

UNIVERSITY OF GHANA

UNIVERSITY OF GHANA BUSINESS SCHOOL

**CONDITIONALITY, CITIZENSHIP AND THE IMPACT OF CASH  
TRANSFER PROGRAMMES IN GHANA**

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## DECLARATION

I hereby declare that this work, except for quotations and references acknowledged, is the result of my research and a representation of my views and findings.



13<sup>th</sup> December, 2022

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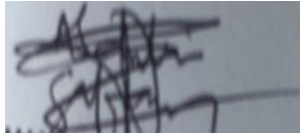
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## CERTIFICATION

I hereby certify that this thesis was supervised by the procedures laid down by the University.



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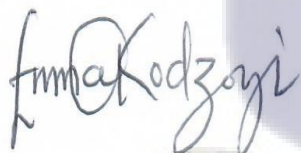


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## DEDICATION

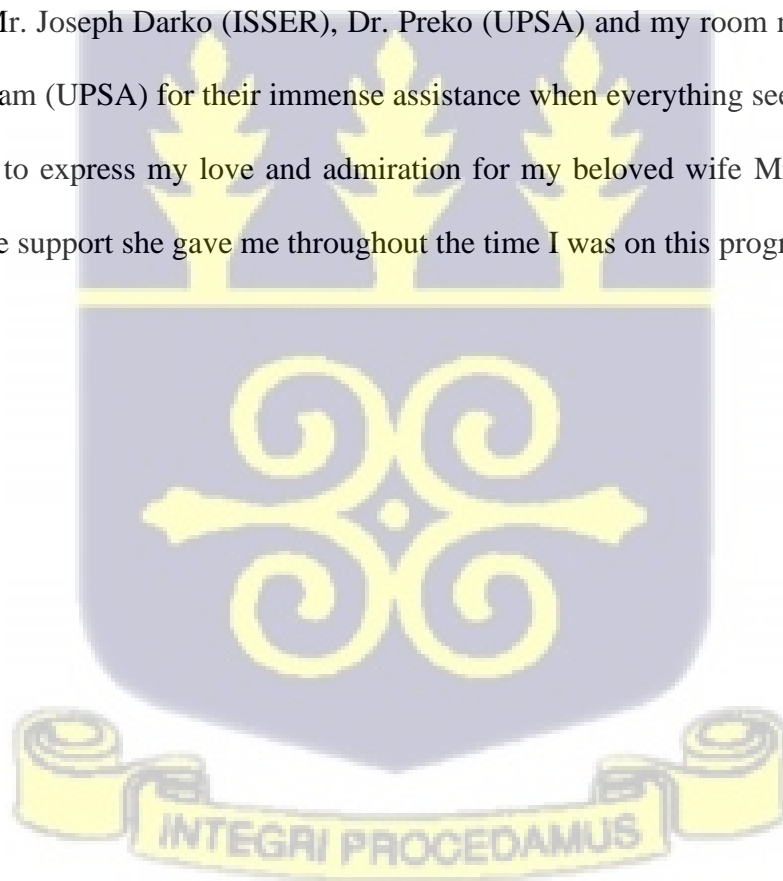
This work is dedicated to Almighty God and my dear wife Harriet Helen Kotey (Mrs) for her immense prayers and support that has seen me through this journey.



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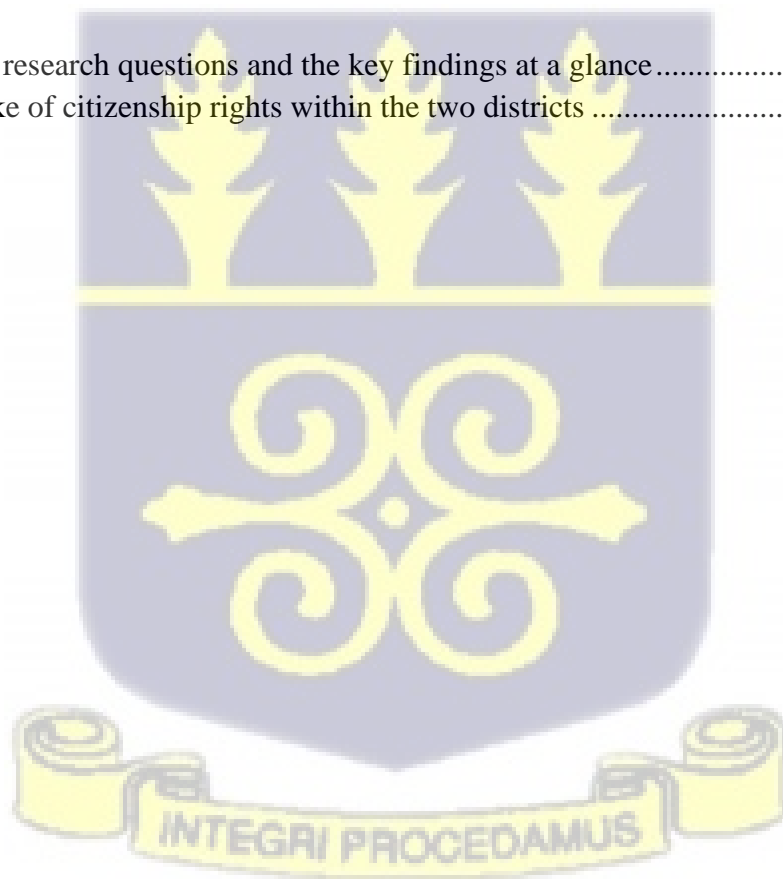
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**ABBREVIATIONS**

CCT	Conditional Cash Transfer
CHIPS	Community-Based Health Planning and Services
CSG	Child Support Grant
EPMM	Ending Preventable Maternal Mortality
FCUBE	Free Compulsory Universal Basic Education
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GLSS	Ghana Living Standards Survey
GLST	Ghana Luxembourg Social Trust
GSS	Ghana Statistical Services
IDI	In-depth Interviews
ILO	International Labour Organization
JHS	Junior High School
LEAP	Livelihood Empowerment Against Poverty
LMIC	Lower to Middle Income Country
LMS	LEAP Management Secretariat
MMR	Maternal Mortality Rate
MoGCSP	Ministry of Gender, Children and Social Protection
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
NIA	National Identification Authority
OVC	Orphans and Vulnerable Children
RCC	Regional Coordinating Council
SDG	Sustainable Development Goals
SHS	Senior High School
SPSS	Statistical Package for the Social Sciences
UCT	Unconditional Cash Transfer
UN	United Nations
WHO	World Health Organization



## ABSTRACT

Research on cash transfer programmes focuses on how they affect human capital development and poverty alleviation. It is well-established that people living in poverty face challenges that surpass their ability to meet their daily needs. Addressing challenges that meet the needs of people living in poverty is an effective way of improving the uptake of citizenship rights among them. This study aims to determine whether cash transfer programmes influence the uptake of citizenship rights among beneficiaries. In addition, the study investigates whether conditions attached to cash transfer programmes influence their beneficiaries' uptake of citizenship rights. It also looks at how local capacities support the implementation of conditional cash transfer programmes. Two cash transfer programmes, Ghana Luxembourg Social Trust (GLST) which strictly monitors and enforces its conditions and Livelihood Empowerment Against Poverty (LEAP) which minimally monitors its conditions are tested for their influence on the uptake of citizenship rights among their beneficiaries. Shai-Osudoku and Ningo-Prampram Districts have been adopted as case studies for this study.

The study used the concurrent mixed-methods approach involving the use of both quantitative and qualitative data collection methods. Data were analysed using contingency tables for the quantitative and thematic analysis for the qualitative study. Findings reveal that cash transfer programmes positively influence the uptake of citizenship rights. However, the dimensions of this influence differ or are similar depending on the contextual factors on the ground in Shai-Osudoku and Ningo-Prampram districts. Contextual factors include the level of education of people who are three years and older in the district, the level of poverty in the district and the number of persons per household in the district. The study also indicates that conditionality influences the uptake of human capital development activities and that local-level capacities must be taken into consideration when implementing a CCT programme.

These findings reveal that strict monitoring and enforcement of conditions attached to cash transfer programme influence the uptake of citizenship rights by their beneficiaries better than minimal monitoring and enforcement. On this basis, the strict monitoring and enforcement of conditions should be taken into consideration when designing conditional cash transfer programme for effective behavioural changes among beneficiaries.



## CHAPTER ONE

### BACKGROUND TO STUDY

#### 1.0 Introduction

Extreme poverty remains prevalent in the world today. This is evidenced in the World Development Report which states that “extreme poverty is still a reality for about one billion people, or 14 per cent of the total global population” (World Bank, 2017, p. 40). This Report further revealed that in the last two decades, increasing socioeconomic trends around the world has brought about growing inequality both within and outside the borders of the countries (World Bank, 2017). Eradicating extreme poverty has become a major concern to policymakers globally. A recent study by Hills et al. (2019) reveals there are global concerns about how poverty and inequality contribute to human deprivation and violate human dignity. The international development community has in recent years focused much of its attention on eradicating poverty. This is evidenced in the first goal of the Sustainable Development Goals (SDGs) which is to end every form of poverty everywhere (United Nations, 2015).

Governments aim at achieving the goal one of the SDGs using public policy. These are actions and intentions used to respond to the problem of poverty in various countries. What makes these policies public is that they are supported by the coercive powers of the state (Birkland & Thomas, 2001; Smith & Larimer, 2018). These policies are translated into policy designs in which policy goals and instruments are connected in such a way as to achieve the objectives of the policy (Howlett et al., 2015). Cash transfer (CT) programmes have primarily become the preferred policy instrument used by many governments to address issues of extreme poverty among their citizens (Cahyadi et al., 2020; Hudson, 2016; Jenson & Nagels, 2018). The main aim of CT programmes has been poverty alleviation, human capital development, and building citizenship rights among beneficiaries (Adato et al., 2016; Hunter & Sugiyama, 2014; Jenson & Nagels, 2018; Sackey, 2019). These are achieved through the

promotion of access to basic public health and education (Jenson & Nagels, 2018; Sackey, 2019). Cash transfer programs are designed to be conditional or unconditional. For conditional cash transfer (CCT) programmes, transfers are designed on beneficiary households meeting certain behavioural conditions such as accessing education and health facilities. Unconditional cash transfer (UCT) programmes give out the cash benefits to beneficiary households with no conditions attached. In 2014, a report by the World Bank claimed there were 194 cash transfer programmes worldwide (World Bank, 2015). These cash transfer programmes were growing at a rapid rate in Sub-Saharan Africa (SSA) (Owusu-Addo et al., 2018a); illustrating the depth and spread of CT programmes to overcome poverty in the world. Cash transfer programmes have been successful in Latin American countries like Brazil, African countries like South Africa and Asian countries like Indonesia (Cahyadi et al., 2020; Hudson, 2016; Hunter & Sugiyama, 2014). This thesis wants to investigate how the design of cash transfer programs influence the uptake of citizenship rights of their beneficiaries.

### **1.1 The Research Problem**

Based on the aims and objectives of CT programmes, it is expected that beneficiaries take advantage of them to get out of poverty. Ghana instituted the Livelihood Empowerment Against Poverty (LEAP) as a cash transfer programme to combat poverty. It is the flagship programme of Ghana's National Social Protection Strategy and was launched in March 2008. By the end of 2019, the LEAP programme was covering some 332,200 households in 260 districts across Ghana (GoG, 2019). So far, though LEAP has been operational in Ghana for more than ten years, there is still extreme poverty in the country. This may be a result of beneficiaries just collecting the money and not taking the attached conditions seriously. The CT programme aims to improve access to education and health facilities which will break the cyclical poverty these beneficiaries find themselves in. If this is not achieved, beneficiaries will just be collecting the cash benefits without any changes to their lives. This does not make

the CT programme sustainable and no government wants to pay out cash benefits forever. Moreover, taxpayers whose money is used for this cash payment will not be enthused that their money is being used for this programme without any commensurate change in the lives of beneficiaries.

There is a lot of research emerging on CT programmes and what they aim to achieve. Many of the scholarly works have their primary focus on the impact of CT programmes on poverty eradication and human capital development (Cahyadi et al., 2020; Cooper et al., 2020; Molyneux et al., 2016; Tweneboah-Koduah, 2020). These studies reveal that CT programmes have positive impacts on poverty eradication and human capital development (Adu-okoree et al., 2020; Alatinga et al., 2020; Cahyadi et al., 2020; Fuseini et al., 2019; García et al., 2019; Sulemana et al., 2019). For example, Sulemana et al. (2019) found that the LEAP programme has a positive impact on poverty alleviation through the reduction in hunger, improved enrolment in schools, improved access to healthcare, and investment in other income-generating activities. García et al. (2019) observed that after exposure to the CT programme for a year, there is an increased desire for higher education among beneficiaries, especially for those from the most socioeconomically disadvantaged households. Cahyadi et al. (2020) also indicated that human capital accumulation and the use of skilled delivery during childbirth increased. These scholarly works confirm that CT programmes can achieve their objectives of poverty alleviation and human capital development. However, little is known about how CT programmes achieve their objective of the uptake of citizenship by their beneficiaries (Attanasio et al., 2015; Oduro, 2015; Riggirozzi, 2020). This study goes beyond the narrow focus on poverty alleviation and human capital development to examine how cash transfer programmes influence the uptake of citizenship rights among their beneficiaries.

The limited research on CT programmes and how they influence citizenship outcomes of beneficiaries has mostly focused on state-sponsored CT programmes (Adato et al., 2016;

Hudson, 2016; Hunter & Sugiyama, 2014; Oduro, 2015). It has emerged that state-sponsored CT programmes have the potential to strengthen the association between the recipients and the state when the CT programme is supported by a constitution (Hudson, 2016). In contrast to state-sponsored CT programmes, less is known about donor-sponsored CCT programme and their association with the uptake of citizenship rights among their beneficiaries. This thesis, therefore, wants to compare two CT programmes, that are implemented differently, one sponsored by the state and the other being donor-funded. They will be compared on their influence on the uptake of citizenship rights among their beneficiaries.

