and social protection programmes. Ghana is a good case study when considering urban social assistance for several reasons. First, the country exemplifies a successful

**TABLE 2** Distribution of the poor in Ghana by location, 2005/06–2012/13

Location	2005/06	2012/13	Change
Urban	1,041,086 (14.7%)	1,402,091 (22%)	+361,005
Rural	6,050,606 (85.3%)	4,981,967 (78%)	−1,068,639
National	7,091,692 (100%)	6,384,058 (100%)	−707,634

Source: GLSS V (2005/2006) and GLSS VI (2012/2013).

trajectory of rapid growth and poverty reduction, leading a group of countries that are moving from low-income to lower-middle-income country status (World Bank, n.d.-a). Second, while economic growth has been accompanied by urbanization and a rise in the numbers of urban poor, rural poverty has decreased. Third, several social protection programmes already exist and the Government of Ghana is committed to developing a coherent social protection strategy. However, there is a need to think clearly about how to operationalize social protection for urban residents, beyond simply expanding existing programmes from rural areas. Finally, while this analysis aims to contribute to policy debates in Ghana, many countries in a similar phase of economic development and design of social protection systems can learn from Ghana's experience.

## 5.1 | Poverty in Ghana

Ghana has made impressive progress in stimulating economic growth and reducing poverty in the past two decades. Gross domestic product (GDP) growth picked up in the early 2000s and reached a steady rate of nearly 8% per annum after 2006. Since 2008, Ghana has grown faster than most other African economies and, in 2010, was declared by the World Bank to be a lower middle-income economy (Molini & Paci, 2015). Rapid growth translated into poverty reduction. The national poverty rate halved, from 52.7% in 1991 to 24.2% in 2012–2013, and extreme poverty fell even faster, from 37.6% to 8.4% (Ghana Statistical Service, 2014). Stunting and child mortality have all fallen by around half in recent decades (Ghana Statistical Service et al., 2015).

Poverty in Ghana should no longer be viewed as a predominantly rural phenomenon. Data from the Ghana Living Standard Survey (GLSS) show that between 2005 and 2006 and 2012 and 2013 the number of rural poor fell by over one million people, while the urban poor increased by over 360,000 (Table 2). Not shown in Table 2, is how child poverty remains considerably higher in rural areas (42%) than in urban (13%), and rural children are more likely to be stunted than urban children (22% as opposed to 15%); child poverty fell by 6% in rural areas between 2005/2006 and 2012/13, but only declined marginally, by 1.2%, in urban areas.<sup>5</sup>

Rapid migration and natural population growth have caused demand for urban services and infrastructure to outstrip supply, leading to the creation of slums and informal settlements. In Accra, the proportion of households with access to piped water fell from 91% in 2000 to 69% in 2010 (World Bank, 2015). Solid waste disposal and sewerage is a major challenge in cities, increasing health risks, environmental damage and healthcare costs.

<sup>5</sup>The Ghana Statistical Service (GSS) defines the absolute poverty line as the value of food consumption necessary to satisfy minimum subsistence needs, but specifying these needs is problematic, especially in urban contexts where self-provisioning is limited, and the nature of poverty is more heterogeneous. Owusu and Yankson (2007) argue that the income-based approach to estimating poverty in the GLSS tends to underestimate urban poverty, because the food consumption expenditure set as the poverty line is likely to be too low given the real cost of buying food for urban households.

## 5.2 | Poverty reduction and social protection policies in Ghana

While several policy documents have acknowledged the growth of urban poverty and the need for greater social protection and redistribution, successive poverty reduction strategy papers have characterized poverty as a rural phenomenon and failed to recommend urban-specific interventions (Government of Ghana, 2003, pp. 15, 17; 2005, p. 6; 2010, p. 95; 2012, p. 17). Most social protection interventions have accordingly not focused on addressing urban poverty. During the structural adjustment period of the 1980s social safety nets were introduced in Ghana, notably the PAMSCAD programme that targeted adversely affected groups, such as non-export crop farmers and retrenched civil servants (World Bank, 1992). From the mid-1990s, Ghana's national development strategy was anchored around Vision 2020, under which government was to "develop a comprehensive, sustainable and cost-effective support system, especially for the disadvantaged and vulnerable" (Government of Ghana, 1995). Weak co-ordination between the lead institutions combined with inadequate funding meant that no social support system materialized (Al-Hassan & Poulton, 2009).