One of the reasons why countries use CCT programmes is their behavioural conditions, which include the utilization of health and education facilities, that aim at alleviating both current and future poverty. These conditions are primarily to improve children's school attendance as well as the health of pregnant women, mothers with infant babies, and children. There is an ongoing debate in the literature on the relevance of attaching conditions to cash transfer programmes. Whilst some researchers suggest that conditions in CCT programmes play a significant role in the achievement of policy goals of the CCT programmes, others suggest that improved outcomes are not necessarily the result of conditions (Akresh et al., 2013; Cahyadi et al., 2020; Chioda et al., 2016; Freeland, 2007; Layton, 2020; McGuire, 2013). Still, others posit that conditionality lessens the effectiveness of the programme through its potential to exclude some low-income families (Baird, McIntosh, & Özler, 2017; Benhassine et al 2015; Rodríguez-Castelán, 2017). Another researcher is unclear whether the gains made by CCTs are a result of the cash transfers or the conditions (Saavedra, 2016). The primary contention on CT Programmes are centred on whether conditionality matters (Baird et al., 2019; Oduro, 2015; Riggirozzi, 2020; Zucco et al., 2019). If conditionality matters, then it will deepen our understanding of the extent to which the marginal effects of conditions attached to

these CT programmes contribute to the promotion of citizenship (Oduro, 2015; Pouw et al., 2020).

There has been significant improvement in the design of conditional cash transfer programmes. As part of social policy, the creation of CCT programmes has been enlarged to cover more than just eliminating poverty (Del Boca et al., 2021; Devereux et al., 2015; Pellerano & Barca, 2014). The improvement in the design of CCT programmes has been a result of the realization that poverty is fundamentally not because low-income households cannot deal with adversity, but rather, it is a consequence of social injustices such as healthcare inequality and the quality of public schools in areas where low-income households live. CCT programmes can be successful if they are complemented with critical and quality services (Bastagli et al., 2016; Cahyadi et al., 2020; Ghosh, 2011). Glassman et al. (2013) contend that countries vary by context and therefore the success of one CCT programme in one country will not necessarily mean it will be successful in another. Beneficiaries of cash transfers largely live in poor rural communities where social services are either inaccessible or are remotely located. More recent research suggests that implementation challenges related to remoteness and inaccessibility can undermine how cash transfer programmes influence their policy goals such as the uptake of citizenship rights by their beneficiaries (Abdulai et al., 2019; Port et al., 2019). Knowledge about how local-level structures influence the implementation of CCT programmes remains limited.

People living in poverty and vulnerable people do have challenges with their citizenship rights that need to be met. A strong and meaningful way of experiencing citizenship rights happens when everyone enjoys political, civil, and social rights in society (Hunter & Sugiyama, 2014). Citizenship gives the beneficiary equal rights as well as equal opportunities that, when harnessed, can improve their lives and their income levels. Citizenship is mostly essential for the well-being of the beneficiary. Citizenship is a fundamental right that

recognizes that all who are full members of a community, irrespective of their economic backgrounds and occupational grades, have the same rights in terms of their citizenship (Marshall, 1950). This implies that inequalities in earnings among citizens should not result in treating people as unequal members of the community (Marshall, 1950). Citizenship strengthens the relationship between the beneficiary and the state. It also reinforces the participation and social inclusion of beneficiaries in their communities. Research on the relationship between CT programmes and the citizenship rights of beneficiaries remains limited (Hudson, 2016; Molyneux et al., 2016; Oduro, 2015; Pouw et al., 2020; Rojas et al., 2020).

The thesis uses the cases of Livelihood Empowerment Against Poverty, LEAP, and Ghana Luxembourg Social Trust (GLST) to address these problems. LEAP aims to achieve poverty alleviation by enhancing consumption, and access to services as well as encouraging human capital development for the vulnerable and extremely poor (MoGCSP, 2021). Transfers to OVCs are conditioned (mainly in theory) on enrolment as well as regular attendance at school by the children and family members enrolled on the National Health Insurance Scheme (NHIS) (De Groot et al., 2015; Fuseini et al., 2019; Oduro, 2015; Owusu-Addo, 2014). In reality, the transfers are more based on co-responsibility than conditions because there are no serious efforts at monitoring or following-up to ascertain compliance to the conditions. The LEAP office implements the programme under the Ministry of Gender, Children, and Social Protection (MoGCSP).

The Ghana-Luxembourg Social Trust (GLST). GLST is a conditional cash transfer programme that aims at removing barriers to health care and education and improving the nutrition of pregnant women as well as their children. Under the programme, pregnant women living in poverty and children under five years old are eligible. “The project is implemented through the Luxembourg trade union NGO Solidarite syndicate, in collaboration with local

partners including LEAP, Ghana Health Services (GHS), National Health Insurance Scheme (NHIS), district administrations, and Ghana Post” (ILO, 2014, p. 36). The pilot project took place in the former Dangme West district, now Shai Osudoku and Ningo Prampram districts of Ghana. It began as GLST 1 on 1<sup>st</sup> December 2009 and ended on 31<sup>st</sup> December 2014 (ILO, 2018). The programme is still ongoing with a different focus. It currently does not offer cash transfers anymore rather it is focused on the registration of birth certificates and NHIS cards for the households of beneficiaries. Compliance of conditions was monitored through checking whether requirements are adhered to by the women before paying out the benefits. This strict monitoring by nurses and social workers was fundamental to generating the expected results for the health of mother and child (ILO, 2014). The sound monitoring and evaluation of compliance allowed for evidence-based impact analysis to be made by matching the group with a control group. Non-compliance and missing payments were followed up by focal persons working for GLST (GLST, 2010; ILO, 2014).

GLST and LEAP were selected because they are both cash transfer programmes that are designed to give income support to people living below the poverty line in Ghana; but they are implemented differently. GLST had conditions that were enforced whilst LEAP’s conditions are minimally enforced. This research seeks to find out the impact of conditions on citizenship, and in doing so, there is the need to compare GLST and LEAP. The comparison is being done because;

- (1) Conditions are enforced better in GLST than in LEAP and
- (2) They target broadly the same categories of beneficiaries, although the LEAP programme is much wider in scope both in terms of coverage and the type of beneficiaries covered.

## 1.2 Research Objective

The objective of this study is to establish whether there is a relationship among cash transfers, conditionality, and uptake of citizenship rights among beneficiaries of GLST and LEAP programmes in Shai Osudoku and Ningo Prampram Districts. It is to find out whether conditions attached to CCT programmes contribute to the taking up of citizenship rights among beneficiaries of the programmes.

## 1.3 Specific Objectives

There are four broad objectives to this study.

1. To examine how Cash Transfer Programmes influence the uptake of citizenship rights among beneficiaries
2. To investigate if there are differences in the level of uptake of citizenship rights among beneficiaries of GLST and LEAP programmes.
3. To find out the role of conditionalities on the uptake of citizenship rights among beneficiaries.
4. To explore the implications of the capacities of local-level structures for the implementation of a CCT programme.

Following the objectives, the following research questions guided the study:

- a. Do the two cash transfer programmes influence uptake of citizenship rights among beneficiaries in Shai-Osudoku and Ningo-Prampram Districts?
- b. Are there differences in the level of uptake of citizenship rights among beneficiaries of GLST and LEAP programmes in Shai-Osudoku and Ningo-Prampram Districts?
- c. How do conditionalities influence uptake of citizenship rights among beneficiaries of GLST and LEAP?

- d. Do local level structures have the necessary capacity to support the implementation of CCT programmes?

#### 1.4 Significance of Study

The sustainable development goals have their target one as to end poverty in all its forms everywhere (United Nations Development Programme, 2015). To achieve this, social protection systems such as cash transfer programmes are used to achieve this target. Cash transfer programmes are important policy tools used to tackle economic, social, political, exclusion, and vulnerability (Kesteren et al., 2018). GLST and LEAP are cash transfer programmes intended for the social protection of the poor and the vulnerable in society. Findings from this study will help enhance the performance of the LEAP programme to help alleviate poverty for Ghana to achieve SDG1. The findings of this study will also help enhance the LEAP programme to improve the citizenship uptake of its beneficiaries.

In implementing social protection programmes like GLST or LEAP, public social spending-to-GDP ratios will have to be considered (Adema et al., 2014). This will help determine the amount of money to be used for the cash transfer programme and to be responsive to the needs of the vulnerable population. Public administration also has the responsibility to ensure the fair distribution of resources for public purposes (Pavlyshyn et al., 2021). This will be responsive to serve the needs and expectations of citizens including the poor and vulnerable. Knowledge from this study will help public administrators become more responsive in coming up with programmes that will support beneficiaries to meet all their needs including their citizenship rights.

The effect of conditions attached to CCT programmes on the lives of vulnerable people is a concern to policymakers, practitioners, academia, and the vulnerable person. Designing and implementing social protection policies such as LEAP, the School Feeding Programme (SFP),

and National Health Insurance (NHIS) come with their implementation challenges. Research findings can help proffer solutions to these implementation challenges. Identifying the role played by conditions attached to CCT programmes may inform the design and implementation of social protection policies in such a way that looks beyond the narrow outcomes of human capital development and consider other problems such as citizenship. This study is necessary to find useful and efficient ways of implementing the social protection policy of Ghana.

International Labour Organization (ILO) can use this in their efforts to support people living in poverty. The Ministry of Gender, Children and Social Protection (MoGCSP) in Ghana can also use this information in working with other vulnerable people such as street children, load carriers (Kaya Yei), and people living in extreme poverty. The study aims to shift the attention from poverty and human capital development outcomes to other needs of the vulnerable person such as citizenship. This shift will help to move the focus to the vulnerable individual's needs, rights, and responsibilities. In this research, the responses from the vulnerable person will be used as feedback to help contribute to literature for the use of social welfare organizations, Non-Governmental Organizations (NGOs), and state institutions that work with vulnerable people. The findings will be adopted for use in the conduct of their activities.

Previous research has often studied cash transfers and their impact on human capital development outcomes, but their findings have primarily been on alleviating poverty among vulnerable people. This research will give a further dimension of knowledge on areas less covered by literature on cash transfers. For the vulnerable, this study will primarily inform policymakers on how to tailor social protection policies to best suit their needs and work towards improving their citizenship rights.

## 1.5 Definition of Terms

Citizenship:

Citizenship has many definitions in literature and according to Gordon-Zolov and Rogers (2010), it is less sharply defined. However, it is claimed that it consists of social citizenship meaning a sense of belonging and active participation, political citizenship, the right to vote; and civil citizenship, the protection of rights (Gordon-Zolov & Rogers, 2010; Marshall, 1950; Ramasamy, 2018). Stevenson et al. (2015, p. 6) stated that citizenship denotes “the formal and informal rights, entitlements and obligations held by all community members”. Marshall’s theory of citizenship infers that all human beings who are full members of a community are fundamentally of equal social worth – equal dignity, irrespective of how different they are from each other (Dosa, 2018; Lazar, 2012; Marshall, 1950). Citizenship makes available entitlements, privileges, and a source of social identity to citizens, which are not enjoyed by those who do not have citizenship (Gee et al., 2016).

This thesis uses the definition of citizenship to consist of social citizenship meaning a sense of belonging and active participation, political citizenship, for example, the right to vote; and civil citizenship, the protection of rights (Gordon-Zolov & Rogers, 2010; Marshall, 1950; Ramasamy, 2018).

## 1.6 Organization of the thesis

The rest of this thesis is organised as follows:

**Chapter 2** is a review of the literature on cash transfers, their usage, cash transfer programmes, and citizenship. The chapter also provides details on previous research on cash transfers and how they have been used in poverty alleviation. Issues of the debate on conditionalities are also discussed in detail in this chapter. There is a further discussion on citizenship, then the linkages between citizenship and cash transfer as well as how cash transfers affect the

citizenship rights of beneficiaries. The chapter finally looks at citizenship in Ghana both as policy and practice.

**Chapter 3** presents the methodology and data analysis used for this research. Under the methodology, topics such as research design, research philosophy, negotiation of access and data collection for both qualitative and quantitative aspects of the research are presented. Thematic analysis is used to analyze the qualitative data, whereas statistical analysis such as contingency tables is used to analyze the quantitative data. These are used to find answers to the research questions. Three themes are discussed which are civil, social and political rights.

**Chapter 4** focuses on the findings of the data collected. The two cash transfer programmes have an association with civil rights. Citizenship is constructed when beneficiaries' interaction with state agents is enhanced. Social rights also enhance the citizenship experiences of beneficiaries. A further inquiry was done to ascertain whether the local level structures support the implementation of CCT programmes. Here, the chapter looks at structures used by LEAP and ascertains whether those structures can be used to support the implementation of a CCT programme.

**Chapter 5** Is the discussion chapter where the whole work is brought together in one chapter

**Chapter 6** Concludes the study.



## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This chapter reviews the relationship between cash transfer programmes and citizenship rights. It aims at reviewing relevant literature on how conditional cash transfers contribute to the promotion of citizenship. It considers the meaning of citizenship and categorises citizenship into three parts namely, civil, political, and social. The chapter further considers the strengths of citizenship as well as the relationship between cash transfer and citizenship. The chapter ends by reviewing citizenship policy and practice in Ghana.

The chapter is arranged as follows : Section 2.1, delves into implementation theories; Section 2.2 briefly discusses cash transfer programmes and Section 2.3 discusses conditions and citizenship building. Section 2.4 discusses citizenship and the conceptual framework is covered in Section 2.5. This is followed by the citizenship policy in Ghana in Section 2.6. The last part, Section 2.7 concludes the chapter.

#### 2.1 Implementation Theory

This thesis addresses issues on policy implementation and social policy. Implementation is defined as “the process of the interactions between setting goals and the actions directed towards achieving them” (Pressman & Wildavsky, 1973, p. 4). Another definition for policy implementation states that it involves translating the goals and objectives of a policy into an action (Khan, 2016). Mazmanian and Sabatier define implementation as “the carrying out of a basic policy decision, usually incorporated in a statute but which can also take the form of important executive orders or court decisions” (Mazmanian & Sabatier, 1983, p. 20). Understanding policy implementation is very important because no matter how good a policy is designed, its aims may not be achieved if it is not properly implemented (Mubarok et al., 2020). This section will have a look at Mazmanian & Sabatier’s theory.

Mazmanian and Sabatier's theory views policy implementation as being "influenced by three main factors, namely the characteristics of the problem (easy or not for a problem to be controlled), policy characteristics (the ability of policies to structure the implementation process), and environmental variables (variables outside the policy which affect implementation process)" (Mubarok et al., 2020, p. 33). Mazmanian and Sabatier, (1983) identified three broad categories of variables that influence how the objectives can be achieved during the implementation process. These are

(1) Tractability variable of the problem. That is to say, to have clear and consistent goals. In the case of cash transfer programs, the objectives are to alleviate poverty, develop the human capital of beneficiaries' wards, and to build citizenship rights among beneficiaries (Adato et al., 2016; Hunter & Sugiyama, 2014; Jenson & Nagels, 2018; Sackey, 2019). These can be achieved through stimulating access to basic education and public health (Jenson & Nagels, 2018; Sackey, 2019).

(2) Policy makers use their authority to put in place an appropriate structure for the implementation process (Mubarok et al., 2020). For this study, the agency responsible for the implementation of the policy goals are GLST and LEAP (Cash transfer programs in Figure 2.1). These can also be explained by the income and substitution effects of the two cash transfer programs in figure 2.1.

(3) Non-statutory variables affecting implementation. According to, Mubarok et al., (2020, p. 36), "there are several important variables outside the law that affect implementation, namely socio-economic and technological conditions, public support, attitudes and resources owned by society groups, support of superior officials, agreements and leadership capabilities of executing officials". All these variables outside the law are available for GLST and LEAP to operate in. These variables have an influence on the factors in figure 2.1 such as monitoring of

the conditions, cash transfer amounts, local level capacities, complementary services and the grievance mechanisms. These moderate the strength of relationship between the cash transfer programs and the impact they have on the beneficiaries.

## 2.2 Cash transfer programme

Cash transfer programmes are part of the redistributive policy typologies, which aim at transferring cash to people living in poverty and the vulnerable in society. Cash transfers are redistributed to address transgenerational poverty through human capital development. They are of interest to public administrators because the decision to administer a cash transfer programme is subject to the priority decisions of public budget expenditure (Devereux, 2016; Ghosh, 2011; Zucco et al., 2019). Administering cash transfer programmes means that budget expenditure for other social goods will be affected. Public administrators have to decide on the level of trade-off between budget allocation to cash transfer programmes and spending on social goods and services.

Being a redistributive policy, introducing a cash transfer programme faces some resistance, mainly from those who will not be beneficiaries. Some researchers have criticised cash transfer programmes of acting as a disincentive to participate in the labour market (Bastagli et al., 2016). Others think that money that can be used to provide critical social services in the community is spent on people living in poverty. However, Zucco et al. (2019) claim that adding conditions to cash transfers helps generate support among non-beneficiaries. Conditionality creates the impression that people living in poverty are being responsible for the transfers they are receiving and that it is not just free money. Conditionality, therefore, brings about the acceptability of the CT programme.

Various scholars explain conditional cash transfer programmes in different ways. Many scholars claim that CT programmes as a means of alleviating poverty (Cecchini & Madariaga,

2011; DFID, 2011; Freeland, 2007; Manley et al., 2012; Millan et al., 2016; Orton, 2011). For example, Millan et al., (2016) explain cash transfer programmes as the anti-poverty programme of choice in a lot of developing countries. Manley et al., (2012) explain that cash transfers have been successful in fighting poverty worldwide. These two agree that CCT programmes are used as important tools for reducing poverty. Other scholars explain conditional cash transfer programmes as being social protection tools used in many developing countries (Baird et al., 2014; Kabeer et al., 2012; Pellerano & Barca, 2016; Slater, 2011). For example, Pellerano and Barca (2016) suggest that CCTs are part of a relatively new and expanding group of social protection programmes whilst Kabeer et al. (2012) posit that they (the CCTs) are current innovation in the social protection field. Baird et al. (2014, p. 1) claims that “Cash transfer programmes are a popular social protection tool in developing countries”. These can be summarised to mean that CCTs are seen as important social protection tools used in many developing countries. Conditional cash transfers are also seen as periodic payments based on recipient households meeting certain conditions (Cecchini & Madariaga, 2011; Del Boca et al., 2021; Ferreira & Robalino, 2010). Layton (2020) claims that CCTs promote social inclusion by limiting the stigma of taking welfare. Glassman et al. (2013) suggest that CCTs are used to overcome cost barriers experienced by beneficiaries of these cash transfer programmes. Whilst other scholars suggest that CCTs support investing in human capital development (Barrientos & Santibanez, 2009). In addition, some scholars claim that CCT programmes are used to raise consumption and income of beneficiaries (Hidrobo et al., 2018; IEG, 2011). Putting all these understandings by various scholars together, one can then make the claim that CCT programmes are social protection tools, used to alleviate poverty, improve on social inclusion, support human capital development, raising consumption and income as well as overcome cost barriers experienced by beneficiaries. These are achieved through beneficiaries meeting certain conditions attached to these cash transfer programmes.

### ***2.2.1 Conditional cash transfer programme and poverty alleviation***

Cash transfer programmes are important social protection tools that are used by many developing countries. As the name suggests, UCT programmes have no conditions, while CCT programmes come with conditions attached. Conditional cash transfer programmes have a twofold objective; a short-term aim of reducing levels of extreme poverty through cash benefits and a long-term aim of breaking intergenerational poverty through stimulating human capital development (Barrientos & Santibanez, 2009; Pouw et al., 2020; Rojas et al., 2020; Torkelson, 2020). They mainly remove onerous financial restrictions and bring about more flexibility, thereby increasing the income available to be used. The removal of budget constraints of low-income families can lead to children going to school instead of getting involved in child labour. This is achieved mainly through the payment of cash benefits to beneficiaries. Sulemana et al. (2019) suggest that CT programmes improve the lives of beneficiaries through improving access to education and healthcare as well as improving food consumption. The payment of cash benefits removes budget restrictions that were not allowing beneficiaries to access health and education facilities. Fuseini et al. (2019) also posit that CT programmes alleviate poverty through improving income levels, savings, nutrition, access to healthcare, and school attendance. Cash transfers also protect living standards by alleviating destitution and promoting more sustainable livelihoods for people living in poverty (DFID, 2011). Zucco et al. (2019) claim that CT programmes have largely been positive in reducing poverty and inequality.

The claim that CCT programmes help people living in poverty out of monetary poverty is challenged by some researchers who make the case that poverty can be both monetary and non-monetary (Adu-okoree et al., 2020; Fuseini et al., 2019; Glassman et al., 2013). Obstacles in the lives of people living in poverty cannot be limited to only economic factors. Structural

inequalities also do contribute to the challenges faced by people living in poverty; and prevent them from obtaining the needed resources that can help improve their lives by getting them out of poverty. For example, if the schools and health facilities are very distant from the persons living in poverty, accessing these facilities becomes very challenging and expensive unless the state deals with access and mobility issues. The CCT programme deals with the demand-side barriers like opportunity costs arising out of foregone child labour. The demand-side barriers also include preferences of household decision-makers being different from those of the government. The supply-side barriers include unavailability of services or institutions, low quality of services, as well as direct and indirect costs. CCTs generally help poor and vulnerable people overcome the demand-side barriers, which, if not balanced with the supply-side response, could make the CCT programme less successful. It complements the CCT programme with critical and quality services, thus, making the programme successful (Adukoree et al., 2020; Alatinga et al., 2020).

Cash transfer programmes help households so that they do not go into destitution (Pouw et al., 2020). Since cash transfers usually provide for the basic needs of the household, beneficiaries cannot depend on that for their daily life. Ghana's cash transfer programme LEAP, for example, is only sufficient for a little above five days of food per month (Abdulai et al., 2019; Sabates-Wheeler et al., 2017). Conditional cash transfer programmes support families to delay their current welfare for future welfare.

Some research findings reveal that the successes of CCT programmes in Latin American and developed countries have been achieved largely because most of these countries have a complementary distribution of social goods (Glassman et al., 2013; Owusu-Addo et al., 2018a). These social goods can absorb the upsurge in utilization due to the cash transfer and make it easier for the person living in poverty to comply with the conditions (Glassman et al., 2013). CCT programmes are less effective when they are run in isolation. Similarly, the provision of

the supply services helps to some extent; however, it is in itself not a panacea to the policy agenda of increasing human capital development. Research by TÁRKI (2014) has demonstrated that in European Union countries where health and education services are made available to everyone in society, it is still necessary to use CCT programmes. The need to use the CCT programme is because human capital development among people living in poverty in these European Union countries is mostly low despite the removal of both demand and supply-side barriers. Therefore, CCT programmes become effective when they are combined with supply-side services.

Research by Gaarder (2012) found that poor households may have compelling reasons for not utilizing services, which is an assumption often missed by policymakers. The reasons could be that services are of poor quality, beneficiaries are familiar with achieving preferred outcomes in a better way, or programme outcomes are not the highest priority for decision-makers in the household (Gaarder, 2012). This assumption confirms that one of the ways through which social exclusion plays out is through the actions of those who are most likely to be excluded (Das et al., 2017). In situations like this, the future of the next generation is paramount. There will be the need to decide whether the options being chosen by the household decision-makers will lead to optimal results for the next generation or whether the results will be better than those imposed by the CCT programme. If the household decision options are better, then policymakers may have to allow them to have their way. If the contrary is true, then policymakers may have to put out persuasive arguments to convince household decision-makers why the preferred programme outcomes are best. Thus, going on the programme will help achieve better results than what is preferred by household decision-makers. According to Zucco et al. (2019), the need for conditions goes beyond welfare improvements. Still, behavioural requirements create a situation where the various departments of government need to coordinate, share information, and even collect data in the process of rationalizing the policy.

### ***2.2.2 Cash transfer programme and uptake of citizenship rights***

Research suggests that addressing poverty may also contribute to addressing citizenship concerns in terms of creating equity in society, improving social cohesion, social standing, rights of the marginalized in society, and political behaviour of beneficiaries (Carmona & De Schutter, 2015; Ponce & Rowe, 2018; Rojas et al., 2020). Available literature reveals that CCT programmes can generate a sense of self-worth, dignity, assertiveness, financial independence of beneficiaries, realize daily basic needs, and support social inclusion, all of which contribute to citizenship (Adato et al., 2016; Alatinga et al., 2020; Hunter & Sugiyama, 2014; Molyneux et al., 2016; Pouw et al., 2020; Rojas et al., 2020). In their research, Pouw et al. (2020) found that CT programmes have an impact on food consumption, education, health, cohesion within the family and community and citizenship rights. Hunter and Sugiyama (2014) also found that Brazil's Bolsa Familia provides notions of citizenship and that the targeting does not make beneficiaries feel undignified in any way. It also does not mean that the performance of targeting and conditionality on citizenship is less than that of a universal programme.

The second component of T.H. Marshall's theory of citizenship is political rights, which involves political participation. This political right makes participation key to the state-citizenship relationship. This right can be realized through participating in local decision-making and giving a voice to beneficiaries. Participation can also be realized when cash transfer programmes facilitate engagement with beneficiaries previously excluded from decision making. By giving people responsibilities, they become important contacts with the agents of the state and therefore engage the agents of the state regularly on essential issues. This level of participation strengthens the relationship between the state and the citizen. According to Ulriksen and Plageron (2014), the state is a duty bearer in the state-citizenship relationship, in that the state has responsibilities toward the citizen in making sure that claims are provided, at the same time, all citizens have rights and are duty bearers who have duties to

perform. CCT programmes require specific behavioural changes in beneficiaries that contribute to the acceptance and performance of their duties. These duties, financial independence, self-worth, and dignity gain improve their standing in society and can encourage them to become active citizens. CCT programmes can contribute to the state-citizenship relationship through the programme's ability to encourage beneficiaries to become duty bearers.

In a build-up to the impact of cash transfers on notions of citizenship, Plagerson et al., (2012) suggest that though the transfers may facilitate the state-citizen relationship, it is weak in explaining the relationship between the state and the citizen. This affirms that the extent and circumstances under which social transfers can have a positive influence on strengthening the state-citizenship relationship is still thin (Pavanello et al., 2016). These are a result of the fact that research on the factors beyond human capital development is still limited. That notwithstanding, cash transfers are seen as promoting the citizenship of beneficiaries with the broader community. This promotion of citizenship is achieved through the transfers improving beneficiaries' welfare as well as offering them the ability to participate more fully in their social life (Pavanello et al., 2016).

### ***2.2.3 Debate on Cash transfer programme***

It is argued that low-income countries have limited resources that should be spent on providing critical infrastructure in society to benefit everyone. It is further argued that providing cash transfers will stifle other necessary social investments in developing countries. This argument is countered by the fact that most countries providing cash transfer programmes predominantly use a small percentage of their gross domestic product (GDP) as funding for people living in poverty while increasing expenditure on critical infrastructure. For instance, Brazil uses 1.4 per cent; India uses 1.5 per cent, and South Africa, which has a strong cash transfer programme, uses 3.3% of its GDP for its social assistance programme (Torkelson,

2020). In the desire to increase access by making it easy for beneficiaries to comply with conditions, most countries have increased their expenditure on critical social investments.

There is a debate that transferring cash to people living in poverty is a disincentive for them to work in that some will desire to stay at home and receive the cash transfer (Daidone et al., 2019). The available evidence does not support this assertion, but rather, that cash transfer programmes increase demand for work among working-age adults; however, this is not statistically significant (Bastagli et al., 2016; Del Boca et al., 2021). Reductions in the demand for work have been mostly reported among the elderly going on pension and those who reduce working hours to care for dependents (Bastagli et al., 2016).

Others contend that cash transfers are susceptible to corruption. Corruption thrives when there is abject poverty because people living in poverty have little resistance to demands for bribery and corruption. However, cash transfers alleviate abject poverty and eliminate the ability of corruption to thrive. Thus, implementing cash transfer programmes both weakens the supply side and negatively influences the demand side of corruption (Grimes & Wängnerud, 2010; Layton, 2020; Pouw et al., 2020).

#### **2.2.4 Targetting**

Targeting of cash transfers to selected members of the society is based on certain specific social categorizations such as people living in poverty, vulnerable people, the aged, or of a particular gender. The problem is, how does one differentiate between people living in poverty and the non-poor? Programme conditions are designed to be more costly to the rich than it is to people living in poverty, so while it is inducing people living in poverty to participate, it dissuades the rich from becoming beneficiaries (Alatas et al., 2012; Pellerano & Barca, 2016).