Several social protection programmes have been introduced, including a contributory National Health Insurance Scheme (NHIS) with exempt categories in 2003; a national School Feeding Programme (GSFP) in 2005; capitation grants to expand free primary education (CGE) in 2005; a cash transfer programme, Livelihood Empowerment Against Poverty (LEAP), in 2008; and the provision of free school uniforms and free textbooks to poorer school children since 2009. Some of these programmes also target urban centres and urban families. The Senior High School programme and the Fertilizer Subsidy under the Planting for Food and Jobs programme were also launched in 2017.

The NHIS incorporates urban poor families under the exempt category component, which waives registration, processing fees and the premium for urban households. Similarly, the GSFP and the free uniform interventions targeted selected schools in areas which are considered deprived. The CGE is instead nationwide and covers all schools in the country. LEAP also started to incorporate urban areas in 2014. While this may be seen as a positive trend, these programmes do 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). For instance, LEAP and NHIS use the same targeting approach in both rural and urban areas.

LEAP is Ghana's flagship cash transfer programme. It provides cash transfers to households living below the national extreme poverty line every two months. Specifically, LEAP targets extremely poor households with one or several elderly persons over the age of 65 who have no means of support, persons with a severe disability, and orphans and vulnerable children (OVCs). The latter includes children under 18 years of age who are single or double orphans, disabled, chronically ill, or whose parents' whereabouts are unknown (Ministry of Employment and Social Welfare, 2012). Pregnant women and infants have recently been included as a new category of beneficiaries (Abdulai et al., 2019).

LEAP's overall goal is to increase long-term human capital development among the poorest and most vulnerable populations (Ministry of Employment and Social Welfare, 2012). The programme has expanded rapidly since its inception, with the number of beneficiaries increasing from 1,654 in just 21 districts in 2008 to over 300,000 households in all 260 districts by the end of 2019 (Government of Ghana, 2019, p. 72). The level of the LEAP benefit varies, depending on the number of eligible people in a household. Currently, a one-eligible member household receives GHS 64 (approximately USD 14.31), a household with two eligible members receives GHS 76 (USD 16.99), households with three eligible beneficiaries get GHS 88 (USD 19.67), and those with four eligible beneficiaries or more receive GHS 106 (USD 23.69).

Unconditional LEAP grants are offered to individuals unable to work, such as the elderly poor and persons with severe disabilities (PWDs). In contrast, caregivers of OVCs are required to fulfil

some conditions, including the enrolment of school-age children and ensuring birth registration. However, these conditions are rarely monitored, let alone enforced (Abdulai, 2020). In addition to cash, LEAP beneficiaries are entitled to free health insurance through the NHIS and are encouraged to access post-natal clinics and birth registration as well as to complete the Expanded Programme on Immunisation (Ragno et al., 2016). In theory, continued receipt of cash payments is conditioned on a valid health insurance card although this has never been meaningfully enforced (Roelen et al., 2017).

Studies point to various positive effects of LEAP, but also highlight several factors that undermine the scheme's potential to improve the lives of the poor. For example, the value of the LEAP grant has remained low (Abdulai et al., 2019; Sackey & Remoaldo, 2019) and payment highly irregular. Accessing complementary services is difficult for beneficiaries, most of whom still view the programme as a government handout and not as an entitlement of citizenship. Consequently, beneficiaries are unwilling to hold duty bearers accountable, even in the face of poor service delivery (Sabates-Wheeler et al., 2020). This might explain why LEAP has not defined an approach to working with the urban poor and why its share of GDP is a mere 0.038% (World Bank, 2016a).

## 6 | BRINGING IT TOGETHER: ADJUSTING SOCIAL ASSISTANCE FOR URBAN GHANA

Ghana's social assistance policies and programmes can reduce urban poverty more effectively by adjusting the design and implementation of interventions. We select LEAP as a case study because it is Ghana's flagship social assistance programme, enjoys high levels of popular and political support, and is operationally prepared to scale up in urban areas. LEAP was originally designed to reach the excluded rural poor, and it remains skewed towards rural contexts. Its uses social networks in rural communities for outreach initiatives, the use of GLSS data to identify indicators for the proxy means test has resulted in underperformance of the PMT in urban communities and subsequent low qualification rates (Pop, 2015), and LEAP benefits do not reflect urban costs of living.

Several adjustments may help LEAP to be more effective in the urban context. The recommendations presented here emerge partly from assessments already conducted in Ghana and partly from the above review of urban social assistance programmes in other countries. Such previous experiences have underscored the importance of technology in communications and outreach, improving targeting, and rationalizing benefit packages. These lessons structure our discussion of how LEAP can be better adjusted to urban areas.