Proponents of targeting suggest that conditionality brings about a high level of efficiency in the use of resources; reaching people living in poverty and vastly reducing the ability of the

non-poor to slip through to receive cash transfers. Conditions bring about equity by improving the performance of targeting, and it is a deterrent to the unqualified (Schüring, 2010). By doing this, a more significant share of the benefits of the programme is delivered to people living in poverty. Targeting, however, tends to leave out some people living in poverty who are unable to meet the criteria or conditions yet qualify for the cash transfer. For instance, Alatas et al. (2012), using means-testing, found the exclusion of 53 per cent of households who were qualified and rather included 20 per cent of households who were not qualified. These slippages reduce the cost-effectiveness of targeting.

Reducing leakages to unqualified beneficiaries brings savings that compensate for the massive costs associated with targeting (Glassman et al., 2013; Saavedra, 2016). This assertion becomes challenged when the administrative capacity in the country is low. A low administrative capacity reduces efficiency in targeting, leading to unqualified people becoming beneficiaries. The low administrative capacity reduces the expected savings and therefore lessens the ability to compensate for the high administrative cost of conditions. Advocates of targeting argue that the limited resources of developing countries could be better used in targeting members of the society in greatest need and ensure high coverage (Glassman et al., 2013; McGuire, 2013). Targeting brings about political acceptability and how the community views the targeting process as being fair. When the programme is viewed as being fair, it influences the social relations in the community as well as poverty and inequality outcomes (Bastagli et al., 2016; MacAuslan & Riemenschneider, 2011).

### **2.2.5 Universalism**

Universalism means all people have the right to cash transfer. The debate on targeting or universalism is essential in social protection discourse because it discusses appropriateness, efficiency, equity as well as costs. Proponents of universalism propose that equity and freedom of choice are the central issues achieved by UCT, and they suggest that these aim at

establishing the fact that social protection is a right (Abdulai et al., 2019; Devereux & Sabates-Wheeler, 2007). UCT is seen as a right a citizen is entitled to. This entitlement builds unity and a sense of belonging because everyone receives benefits. Universalism makes cash transfer programmes achieve a socially optimal impact in its objective of decreasing poverty; this happens by largely reaching as many people living in poverty as possible. Universalism can lead to possible slippages to people who are not poor yet, receive the benefits.

## **2.3 Conditions and citizenship building**

### ***2.3.1 Do conditions in CCT programmes contribute to citizenship building?***

Current approaches to addressing the relationship between cash transfers and citizenship have already proven that cash transfer programmes influence citizenship positively (Grimes & Wängnerud, 2010; Hudson, 2016; Molyneux et al., 2016). The question that arises is that does conditionality make a difference or not? Although Freeland (2007) and Mcguire (2013) suggest that failure to meet conditionality in CCT programme deprives the poorest people of their right to these transfers, they failed to test whether conditions influence citizenship positively or negatively. What is contested is the extent to which conditions impact the vertical relationship between people living in poverty and the state as well as the horizontal relationships between people living in poverty and their communities (Plageron et al, 2012). To what extent does conditionality contribute to the citizenship outcomes of beneficiaries? Not testing for the impact of conditions on citizenship will result in policymakers continuing to use CCT programme, which may not be the most effective way of utilizing cash transfers. Resources that could affect the lives of beneficiaries would go into unnecessary expenditures needed to monitor these conditions.

One of the underlying assumptions for the use of conditions in cash transfer programmes is that poor households have limited information on the long term benefits of preventive medicine and education (Browne, 2013; Daidone et al., 2019; De Groot et al., 2015; Pouw et al., 2020). This limited information leads to the priority of heads of poor households deviating from the welfare of their children. This assumption could further lead to underserving the education and health needs of children of school-going age as well as the health needs of adults. This limited information can also lead to an unfavourable distribution of resources within a household, which places less value on the education of girls (Adu-okoree et al., 2020; Akresh et al., 2013; Baird et al., 2014). This assumption is based on literature that proposes that when economic means are low, parents either show compensating behaviour by financing the less capable children or show investment behaviour by investing in the higher ability children (De Groot et al., 2015; Nelson & Sandberg, 2017). In such situations where there are individuals with weak or no bargaining positions in households like women and children, conditions are used as an intervention to strengthen their bargaining power or decision making power within the household (Alatinga et al., 2020; Schüring, 2010). Children in households where parents favour child labour may have no bargaining power, but the conditions are used so that parents may allow them to go to school instead of getting involved in child labour for short-term income.

Conditions through targeting can exclude certain people who are seen as being equally in need; this may lead to unfairness in the cash transfer programme (Alatinga et al., 2020; Benhassine et al., 2015; McGuire, 2013). This exclusion can generate a sense of resentment and jealousy towards selected beneficiaries and worsen tensions within a community (Alatinga et al., 2020; MacAuslan & Riemenschneider, 2011; Pavanello et al., 2016). This resentment can also lead to hostility and envy among recipients and non-recipients (Babajanian, 2012; Bastagli et al., 2016; MacAuslan & Riemenschneider, 2011). A case in point is an assessment

of the Mchinji Social Cash Transfer Pilot project in Malawi, which identified teething troubles of jealousy between recipients and non-recipients (Miller, Tsoka, & Reichert, 2011; Pavanello et al., 2016).

As part of CCT programmes, beneficiaries are offered informal education and training, which contribute to the empowerment of beneficiaries. The complementary training they offer beneficiaries makes them conscious of their rights and entitlements, strengthens their social participation, confidence, and social relations. This impact is realized as beneficiaries participate at the household and community levels (Adato et al., 2016; Molyneux et al., 2016). These promote social integration, social participation, a sense of belonging and state-citizenship relations.

The selection process, which involves targeting, entails violations of the privacy of beneficiaries. This violation occurs through the use of means-testing, which is invasive and stigmatizing. The selection process leads to feelings of shame, which impacts citizenship formation negatively and also, deters impoverished persons who qualify, from applying (Hunter & Sugiyama, 2014; McGuire, 2013). Drawing from the above, conditions through means-testing may be invasive and stigmatizing.

### **2.3.2 Cost of conditions**

One disadvantage of CCT programmes is that administering conditionality and targeting comes with added administrative costs and makes it more complex to run (Benhassine et al., 2015; Pellerano & Barca, 2016; Rudd et al., 2016). Pellerano and Barca, (2016) argue that there are direct and indirect costs involved in CCT programmes, as well as opportunity costs necessary in conforming to the conditions. These all affect the cost-effectiveness of CCT programmes. Costs such as transportation, school stationery, and uniforms; and opportunity costs such as substituting income from child labour with the income from cash transfers are

most challenging for people living in poverty to deal with (Attah, 2017; McGuire, 2013; Standing, 2011). McGuire (2013) argues that costs incurred to claim cash transfers or to meet conditions might end up making households poorer. This position is supported by de Brauw and Hoddinott (2011), who claims that there are associated costs in meeting the conditions, and these costs are not evenly distributed among household members. They give an example of mothers who may have to escort children to health clinics. In this case, the number of children determines how much it will cost that mother in meeting the conditions. Benhassine et al., (2015) also found that conditionality could discourage some households who qualify to be beneficiaries from applying. In effect, the cash transfer may create the income effect; but imposing conditions bring about restrictions. These restrictions in turn may either be expensive for some beneficiaries or eliminate some potential beneficiaries from accessing the CCT programme.

Zucco et al. (2019) hold the view that different agencies of government responsible for social protection need to harmonize their activities to apply conditionalities. They further state that these agencies need to work together and share information to achieve policy goals (Zucco et al., 2019). These public administration activities contribute to the administrative burden of CCT programmes. A further addition to the administrative costs comes from conditionality and targeting processes. For instance, Benhassine et al. (2015) argue that conditionality and targeting contribute to 49 per cent of running PRAF in Honduras and 31 per cent of running RPS in Nicaragua. Rudd et al. (2016) also posit that it takes 51.7 per cent of running Rewards 2.0 in America. It is mostly not known whether these costs are offset by the benefits of CCT programmes because monitoring these conditions is largely challenging (Gonnet, 2019; Ladhani & Sitter, 2020; McGuire, 2013; Slater, 2011).

### 2.3.3 Criticism of conditions

Critics of CCTs claim that due to the limited funds available in developing countries, implementing behavioural conditions will stifle social investments in other areas that are equally important. However, research on this has mostly been inconclusive, giving conflicting results in different countries (McGuire, 2013; Zucco et al., 2019). Funds spent on the administrative burden and monitoring of CCT programmes could better be used in targeting those in need the most. Compared to UCT programmes, administrative costs and costs associated with the registration and enforcement of CCT programmes are relatively high (Attah, 2017; Standing, 2011). Some critics also suggest that conditions may be punitive to the most vulnerable families by excluding them from becoming beneficiaries (Bastagli et al., 2016). The most vulnerable families may not be able to comply with conditions.

Critics of CCT programmes argue that the conditions are pointless because people living in poverty are rational and do act in a socially optimal way to give themselves a greater chance of getting out of poverty (Freeland, 2007; Sabates-Wheeler et al., 2017). Therefore, forcing conditions on low-income families fails to conform to social protection as a fundamental human right (Abdulai et al., 2019; Ladhani & Sitter, 2020; Sabates-Wheeler et al., 2017). Besides, “the alternative theory underpinning UCTs is that people living in poverty are rational actors and that easing cash constraints will result in increased use of public services, without the need for conditions” (DFID, 2011, p. 49). Hunter and Sugiyama (2014) criticize conditionality for being unfavourable to inculcating feelings of social inclusion and agency, which is essential for developing citizenship.

## 2.4 Citizenship

The concept of citizenship and what it constitutes is still being explored by many researchers who have come up with notions such as identity, participation, status, justice, recognition, rights, and responsibilities. Citizenship is defined by Adato et al. (2016) as a horizontal relationship between citizens themselves and a vertical relationship between the state and all its citizens. In other words, how citizens relate with each other and how the state and all full members of the state relate defines citizenship. Marshall's theory of citizenship infers that all human beings who are full members of a community are fundamental of equal social worth – equal dignity, irrespective of how different they are from each other (Dosa, 2018; Lazar, 2012; Marshall, 1950). This theory conceptualizes citizenship in three dimensions - civil, political, and social rights (Ramasamy, 2018). Citizenship embraces economic rights, self-reliance, guards against oppression from the majority, and participation in general and local elections (Ben-Porat & Ghanem, 2017). Equality before the law is translated to individuals and groups in a community where there are majority and minority relations. Here, equality means that both the minority and the majority have their rights protected by the law so that both groups are equal before the law; thereby protecting the minority from the tyranny of the majority (Ben-Porat & Ghanem, 2017). Equality can end up creating a state-citizen relationship. Leisering and Barrientos (2013) posit that citizenship is an entitlement to universality, where marginalized groups enjoy the same rights as every other member of the community. Citizenship, therefore, is a means by which social inclusion is created in a community where apart from the civil and social rights, all members also have the basic right of partaking in collective decision making (Ben-Porat & Turner, 2011; Jenson & Nagels, 2018). It is fundamentally dependent on relationships within a given society. Citizenship transcends the legal status that one has; it is also about reciprocal respect for rights, duties, participation, engagement, community, inclusion, and relationships.

From the three dimensions of citizenship, civil rights mean people have the right to live as free members of society as well as have equal legal rights, such as the right to free speech, privacy, property ownership, and the right to justice. This contributes to people having human rights and justice. The right to justice takes place when an individual can protect and lay claim to those rights using the precise process of the law and in the same way as any other member of the community (Marshall, 1950). In this case, the courts have a duty of care to ensure that everyone in the community can defend and lay claim to their civil rights (Marshall, 1950). For example, if a rich man and a man living in poverty have issues to settle concerning civil rights, justice will be served if both of them are treated as being equal before the law irrespective of the inequality in incomes. However, people can lay claim to their civil rights if they are educated and have the awareness to do so (Elingit & Obaga, 2019). An educated adult enhances their capacity to defend their civil rights. This is known as the extent of citizenship (Stevenson et al., 2015).

The social rights comprise economic welfare, sharing in the welfare of all citizens, the right to work, education, opportunities, healthcare, social care, resources, and living a dignified life that modernity has made available (Clarke et al., 2014; Domingues, 2017; Marshall, 1950; Stewart & Atkinson, 2012; Stokke, 2017). Irrespective of differences in social standings, citizenship is advanced if every member can participate in the labour market. Some level of income is gained when an individual has paid employment, which improves the person's bargaining power within the household and public decision-making (Kremer, 2007; Stokke, 2017). Members of the community can participate in the goods and services market when the income is sufficient, which then leads to poverty alleviation and the economic independence of the individual. Conditional cash transfer programmes are supposed to supplement the income of beneficiaries, which are primarily considered to lead to the sufficiency of income.

Political rights mean everyone must have the same rights and power to participate in decision-making. This right can be achieved through participation in collective decision-making in the political community as an office holder or voter (Ben-Porat & Ghanem, 2017; Domingues, 2017; Glover, 2004). Political participation is enhanced when citizens contribute to the shaping of public policy. In other words, the citizens' opinions on public policy should be listened to and considered carefully. Citizens can also shape policy through informed voting. The institutions of state responsible for political rights are parliament and local government (Marshall, 1950). Political rights should include participation in all political societies that one is a member of (Dean, 2013).

#### ***2.4.1 Operationalization of citizenship***

Leisering and Barrientos (2013) operationalize citizenship as resources, participation, and recognition for their use as the three fundamental parts of being a full member of a community. The resource dimension of Leisering and Barrientos (2013) is associated with poverty alleviation, where resources are extended to marginalized groups for them to improve their ability to claim their rights. The resources, such as CCT programmes, are designed to become a consistent and predictable supplement to the income of households in poverty so that beneficiaries can plan their lives. The resources, therefore, lead to addressing social exclusion in the community because they primarily increase the economic independence of beneficiaries. Economic independence is thought to be a vital tool for the attainment of citizenship (Kremer, 2007; Sanghera et al., 2018). Recognition involves the individual being acknowledged and understood as belonging to the community, therefore, having the right to receive certain benefits and services on equal footing as every other person who belongs to the community. The sense of belonging is referred to as the depth of citizenship (Stevenson et al., 2015). Citizenship recognizes all rights holders as having equal worth (Marshall, 1950; Nguyen, 2018). According to Marshall (1950), recognizing the equality of status among citizens far

outweighs the citizens having an equal income. Recognition mostly brings about a sense of dignity and self-worth and at the same time, gives a voice to the rights holder. Equal worth, as stated by Marshall, is fundamentally the equality of all full members of the community to the rights and duties, not equality in earnings. This equal worth is irrespective of differences among them and inequalities in the social status of individuals. Barriers to these rights have to be removed so that every citizen enjoys the same rights.

Social rights are also associated with participation, where citizens' participation in social life is advanced (Hudson, 2016; Leisering & Barrientos, 2013). Citizenship, creates the framework for the recognition of rights which are constructed through the naming and claiming of needs (Dean, 2013; Jenson & Nagels, 2018). For these social rights to be claimed, conditions in some CCT programmes enhance the right to health and education of individuals as well as develop their capacities to participate in social life. It is essential to note that the right to education is to prepare and build the capacity of the future adult to participate in society (Leisering & Barrientos, 2013).

Literature on citizenship largely agrees that participation is an important element that improves the state-citizen relationship (Adato et al., 2016; Hudson, 2016; Pouw et al., 2020; Stevenson et al., 2015). Participation allows citizens to take part in decisions that directly affect their lives in their communities. According to Stevenson et al. (2015), participation at the community level advances and protects citizens' interests in the broader society. Therefore, citizens can get involved or participate in decision-making in their local polity through voting or holding political office. This is known as political participation. However, participation can also be in the form of social citizenship by way of accessing public services, having social interactions, participating in the labour market, and the economy, thereby, advancing participation in social life (Hudson, 2016; Leisering & Barrientos, 2013).

Another essential factor that contributes to the state-citizenship relationship is dignity, respect, and inclusion (Eyben & Ladbury, 2006; Hudson, 2016; Hunter & Sugiyama, 2014). Together with participation, dignity, respect, and inclusion are important for citizenship. These four components can strengthen the bond between the state and citizenry if reinforced with social policies such as cash transfers (Hudson, 2016). Treating people with dignity and respect has some positive effects on the way they relate to the state. The daily interactions between these two parties may either enhance or undermine the citizenship of people living in poverty and the marginalised. According to Hunter and Sugiyama (2014), daily engagements in social policy can be constructed in ways that enhance or undermine a sense of belonging. Experiences that people gain in interacting with state agents determine whether their sense of citizenship is weakened or otherwise. How the state and citizens interact in the uptake of these citizenship rights determines the strength of the state-citizen relationship (Hudson, 2016).

Not being treated with dignity and respect in interactions with agents of the state causes people to feel they are being treated as if they are not full citizens. Services can be provided in ways that make people feel less human, though, technically, the services are of high quality (Eyben & Ladbury, 2006; Ramasamy, 2018). Such an attitude separates people from the state and makes them feel they do not belong to the community. Such adverse treatments could be a result of the recipient's background or identity, which may result in some groups having reduced access to a wide variety of public goods and services. The reduction in access becomes worse as such deprived groups may not have the political stimulus to influence decision-making that takes place in their community, even when those decisions may negatively affect them (Department of Economic and Social Affairs, 2017).

Promoting human capital investments have been achieved in many countries using CCT programmes. Participating in CCT programmes results in human capital development to which citizenship is a reasonable complement (Adato et al., 2016). Government-led CCT

programmes have been promoted as a way in which the relationship between the state and recipients is strengthened (Hudson, 2016). Human capital development is also an effective way of preparing the future adult to play his role as a good citizen of the community. CCT programmes provide cash transfers to beneficiaries which helps to reduce the budget constraints they experience. Beneficiaries are largely appreciative of this gesture because the cash transfer helps them overcome economic shocks irrespective of how small the amounts of the transfers are. According to Abdulai et al. (2019), cash transfers foster citizenship by improving the social contract between the state and citizens even in contexts where the transfer amounts are small and irregular. By allowing beneficiaries to claim the cash transfers as their right, CCT programmes extend citizenship to their beneficiaries who may happen to be marginalised in the community (Hudson, 2016). This also contributes to their social inclusion, an important aspect of citizenship.

#### ***2.4.2 Why Citizenship***

On the surface, people may construe citizenship to be about the legal status of an individual. Even though this is true, citizenship goes beyond just a legal status. Citizenship is also about access to economic and social resources (De la Paz, 2012). Unequal distribution of these resources unfairly marginalizes some people while others have undue advantages. This unequal distribution, therefore, excludes some people leading to poverty and inequality. Citizenship can, therefore, bring about equality of status among individuals in a community. It is supposed to break the barriers of inequality that arise from different income levels and social classes. Citizenship also counteracts the unequal distribution of socio-economic resources and brings people who feel excluded closer to the state. Citizenship presents opportunities where equal rights are to be experienced by individuals in the community. These rights are important for helping everyone enjoy the same status irrespective of class differences.

Citizenship is seen as the fulcrum in the strive for equality (Clarke et al., 2014). This view means citizenship is fundamental to overcoming inequality in society. Citizenship is essential for the integration of marginalized, vulnerable, and minority groups into society. If one suffers inequality because they are part of a minority or a marginalized group, then their citizenship has been reduced (Bertorelli et al., 2016). Citizenship makes available entitlements, privileges, and a source of social identity to citizens, which are not enjoyed by non-citizens (Gee et al., 2016). Citizenship builds a relationship between the state and the citizen, strengthening the trust and confidence that citizens have. Developing a meaningful experience of citizenship is very important in the deepening of democracy and legitimizing it (Hunter & Sugiyama, 2014). It is important to note that social grants contribute to the state-citizen relationship (Hudson, 2016). Public policy can be seen as a contributor to the state-citizen relationship. An acceptable public policy can affect the quality of citizenship experienced by citizens.

When groups in the society are denied citizenship rights, the community is also deprived of the contribution those groups would have made if they had been given that right. Groups excluded in the community cannot contribute as much as they would if they had not been excluded. Citizenship, therefore, creates value in society. For example, the lack of capability of uneducated and unhealthy groups makes them unable to participate in market exchanges vigorously (Bertorelli et al., 2016). Social exclusion, discrimination, and all other forms of non-recognition of citizenship, therefore, harm not only the groups that suffer it but also the society in general.

Political citizenship, which involves participating in the political process, is operationalized through voting, standing for an elected office, or participating in decision making, which levels the grounds for every participant. Participation makes room for every member of the community to exercise their political rights. Citizenship, therefore, gives rights to all members of the society and not a few privileged ones. Additionally, citizenship creates

equal opportunities for every citizen; therefore, the use of one's agency helps to benefit from citizenship. Citizenship is an opportunity for people living in poverty to earn fair wages if they make good use of their agency in this regard. Furthermore, it makes room for fairness in society and challenges injustice in the community. In this case, every citizen receives justice and fairness when they have an issue in the law courts. Every citizen who appears before the law courts are treated as an equal member of society and given a fair chance to defend themselves.

The concept of citizenship touches on fundamental rights and the place of people in society as well as how the community is organized. This concept affects their civil, political, and social life and the relationship of the individual with the state. According to Warner (2012), citizenship is essential to setting up a fair and equitable government. Citizenship, therefore, helps to build and develop democracy in society. It empowers the citizenry to participate in decisions that affect them and influence the building of their community. Abdulai et al. (2019) posit that citizenship must include, among others, a sense of belonging to a particular territory and, essentially, must consist of socio-economic and political benefits that one is entitled to when one is a citizen of a society. A lack of proper institution of citizenship in practice can negatively affect how democracy is implemented in the community.

In an instance where one section of the society's rights supersedes the other sections, citizenship is negatively affected. This could result in an unjust society, lack of equity in society, social inequality, and a sense of not being part of the community. This result influences how people living in poverty view the state as being distant, inattentive, insensitive, or even hostile to them, and the way they see themselves as subjects or citizens (Eyben & Ladbury, 2006; Hunter & Sugiyama, 2014). Again, Warner (2012) posits that the social component of citizenship is tied to personal feelings of loyalty. These assertions mean that if this aspect of citizenship is lacking or is insufficient, it may develop a sense of not belonging, which can lead to disloyalty. These are closely linked to modern revolutionary movements and can lead to

instability in countries (Pavanello et al., 2016; Warner, 2012). Citizenship can empower the members of the society and encourage the putting in place of reform approaches by the government to make society more inclusive.

#### **2.4.3 Who benefits from citizenship?**

Citizenship is fundamentally about belonging to a particular community where you have rights and privileges as a member. The principles of equality, justice, and social rights achieved when practising citizenship are very important to minority groups, the marginalized, the vulnerable, and those who are stigmatized. Citizenship is also used to promote the rights of women (Vericat, 2017). For example, liberal governments in the Middle East have used the citizenship of women to suppress Islamist movements, which is seen as wanting to suppress the rights of women (Vericat, 2017). The reason why citizenship is important to these groups is that they want everyone to be treated as equal irrespective of the social standing of the person. These minority groups want a just basis for the provision of freedom to live their lives as they wish and on equal terms with the community (Bellamy, 2010; Nguyen, 2018). They would also want this freedom to be matched with some degree of personal security through a level of political and social stability (Bellamy, 2010). Citizenship forms a partnership between the state and citizens in which citizens expect certain duties of the state, and the citizens also have some responsibilities towards the state.

#### **2.5 Conceptual Framework for CT programme and citizenship rights**

This study recognizes that there are people who live in extreme poverty who need to be supported using social protection policies. Conditional cash transfer programmes have been used to alleviate poverty among the vulnerable in a large number of countries, yet this remains expensive (Hunter & Sugiyama, 2014; McGuire, 2013; Rodríguez-Castelán, 2017).

Conditional cash transfer programmes have been found to produce citizenship outcomes (Adato et al., 2016; Hudson, 2016; Hunter & Sugiyama, 2014). The income and substitution effects are mediating factors that explain the impact of the type of cash transfer on the beneficiary household. There are also moderating factors such as the amount of transfer the beneficiary receives, how strict the cash transfer programme monitors its conditions, targeting, grievance mechanism and the complementary services attached to the cash transfer programme. This study is interested in understanding how conditionality in CCT programmes contributes to the taking up of citizenship rights of beneficiaries, which is largely under-researched.

### ***2.5.1 Condition as a Moderating Variable***

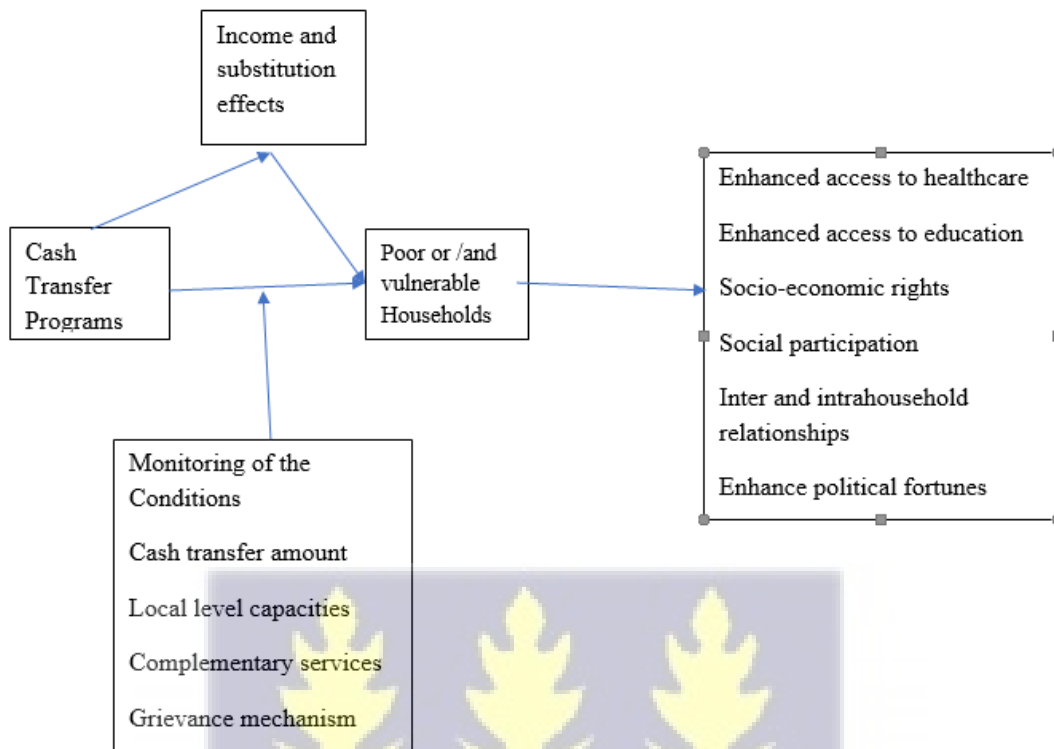
The use of conditions in CCT programmes are based on some assumptions, the first of which is that it is necessary to have conditions to guarantee that people living in poverty make use of their finances in ways that will give them a better chance of getting out of poverty (Cecchini & Madariaga, 2011; Gaarder et al., 2010; Sabates-wheeler et al., 2017). The foundation of this assumption is that in the absence of conditions, resources received by people living in poverty will broadly be used according to the knowledge they have. In effect, if the people living in poverty are myopic about the long-term benefits of the human capital of their children, for example, then that will not be their priority in terms of investments. Even though the cash transfer eases liquidity constraints faced by people living in poverty, the assumption above implies that this is not enough to induce optimal changes in the way people living in poverty invest in human capital development (Attah, 2017). Conditions are therefore used to influence and change the choices made by beneficiaries in ways that will benefit them in the long term (see figure 2.1). Research has also shown that the effect sizes of strictly monitored CCT programmes are significantly larger in school enrolment and health service utilization (Baird et al., 2014; Gaarder et al., 2010; Saavedra, 2016). This implies that conditions act as

moderating variables between the CT programmes and the beneficiary by affecting the strength and direction of the association (Hefner, 2018).

The second assumption is based on the political economy reasons where applying conditions is viewed as a means of gaining mass support for cash transfer programmes. This is because cash transfer programmes are mostly funded by taxpayers and donor organizations (Attanasio et al., 2015; Cecchini & Madariaga, 2011; Ghosh, 2011; Zucco et al., 2019). Applying the condition gives the impression that people living in poverty are co-responsible in return for receiving the taxpayer's money. The conditions help overcome resistance from members of the society who do not support people living in poverty being cushioned financially. Political economy reasons for conditions also make room for the sustainability of CCT programmes, which is vital for the future of the programme. Sustaining the programme leads to more people living in poverty being helped out of poverty in the future.