### 6.1 | Communications, outreach and registration

LEAP relies on local-level engagement for **communications** in rural communities—informing potential beneficiaries about the programme, giving notification of upcoming paydays or receiving complaints. Most of this work is done through community focal persons (CFPs), who were selected for their local knowledge and as trusted community members. In urban settings, however, and especially informal urban settlements, communal familiarity and trust is often weaker than in rural villages (Gentilini, 2015). Many urban residents are more recent migrants and do not know their neighbours at all. For these reasons, CFPs may not be appropriate as LEAP agents in urban areas.

Conversely, urban areas offer opportunities to use multiple communication channels—advertising billboards or fliers, newspapers, radio, even social media and direct text messaging, as cell-phone

ownership is higher. Given higher population density, appointing a LEAP liaison officer may improve the level of programme-beneficiary engagement.

The **outreach** phase, which aims at ensuring that families are aware of the registration process for LEAP and other programmes, requires major adjustments. For instance, local governments could seek the support of trusted local NGOs in disseminating information and supporting registration drives. Door-to-door visits or community meetings should take place in the evenings or at weekends, after working hours. Other modalities should also be used, such as social media, text messaging and calls, community radio, mobile vans, information boards at the entrances to health or education facilities.

During **registration**, Mobile Targeting Units could be used in rural areas and urban contexts, though their duration should be extended for several days, and during the evenings. Additionally, scheduled appointments could be offered to improve participation by poor households and self-registration for available programmes.

## 6.2 | Targeting

An important shift occurred in 2016, when LEAP substantially expanded its targeting of urban areas across the country, parallel to rural areas, with urban households rising from less than 1% of all beneficiaries to 3.2% (6,800 urban households). A new demand-driven approach to registration was used, which was the same for urban and rural areas. Families were required to visit a Mobile Targeting Unit (MTU) to apply for LEAP by completing a PMT form. Families below a certain fixed threshold score became eligible for LEAP. To ensure awareness of the targeting exercise, the outreach strategy included door-to-door visits, orientation of CFPs, and community meetings. This strategy was found to be very effective in reducing exclusion errors in rural areas, roughly doubling the performance of targeting (World Bank, n.d.-b). However, coverage of eligible households remained much lower in urban communities. A review of administrative data found that the outreach strategy was less effective in raising awareness among urban families, because CFPs, door-to-door visits and community meetings are not well adapted to urban conditions of high mobility, absence at work during weekdays, and minimal interaction among neighbours (World Bank, n.d.-b). Moreover, the PMT scorecard identified very few (or even zero) households in urban communities, because the indicators and cut-off thresholds were designed to identify the rural poor. A short-term fix was applied, with the PMT scorecard used to rank and register the poorest 20% of urban families, but this experience pointed to the need to review the targeting approach in urban areas.

As mentioned previously, identification of eligible households using the proxy means test is based upon a national poverty line, and does not take into account factors exclusive to urban poverty. Urban centres tend to be more heterogeneous than rural communities. Pockets of extreme poverty in ghettos, informal settlements, or slums may be located alongside rich residential neighbourhoods. Mapping urban “poverty pockets” is a good starting point for narrowing the focus of interventions to the most disadvantaged families, in urban Ghana or elsewhere.

For improved **targeting**, an urban-specific PMT should be developed, incorporating different indicators to identify more accurately the circumstances of Ghana’s urban poor. Indicators could include residential status (owned, rented or temporary accommodation), population density, and access to sanitation, water and electricity. Analysts (such as de Groot et al., 2020 and Cuesta & Danquah, in press) have simulated the effects on targeting of reweighting variables in the existing PMT (by, for example, giving more weight to smaller households, as these are more frequent in urban areas); modifying PMT cut-offs (by lowering them in urban areas to increase eligibility); and combining PMT scores with predefined quotas of beneficiaries (thus ensuring that a predetermined share of

the urban poor is covered). Results improve the targeting of the urban poor with respect to the current rural-based PMT, but low urban eligibility remains a challenge (World Bank, 2016b; de Groot et al., 2020). Alternatively, drawing on lessons from other countries, geographic targeting might be appropriate in informal settlements where poverty is known to be highly concentrated, or categorical targeting of vulnerable groups—such as children or older persons—by adding urban child grants or social pensions might be preferable.