The question asked in policy debates is whether there is a significant difference between the performance of UCT and CCT programmes, and does enforcement of conditions matter? Attempted responses to these debates found that by strictly monitoring and penalizing non-compliance, there is a significant improvement in the probability of enrolment (Baird et al., 2014; Fiszbein & Schady, 2009; IEG, 2014; Saavedra & Garcia, 2012). This improvement shows that conditions do matter when measuring the required response from beneficiaries (school enrolment and attendance) (Baird et al., 2014, 2019; IEG, 2014; Saavedra & Garcia, 2012). The improvement provides evidence that cash transfer programmes are more effective in achieving their objectives when they are made conditional. The difference between the two

**Figure 2 1 Conceptual framework on cash transfer programme and their outcomes on beneficiaries.**



Source: Authors' own

programmes confirm the theory of change, which states that CCT programmes have a substitution effect on beneficiaries (Browne, 2013).

### 2.5.2 Cash Transfer amounts

The cash transfer amounts have an impact on poverty alleviation and the human capital development indicators of beneficiaries. This is because along with other factors such as regularity and predictability, the sufficiency of the cash transfer is important in determining the effectiveness of the poverty alleviation objective (Abdulai et al., 2019; Farrington & Slater, 2006). Consistency of the cash transfer, together with its predictability and sufficiency, will help families of beneficiaries to plan their budgets better. Small amounts of cash transfers that are unable to meet daily needs may either make beneficiaries poorer or discourage them from

applying for the cash transfer (McGuire, 2013). The effect of the small amount is worse when the amounts are not paid regularly and are not predictable. The amount of money the beneficiary may need to process the transfer, spend to fulfil compliance criteria, or even lose in terms of child labour cost foregone can make it costly to the beneficiary. Higher amounts of cash transfers may change the budget dynamics in the household of the beneficiary. Investment decisions on health, education, food and decisions to participate in the labour market will improve if the transfers are sufficient (Bastagli et al., 2016) (see figure 2.1).

### ***2.5.3 Local level capacities and the implementation of a CCT programme***

In implementing CCT programmes at the local level, one key issue that needs to be considered is the sustainability of funding. Primarily, CCT programmes are funded by donor agencies in low-income countries, while the national governments support them in middle-income countries (Glassman et al., 2013). Low-income countries are, therefore, challenged in the sustainability of funding. For national governments to do the financing, there is a need for political support from the taxpayers to sustain the funding. Political support is vital because taxpayers want to see judicious use of their taxes. CCT programmes are, therefore, dependent on this political support for financial sustainability.

For the implementation of CCT programmes to be successful, consideration must be given to community factors that may act as barriers to accessing health and education facilities. These factors vary depending on the context; for example, some contexts have cultural, social, supply-side, and demand-side factors (Glassman et al., 2013; Ladhani & Sitter, 2020; Oduenyi et al., 2019; Perez-Munoz, 2017). These may serve as barriers to seeking health and education services to meet their needs and to comply with conditions. The ability of the design of the programme to overcome these challenges will determine how the CCT programme will be successful in that community. Poor transportation infrastructure and quality of care will lead to beneficiaries not using the health services. Lack of patronage can happen as a result of

beneficiaries having better options and avoiding the transportation cost involved. According to Glassman et al. (2013), strong cultural norms such as the preference for traditional healers may impede women from seeking quality health care. These cultural norms may also prevent women from pursuing education at higher levels if the preference is for women to solely perform nurturing duties by staying at home. Implementation of CCT programmes also brings about a strain on the administrative capacities of local structures and their budgets. Countries with low administrative capabilities may have to work to improve on those capacities due to the demands of CCT programmes. The capabilities needed for CCT programmes are very high because of the demand and also the possibility of high-level corruption. The increased abilities required can also lead to a strain on the budgets for the CCT programme due to the technological and infrastructure demands of the CCT programme. Higher administrative costs are incurred in monitoring and enforcement and these add capacity challenges for the current government administration in place (Ladhani & Sitter, 2020; Oduenyi et al., 2019; Perez-Munoz, 2017; Schüring, 2010).

It is argued that implementing CCT programmes involves multi-sector stakeholders. For example, the Bolsa Familia programme in Brazil is said to have cooperation between various stakeholders (Sabates-Wheeler et al., 2017; Zucco et al., 2019). This is one of the programme's conditional requirements. The benefits of CCT programmes known in the literature include reducing drop-out rates from schools at a cost-effective rate than UCTs and inducing behaviour change (Baird, Ferreira, Özler, & Woolcock, 2013; Baird et al., 2011; de Groot et al., 2015). Conditional cash transfer programmes also enhance the ability of people living in poverty to challenge oppressive social relations. Conditional cash transfer programmes also give people living in poverty a voice and respect for their rights through the design of the programme (Molyneux et al., 2016). Even though available literature suggests that desired behaviour change can be achieved by implementing CCT programmes, the question is, how long can this

be sustained? What is known in literature at the moment is that the desired behaviour is not sustained beyond the existence of the cash transfer (Baird et al., 2019; Schüring, 2010).

#### ***2.5.4 Complementary services***

Even though CTs have been successful globally in alleviating poverty, the challenges faced by people living in poverty are not always income-related. Cash transfer programmes have been limited in dealing with challenges such as “access to markets, lack of caregiver knowledge of infant feeding, hygiene or sanitation practices, and psychosocial factors, such as limited efficacy to undertake new activities, can moderate how successful the programme is in improving some outcomes, such as children’s nutrition and morbidity” (Roelen et al., 2018; p1). Some cash transfers have therefore introduced complementary services to help deal with these challenges. Complementary services provided by some CT programme include “additional components or linkages that seek to augment income effects” (Roelen et al., 2017, p. 6). Complementary services, therefore, help in addressing the shortcomings of cash alone programmes by providing other services that are equally relevant in the lives of the beneficiary. These help in enhancing the impact of the cash transfer programme on the life of the beneficiary (see figure 2.1).

#### ***2.5.5 Grievance mechanism and programme governance***

In the implementation of cash transfer programmes, some grievance mechanisms are available to ensure that state agents are accountable and fit for purpose. These mechanisms allow feedback to be gained from beneficiaries. This ensures that the interest of beneficiaries is met, and improves the effectiveness of the cash transfer programme. The mechanism may include complaints and appeals procedures, which ensures that the intended population receives the transfers and helps the state agents minimize social tensions (Bastagli et al., 2016).

### ***2.5.6 Cash Transfers strengthen citizenship***

Scholarly works that focus on the influence of cash transfer programmes on state-citizenship relationships converge on the fact that cash transfer programmes strengthen citizenship (Adato et al., 2016; Hudson, 2016; Hunter & Sugiyama, 2014; Molyneux et al., 2016; Oduro, 2015; Plageron et al, 2012). These studies are global in that two were done in Latin America, two in Africa, and one worldwide. The findings from these worldwide research imply that despite the different contexts where these programmes were implemented, citizenship improved whether or not there was conditionality. This improvement also takes place irrespective of the geographical location.

Hunter and Sugiyama (2014), Adato et al. (2016), and Oduro (2015) agree that policy design, differing programme objectives, and implementation challenges do make a difference in the extent to which cash transfers impact citizenship. The difficulties in implementation and differences between designed policies and how they are executed influence the extent to which cash transfers can influence state citizenship relationships. For characterization of the state, Plageron et al, (2012) argue that cash transfers make the state visible to beneficiaries, and interactions with state actors make the state accountable to the grassroots. In El Salvador, for example, women's empowerment was strengthened the most, together with an improved notion of personal agency and social inclusion (Adato et al., 2016). In South Africa, it was realized that if the gap between implementation and policy design could be closed, then this could reinforce state – citizenship and that beneficiaries would recognize the cash transfer as a right (Hudson, 2016). Molyneux et al. (2016) show that social accountability procedures and engaging citizens can catalyze citizenship.

The design and implementation of cash transfer programmes can also create feelings of inclusion and enhance feelings of citizenship (Hunter & Sugiyama, 2014). Social protection has the potential to elevate or give the vulnerable in society equal rights. The state's rights and

duties towards its citizens are enhanced and vice versa. On the contrary, Adato et al. (2016) noted that the focus on human capital development in CCT programmes downgrades the protection of citizenship to a lesser concern. Dingemann et al. (2019) determined that the low educational level of the mother is associated with lower uptake of prenatal health care.

New cash transfer programmes have been designed to stimulate citizenship, participation, as well as human and productive capital. They are intended to empower people living in poverty by motivating citizens to air their voices as well as participating in social accountability and audits (Molyneux et al., 2016; Plagerson et al, 2012). The cash transfer programmes recognize that people living in poverty have agency and that there is a need to empower them to lay claim to this agency by promoting their voice. Ulriksen and Plagerson (2014) further posit that social protection policy that can be sustained increases citizens' agency to take their position as duty bearers and right holders.

### ***2.5.7 Human Capital accumulation***

The requirement for one to benefit from a CCT programme is for beneficiaries to make some behavioural changes (Ladhani & Sitter, 2020). This condition gives every person living in poverty a fair chance of benefiting from state social assistance. Public authorities help to monitor and enforce these conditions. Proponents of conditionality contend that schooling and health conditions increase the access of beneficiaries to education and health resources. These schooling and health requirements strengthen the rights of beneficiaries to quality education and good health. It also gives them equal opportunity in life and enhances their ability to play their role as citizens. The behavioural conditions are supposed to increase beneficiaries access to health and education facilities, which affect the human capital development decisions of beneficiaries (Perez-Munoz, 2017). These also help to improve the beneficiary's uptake of citizenship rights. The literature suggests that by using conditionality to correct myopia and

information asymmetry, beneficiaries are made to participate in activities that inure to social good, thereby promoting notions of citizenship (Attah, 2017).

### **2.5.8 Socio-Economic Rights**

Vulnerable people need equal and fair access to socio-economic resources, which are largely provided by the state. Available literature contends that state social protection policies can improve the social integration of beneficiaries, enhance their self-respect, and develop their economic and political rights (Adato et al., 2016; Hunter & Sugiyama, 2014; Plagerson et al., 2012). Research on citizenship in countries where poverty abounds recognizes that a critical dimension in the fight for citizenship rights is the fight for socio-economic rights (Plagerson et al., 2012; Ramasamy, 2018; Thompson et al., 2011). The struggle for citizenship is a fight for their dignity, freedom, and welfare, which is fundamental for protecting individual well-being. Poverty alleviation is achieved through cash transfers and enhancing human development indicators such as education, health, and nutrition.

It has been established that without the cash transfer, the financial constraints faced by people living in poverty make them fall on alternative sources of financial help (Hunter & Sugiyama, 2014; Pavanello et al., 2016). These alternative sources include support from family members and religious institutions. It also makes them indebted to local shop owners and hinders their ability to participate in cultural activities, community events and familial activities (Hunter & Sugiyama, 2014; Pavanello et al., 2016; Pouw et al., 2020). Beneficiaries of cash transfer programmes are usually low-income earners and vulnerable people who face financial constraints, which mostly impact their political rights, voice, as well as the human capital development of their children. Cash transfers primarily affect the activities of both recipients and non-recipients in the community in such a way that it is either positive or negative.

Empirical evidence available from Sub-Saharan Africa and Latin America shows that the provision of cash transfers increases the economic independence of vulnerable people (Bastagli et al., 2016; Hunter & Sugiyama, 2014; Kinyondo & Magashi, 2019; Pavanello et al., 2016). Economic independence gives people living in poverty a more dignified life by enabling them to purchase their basic needs and stimulating human capital development (Agbaam & Dinbabo, 2014; Bastagli et al., 2016; Hunter & Sugiyama, 2014). The beneficiaries can pay off their indebtedness to local shop owners and borrow as and when they need it since they are assured of a regular and predictable income. These cash transfers help vulnerable people better manage risk, cope with shocks, increase their social capital such as re-entering current social networks, as well as improve participation in cultural activities, community events, and familial activities (FAO and UNICEF, 2014; Kabeer et al., 2012; Pavanello et al., 2016).

There is robust evidence that CCTs cause beneficiaries to increase their investment in productive assets such as livestock and improved seeds for better farm yields (Daidone et al., 2019; Hidrobo et al., 2018). Beneficiaries also increase investment in small trade, protect the consumption of households, and their investment in education during a crisis (Aleksandrova & Costella, 2021; Daidone et al., 2019). These yield positive economic impacts on the beneficiary household and help them cope with challenges when there are financial shocks. These economic impacts also show that beneficiaries mostly do not waste the cash transfers but do put them to productive use. CCTs also reduce child labour in society (Daidone et al., 2019; Kabeer et al., 2012). There is further evidence to the fact that cash transfers also have positive effects on family economic conditions such as accumulating some savings (Del Boca et al., 2021).

### ***2.5.9 Social Participation***

Cash transfer programmes offer beneficiaries the opportunities to meet and interact with each other through their regular educational programmes and meetings. These opportunities

allow them to discuss personal problems, exchange information, alleviate stigma and strengthen dignity (Hunter & Sugiyama, 2014; MacAuslan & Riemenschneider, 2011; Pavanello et al., 2016). These opportunities create a sense of solidarity, support among beneficiaries as well as inclusiveness and bonding. These allow beneficiaries to participate in their society fully.

Participation is an essential aspect of citizenship rights and it is difficult to achieve citizenship without participation. It is critically important to marginalized groups that they can actively participate in social life and be recognised by others (Leisering & Barrientos, 2013; Pouw et al., 2020). This means for marginalised persons to feel a sense of belonging, they must be recognized as full members and participate in the social life of the community. Furthermore, Sabates-Wheeler et al. (2017, p. 14) emphasize that citizenship “encourages citizens to act and participate in political, economic and social decision-making as a fundamental right”. Here the authors discuss the importance for citizens to exercise their rights to participate in social circles that they find themselves in. In other words, for marginalized groups to feel as being part of the community, they should be allowed to exercise their rights as well as be socially included in all circles of the society that they find themselves in.

Families, social networks, and member institutions are institutions that help households to address the livelihood risk through various ways in which they offer support and show solidarity. These are forms of social participation that the household or individual can participate in. Examples of such institutions are religious organizations and neighbourhood associations. Being a member of a religious organization means that this can generate support and solidarity for the person or household. For example, the beneficiary of a CCT programme can contribute to the religious organization when the need arises. At the same time when the

beneficiary is in need, the religious organization can come in to support. Such similar solidarity and support can be drawn from families and social networks.

By beneficiaries' wards being enrolled and retained in schools for a sustainable time and having regular health checks, these children are not left behind in terms of gaining basic education and enjoying preventative health. These conditions contribute to their social inclusion, thereby strengthening their social rights. For example, by being conditioned to educate children, child labour is reduced. Again, when these children are educated, time spent in school means they are not on the streets, which leads to a reduction in petty crimes and begging. By also being conditioned to immunize, it helps beneficiaries participate in reducing certain diseases that could be of public health concern. Therefore, it can be implied that conditionality through overcoming myopia and information asymmetry allows beneficiaries to participate in activities that inure to the general good of the society, thereby promoting their social inclusion.

Whether CCT programmes can affect the community or not can be found in most families spending a little extra money locally in terms of consumption items. This expenditure, in turn, causes the local economy to be stimulated, leading to a spiral effect (Kabeer et al., 2012; Orton, 2011). The boom in the local economy means that CCT programmes do have a positive impact on the economy of the beneficiary community. However, the evidence available does not support CCT programme influencing the local economy in terms of inflationary pressures (Kabeer et al., 2012; Owusu-Addo et al., 2018a).

#### ***2.5.10 Intra households and inter household social relations***

A large number of CCT programmes target women, thereby giving them greater independence, better bargaining power, and increased participation in society (Alatinga et al., 2020; Glassman et al., 2013; Hudson, 2016; IEG, 2014). Consequently, this affects resource

allocation within the household and the decision-making of women is reinforced. Opportunities are created for beneficiaries to participate in the society by meeting with key programme officials which strengthens their sense of dignity and respect. These are opportunities to participate in shaping policies that touch them directly. CCT programmes empower people living in poverty by encouraging them to take the education and health needs of their children seriously. The CCT programmes provide better opportunities for their children in the future. Molyneux et al., (2016) posit that people living in poverty are empowered through the promotion of their voice to be heard in society as well as social accountability.

CCT programmes also affect time by other family members, especially women (Kabeer et al., 2012; Ladhani & Sitter, 2020). This is because it is mostly the mothers who are held accountable for the conditions to make sure that children access education and health institutions. The mothers have to accompany the children to these facilities, which indirectly affects how the mothers utilize their time. There is strong evidence that CCT programmes do negatively affect crime rates and child labour. The level of coverage of CCT programmes impacts the socioeconomic conditions in the local community at that time. The socio-economic conditions do have an impact on crime. Increased CCT coverage leads to a reduction in crime rates (Chioda et al., 2016).

Cash transfers have been found to increase and smoothen household consumption of basic needs such as food consumption (Churchill et al., 2021; Glassman et al., 2013; Slater, 2011). Research has also found that cash transfer programmes, apart from the increase in consumption, also contribute to an increase in dietary quality and calorie consumption (Hidrobo et al., 2018). It has been established that cash transfer programmes have a positive impact on overall consumption by beneficiaries (Churchill et al., 2021; Cahyadi et al., 2020).

Research findings on relations within and between households are mixed. There are reports that cash transfers impact social capital positively (Cahyadi et al., 2020; Fuseini et al., 2019;

MacAuslan & Riemenschneider, 2011). These findings mean that beneficiaries can re-enter social networks that work to their benefit in society. Cash transfers are also seen to impact domestic violence negatively (Borraz & Munyo, 2020; Buller et al., 2018; Cooper et al., 2020; Haushofer et al., 2019). Self-confidence and social capital are also improved (Buller et al., 2018; Haushofer et al., 2019). The receipt of cash transfers has led to the reduction in support that vulnerable persons receive from family members in the form of sharing and receipt of remittances (Kabeer et al., 2012; MacAuslan & Riemenschneider, 2011).

### ***2.5.11 Cash transfers and political participation***

There is also an ongoing debate on whether large-scale cash transfers can affect voting behaviour (DFID, 2011; Schober, 2016). Can incumbent governments who introduce or expand on this cash transfer programme make political capital out of this? Can the programme be used for political clientelism? Literature available demonstrates that in Latin America, CCT programmes effectively influence electoral gains for incumbent governments, which introduced or expanded the programme (Araújo, 2021; DFID, 2011; Schober, 2016; Zucco, 2011). Politicians are rewarded for their socio-economic achievements in the country, and therefore, conditioning cash transfer programmes on such behaviours assist them to remain in power (Araújo, 2021; De Brauw & Hoddinott, 2008). Such cash transfer programmes inform people's views about whether they are subjects or citizens (Hunter & Sugiyama, 2014). When beneficiaries do not see the cash transfer as their rights, but as a favour being done by the government, it shapes their views about themselves. If it is a favour being done by the state, then this will shape whether they will return the favour or not. Politicians can also take advantage and claim the credit, thereby cementing this in the minds of beneficiaries.

### ***2.5.12 Income and Substitution Effects***

Cash transfer programmes function with the theory of change, which shows three causal mechanisms through which the programme pursues to have an impact on the economy of the

household (Fiszbein & Schady, 2009; Kabeer & Waddington, 2015). These causal mechanisms are mediating factors between the cash transfer programme and their impact on the beneficiary households. The first is the income effect, which removes cost barriers that prevent vulnerable households from making human capital investments (Del Boca et al., 2021; Glassman et al., 2013; Kabeer & Waddington, 2015). The cash benefit increases the purchasing power of the beneficiary, therefore, this brings about a change in their investment in education and health services. The cash benefit also causes a reduction in the budget restriction faced by beneficiaries. The income effect has other advantages such as improvement in child labour, nutrition status, preventive health, dietary intake, and local economy (Daidone et al., 2019; Fiszbein & Schady, 2009; Hudson, 2016; Kabeer et al., 2012). Though the income effect improves access, it does not in itself improve the quality and provision of services. For example, teacher absenteeism, lack of teaching and learning materials, unprofessionalism of health personnel and unprofessionalism of the agents of the state are not improved by the income effect. The income effect primarily has an impact on the beneficiary from the demand side. However, this must be complemented by the supply-side quality and service provision.

Secondly, research establishes that CCT programmes have a substitution effect (Baird et al., 2014; Daidone et al., 2019; Kabeer et al., 2012). The difference between CCT and UCT programmes is that CCT programmes require specific behavioural changes from the beneficiaries for them to receive their cash transfer. Applying conditions assumes that the income effect from cash transfer programmes is not enough to induce optimal changes in human capital decisions. For that cause, the conditions are necessary to create the substitution effect. Substitution effects increase the opportunity cost of not investing in the human capital development of children and not meeting the conditions for the transfer (Kabeer & Waddington, 2015). It makes it better to substitute children's time from work or play for time in school.

The challenge with the substitution effect is that it has an impact on the use of time by other members of the family (Kabeer et al., 2012). One member of the family, most of the time, the mother, is held accountable for the child's regular attendance at school or access to health services. The member of the family, whose time is required, will have to redirect the use of their time to achieve this target. In this case, the adequacy, consistency, and predictability of transfers are of great importance since the cash transferred should be higher and consistently received than the amount the household gets from the child labour (or the immediate satisfaction) to have any substantial effect. The substitution effect also largely discourages crime and child labour (Chioda et al., 2016; Pellerano & Barca, 2016).

Thirdly, another causal mechanism is found in the gender-specific effect where mothers are targeted to receive cash transfers. This is an indication of the prevalent evidence that mothers' preferences are closer to the children's welfare than that of the fathers (Del Boca et al., 2021; Kabeer et al., 2012; Kabeer & Waddington, 2015). This has an effect on resource distribution in the household, as well as the resulting expenditure and budgeting decisions (Kabeer & Waddington, 2015).

## **2.6 Citizenship Policy in Ghana**

The constitution of Ghana is the supreme law of the land, and it supersedes any law that conflicts with it. The citizenship rights of Ghanaians are enshrined in the 1992 constitution of the Republic of Ghana. According to the Directive Principles of State Policy, Article 35 subsections 3,4 and 5 aims to uphold the fundamental human rights, freedoms, and dignity of the Ghanaian (The Constitution of the Republic of Ghana, 1992; MoGCSP, 2015; Owusu-Mensah, 2017). The Directive Principles of State Policy also aim to prevent discrimination and prejudice against any individual Ghanaian as well as provide just and reasonable access to all public facilities and services (The Constitution of the Republic of Ghana, 1992; MoGCSP,

2015; Owusu-Mensah, 2017). Citizenship is constructed through Article 17(1), which guarantees equality before the law, and Article 18(1) guarantees the right to own property. In addition, article 21 guarantees freedom of speech, thought, practice, assembly, and the freedom to participate in political activity. Article 25 guarantees equal educational opportunities and facilities to all citizens. Article 41 guarantees that these rights come with corresponding duties and responsibilities, which are to be done by every citizen. Articles 24, 36, and 37 justify the need for social insurance, adequate livelihood, and the need for welfare (The Constitution of the Republic of Ghana, 1992).

The government of Ghana has shown intentions to operationalize citizenship through the institutionalization of the MoGCSP, LEAP, the legal courts, and the Social Welfare Department. The government also revealed the intention to provide water, electricity, and other services that are necessary for basic civilized living.

### ***2.6.1 Citizenship Practice in Ghana***

The practice of citizenship in Ghana has not always been equal and fair. Wealthier urban citizens enjoy better public facilities and services than rural citizens. Government has the responsibility of providing electricity and clean water to the citizenry; however, the distribution, provision, and pricing of public goods like electricity and water are not even (Maclean et al., 2016; Owusu-Mensah, 2017). People participate politically by voting or holding political office. In Ghana, there is universal suffrage where every citizen can cast one vote during elections, so long as the person is registered as a voter. Poverty does not influence voter registration because barriers to this political exercise are very low (Maclean, 2011). People are expected to claim their rights when in contact with state agencies, but it is only the informed citizens who know how and when to do this since it is the informed citizens who can participate politically (Campbell, 2015).

## 2.7 Conclusion

This section has looked at citizenship, cash transfers, how cash transfers contribute to promoting citizenship outcomes among beneficiaries, and the conceptual framework. It contrasts CCT and UCT programmes and establishes that complementary training offered by CCT programme contributes to empowerment, strengthens social relations, and participation. However, CCT's impact factor on education and health outcomes is far higher than that of UCTs (Baird et al., 2014, 2017). Both programmes contribute to promoting the citizenship outcomes of beneficiaries. Going beyond the basic contribution, this chapter goes further to examine conditions and citizenship.

It has been asserted throughout this chapter that there is a linkage between cash transfers and poverty alleviation. The literature is reviewed across various geographical locations, including Africa. The chapter also notes that the underpinning theories for cash transfers are the income effect and substitution effect. The income effect removes cost barriers that prevent vulnerable households from accessing essential services (Del Boca et al., 2021; Glassman et al., 2013). This income effect underlies both the CCT and UCT programmes. However, CCT programmes have a substitution effect (Baird et al., 2014; Daidone et al., 2019; Kabeer et al., 2012). This requires specific behavioural conditions to adhere to by the beneficiaries for them to receive their cash transfer. The key policy tool used to alleviate poverty is CCT programme and therefore the chapter discussed conditionality and criticisms of conditionality. For the sustainability of the programme, demand and supply-side services were also discussed in this chapter. The supply-side services needed to make a CCT programme successful include the availability of health and education services, bringing these health and education facilities closer to beneficiaries, a good road network for easy travel to the service locations, low quality of services, as well as direct and indirect costs.

Moreover, the cost of implementing a CCT programme and the strategy to use, which is to either make it targeted or universal have been broadly reviewed in this chapter. Targeting, the review found out, reduces leakages to unqualified beneficiaries and brings about efficiency in the use of resources whilst universalism achieves equity and freedom of choice. The chapter then looks at the implementation of a CCT programme using local level capacities.



## CHAPTER THREE

### METHODOLOGY

#### 3.0 Introduction

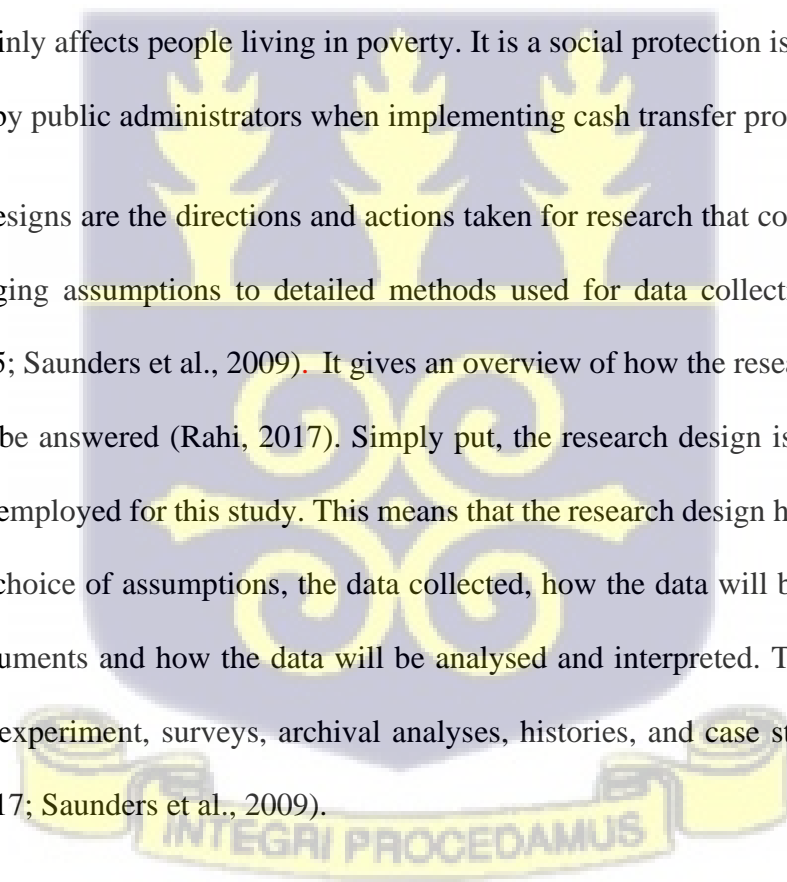
This chapter describes the processes used to select participants for the study, the method used in collecting data, and how the data was analysed. The chapter is arranged as follows; it starts with the research design, then the description of the study area, the study population, sampling technique and sample size. Then the research philosophy, ethical consideration, the data collection methods and instruments are followed by data management and analysis.