### 6.3 | Benefit package

As noted earlier, the urban poor face significantly higher living costs for food, rent, transport and energy. They rely more on income earned from employment rather than self-production, so they are more vulnerable to unemployment and underemployment, low and erratic incomes in the informal economy, and rising prices. As a result, the purchasing power of a cash grant may be much lower in urban than rural settings, and programme impacts will be diluted. Also, if the value of cash transferred is not seen as outweighing the opportunity costs of registering (e.g. in terms of lost work time), urban households may not even participate in the targeting exercise.

Setting the appropriate payment level is important. One rule of thumb is that cash transfers should be worth at least 20% of the household's pre-transfer consumption (ILO, 2016, p. 51). Often cash transfers are intended to “fill the food gap” in food-insecure families, so their value is set at the cost of a basic food basket, adjusted for household size. Another option is to calibrate the transfer value against the cost of a basket of essential goods and services, including food but also utilities that might cost more in urban areas. The basic benefit level for LEAP should be adjusted to incorporate the different consumption needs of urban households, accounting for lower self-production, higher reliance on cash and higher costs associated with urban life. In addition, the transfer level should be reviewed regularly and adjusted in response to inflation.

Alternatively, if differentials between urban and rural basic payments are not possible, urban LEAP households could receive subsidies or top-ups for payment of utilities, transport or housing. A political advantage of this package approach is that cash transfers can be held constant across urban and rural areas for equity reasons.

Beyond the cash grant (and free access to medical services), the benefit package for LEAP families in urban areas may include access (via a LEAP membership card) to services and livelihood opportunities that are more accessible than in rural areas, such as vocational training, youth employment programmes, access to nurseries and nutritional packages for younger children, free books and school uniforms for older children, and psychosocial support. LEAP households need to be sensitized on available services, and one-to-one support from the social welfare or case management officer should lead to developing a family plan that meets the needs of each LEAP household.

## 7 | CONCLUSIONS

Expanding coverage of social protection from rural to urban areas is not as simple as applying the same design and implementation modalities. Urban vulnerabilities are different from rural vulnerabilities, and this has implications for the design and implementation of urban-sensitive social protection. In this article, we have discussed the principles that can guide the design of urban social assistance programmes globally, and have implemented those with regard to a concrete case study, Ghana's flagship social assistance programme.

First, benefit levels should reflect the higher living costs in urban areas (e.g. for rent, utilities and transport), but without creating inequities between rural and urban areas. Second, given urban residents' dependence on markets, benefit levels must be sensitive to inflation, especially for food and other basic necessities. Third, in urban contexts of high rates of youth or female unemployment, social assistance should generate livelihood opportunities for those groups. Fourth, aside from cash transfers, social assistance should link poor urban residents to basic services such as healthcare, whether through subsidies, vouchers or case management. Fifth, urban contexts offer more opportunities to deliver and advertise social assistance through technologies such as mobile phone networks and ATMs. Finally, different targeting mechanisms have been used in urban contexts, but we still lack comprehensive evidence on their impacts.

In Ghana, adapting the predominantly rural LEAP to the urban context requires using different modes of communication—advertising hoardings, radios, newspapers, radio, social media and text messages rather than CFPs and meetings. If a new or adjusted proxy means test is used for targeting, then urban-specific poverty surveys should be used to identify appropriate indicators and weights. Alternatively, geographical targeting (e.g. of “poverty pockets” within cities) or categorical targeting (e.g. vulnerable groups) could be considered. LEAP benefit levels should also be raised and/or complemented with targeted subsidies to account for higher living costs in cities like Accra.

Furthermore, designing social assistance tailored to vulnerable subpopulations like poor urban children requires a holistic assessment of their needs. For example, supporting poor children also requires supporting their families.

Finally, more efforts are needed to build a social protection system beyond cash transfers and health services, complementing these with subsidized access to housing, public transport, water and electricity, and establishing stronger links with services beyond utilities, such as psychosocial support and child protection services.

Our findings arise from a handful of experiences where social assistance programmes have either been extended from rural to urban areas, or where they have been designed and implemented especially for the urban poor. Yet these lessons are relevant for the many low- and middle-income countries experiencing a combination of economic growth, urbanization and an evolving social protection system without a strongly developed outreach in urban areas. The lessons are also salient for middle-income countries with ambitions to universalize cash transfers and other social protection programmes, something which would typically demand an increase in urban coverage. As the number of such scenarios grows, opportunities for South–South learning on urban-sensitive social protection will increase. These opportunities should be exploited in Ghana and beyond to improve best practice around benefit packages, targeting mechanisms, technology and links with other services.

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