#### 3.1 Research Design

This study used the comparative multiple case study as the research design for this work. A comparative case study involves the selection of two or more cases that have a common goal for the analysis and synthesis of the similarities, differences, and patterns across the cases (Goodrick, 2014; Gustafsson, 2017; Pihlajamaa et al., 2019). Comparative case studies acquire a rich and detailed understanding of the uptake of citizenship rights as well as provide more accurate and generalizable results than a single case can provide (Gustafsson, 2017; Pihlajamaa et al., 2019). This study is a comparative multiple case study because the study was comparing two cash transfer programmes which were GLST and LEAP. Even though these two programmes are all cash transfer programmes, they were designed and implemented differently. GLST was chosen because it is a CCT programme that strictly enforces its conditions, therefore, it has a substitution effect (Baird et al., 2014; Daidone et al., 2019; Kabeer et al., 2012). LEAP was also selected because it minimally enforces its conditions, therefore, operating with the income effect causal mechanism under the theory of change (Kabeer & Waddington, 2015).

The two cases, GLST and LEAP were also selected because there are policy debates on whether there is a significant difference between the performance of UCT and CCT programmes (IEG, 2014; Layton, 2020; Zucco et al., 2019)? And does enforcement of conditions matter (Fiszbein & Schady, 2009; Freeland, 2007; IEG, 2014; McGuire, 2013; Sabates-Wheeler et al., 2017; Zucco et al., 2019)? In this case, the comparison between GLST and LEAP will be able to contribute positively to this ongoing policy debate. The two cash transfer programmes, GLST and LEAP, are operational in Shai-Osudoku and Ningo-Prampram districts. Therefore within each case, the study also compared the outcomes of the two programmes within the two districts of operation. This study was on the uptake of citizenship rights by beneficiaries of GLST and LEAP. The uptake of citizenship rights as a social issue mainly affects people living in poverty. It is a social protection issue that needs to be undertaken by public administrators when implementing cash transfer programmes.

Research designs are the directions and actions taken for research that cover the decisions from wide-ranging assumptions to detailed methods used for data collection and analysis (Creswell, 2015; Saunders et al., 2009). It gives an overview of how the research questions of this study will be answered (Rahi, 2017). Simply put, the research design is the selection of strategy that is employed for this study. This means that the research design helps this study to appreciate the choice of assumptions, the data collected, how the data will be collected, data collection instruments and how the data will be analysed and interpreted. Types of research design are the experiment, surveys, archival analyses, histories, and case studies (Creswell, 2015; Rahi, 2017; Saunders et al., 2009).



## 3.2 Description of the study area

### 3.2.1 Justification for the Study Areas

The research was conducted in two districts in the Greater Accra Region. Even though LEAP is implemented in all the regions in Ghana, GLST is implemented in only two districts in the Greater Accra Region. Since the two cash transfer programmes of interest are operational in the Shai-Osudoku District and Ningo-Prampram District, they became the obvious choice of location for the study in the Greater Accra Region. Reports from Ghana Statistical Service (2015) indicated that Shai-Osudoku and Ningo-Prampram Districts are the two districts with the highest incidence of poverty in the Greater Accra Region (Ghana Statistical Service, 2015). In addition, the two districts have a high variation in levels of education of their beneficiaries as Shai Osu-Doku has 0.9% of its population who are three years or older not having any record of being in school as compared to 9.3% of the same population from Ningo-Prampram (Ghana Statistical Service, 2014a, 2014b).

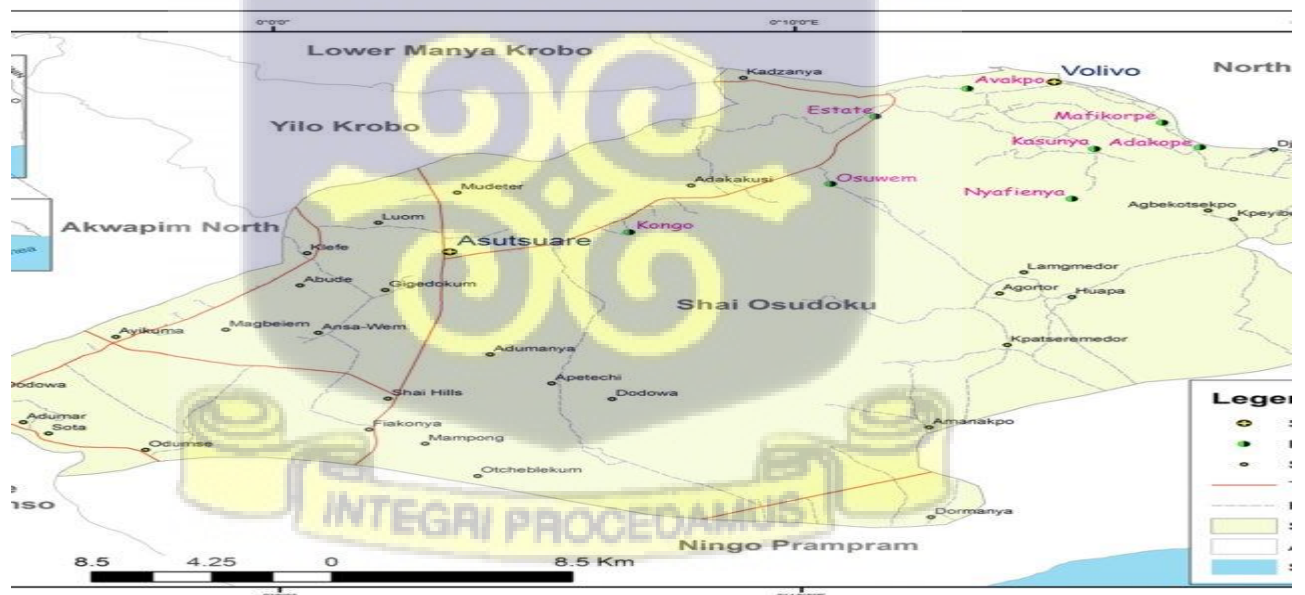
Between the years 2008 to 2013, Greater Accra was the region that experienced the highest reduction in poverty levels, but there are districts where poverty levels were very high like the Shai-Osudoku, Ningo-Prampram, and Ga South (55.1%, 31.2%, and 15.2% respectively) (Ghana Statistical Service, 2015). LEAP was started in the Ga South Municipal in the year 2008 and has continued up to the time of writing this study. However, in this Municipality, GLST is not operational and therefore this study could not take place in the Ga South Municipal making Shai-Osudoku and Ningo-Prampram the best locations. GLST started in Ghana in the year 2010 and these two districts were the pioneers (GLST, 2010). LEAP began in 2008 but was introduced to the various localities at different times, with some being as late as 2016. Participants for this study were beneficiaries of GLST and LEAP. The two districts were

purposively selected based on poverty levels, variation in educational levels, unemployment, and social protection programmes in the areas.

### 3.2.2 Description of Shai Osudoku

Shai Osudoku district is located in the South-Eastern part of Ghana. It occupies a land size of 968.36 square kilometres (Shai Osudoku District Assembly, 2020). The boundaries of the District are seven other Districts, which are North Tongu District, Yilo and Manya Krobo Districts, Akuapim North Municipal, Kpone Katamanso Municipal, Ningo Prampram District, and Ada West District (Shai Osudoku District Assembly, 2020). The population of the district was 62,131 in December 2017 (Shai Osudoku District Assembly, 2020). The poverty incidence in the district at the time was 55.1% and also had a high poverty depth of 23.2% (Ghana Statistical Service, 2015). The unemployment rate for Shai Osudoku was 35.4% (Ghana Statistical Service, 2014b).

**Figure 3 1 Map of Shai-Osudoku District**

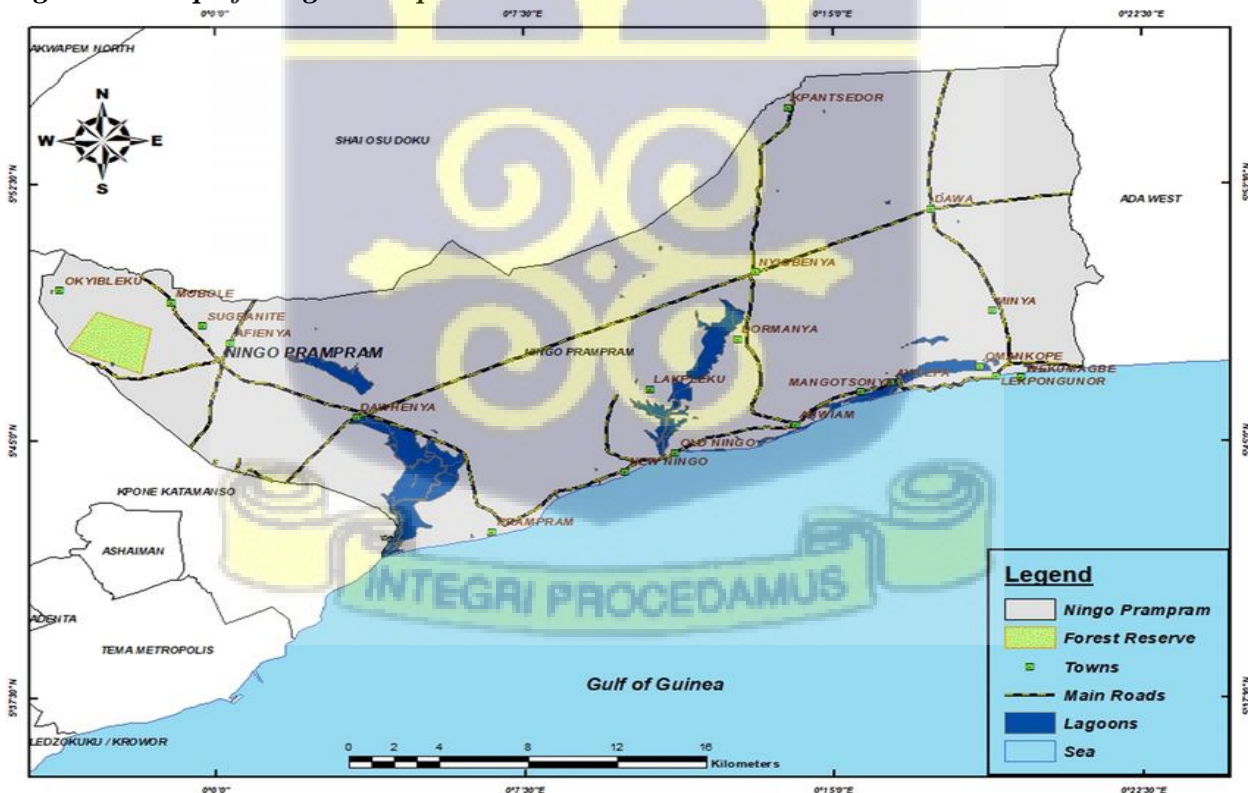


Source: Shai-Osudoku District Assembly

### 3.2.3 Description of the population in Ningo Prampram

Ningo Prampram is located within latitude 5°04' N 6°00' and longitude 0°05' E (Ministry of Finance, 2020a). It shares a boundary with Shai Osudoku District to the north. At the same time, its south is bounded by the Gulf of Guinea. Its eastern edge is shared with Ada West District and bordered to the west by the Kpone-Katamanso Municipal Assembly (Ministry of Finance, 2020a). The land size of the district is about 622.2 square km, and Prampram is its capital (Ministry of Finance, 2020a). As of the 2010 census, the population of Ningo Prampram was 70,923 (Ghana Statistical Service, 2014a). The poverty incidence in Ningo Prampram was 31.2%; the district had a high poverty depth of 10.1% (Ghana Statistical Service, 2015). The district also had a high unemployment rate of 37.4% (Ghana Statistical Service, 2014a). The communities in Ningo Prampram and Shai Osudoku were a combination of rural and peri-urban locations.

**Figure 3 2 Map of Ningo-Prampram**



Source: (Darko et al., 2021)

### **3.3 Study Population, Sampling technique and sample size**

#### ***3.3.1 Study Population***

The population of a study is defined as all members of a group that meet the selection criteria specified for a research study (Alvi, 2016; Rahi, 2017; Zibrán, 2007). This study population is made up of all beneficiaries of the two cash transfer programmes, GLST and LEAP, in the Shai-Osudoku and Ningo-Prampram districts who have ever received cash benefits from the cash transfer programmes.

#### ***3.3.2 Selection Criteria***

This study includes beneficiaries of GLST and LEAP who had received the cash benefit from the programme for a minimum of two years and who were willing to provide answers to either the survey instrument or the interview guide. People who had never benefitted from GLST or LEAP were excluded. Beneficiaries who were less than two years on the programme were also excluded. This enabled the study to gain a meaningful comparison of the two programmes.

#### ***3.3.3 Sampling technique for the quantitative research***

This study used the cluster sampling technique for the quantitative section of this study. Cluster sampling is a sampling technique where the population is divided into separate groups that are geographically spread and possibly inaccessible at the same time (Creswell, 2015; Rahi, 2017). The two districts were spread over a wide geographical area, with a bad road network making some locations difficult to access. The terrain is so bad that some locations could only be assessed with a four-wheel drive. The two districts were used as clusters. Beneficiaries within each cluster formed the population from which the sample would be selected. At each cluster, beneficiaries were randomly selected. This was done by giving them numbers and using the random number generator to select those who would be participants.

### ***3.3.4 Selection of Sample for the LEAP programme***

At the time of data collection, LEAP was operational in both Shai-Osudoku and Ningo-Prampram districts. A list of beneficiaries of LEAP in the two districts was obtained from the social workers and was used as the sampling frame. Beneficiaries who met the inclusion criteria were given numbers and a random number generator was used to select participants (Stat Trek, 2019). The selected participants who gave consent that they wanted to participate in the study were recruited to be part of the sample for the study.

### ***3.3.5 Selection of Sample for the GLST programme***

At the time of data collection, GLST was also operational in both Shai-Osudoku and Ningo-Prampram districts. A similar process used for the selection of LEAP participants was followed for selecting the GLST participants.

### ***3.3.6 Sample size for the quantitative research***

The number of beneficiaries of GLST was known to be seven hundred women with children under five years old; 257 from Shai-Osudoku and 443 from Ningo-Prampram. That of LEAP for the Shai Osu Doku District was 2,323 and for Ningo Prampram, 761, as of March 2019 (MoGCSP, 2019), bringing the total to 3,084. The total population of both LEAP and GLST is, 3,784. This information is displayed in table 3.1 below.



**Table 3. 1: Number of beneficiaries per programme**

	<b>GLST</b>	<b>LEAP</b>	<b>Total</b>
<b>Shai Osudoku</b>	257	2,323	2,580
<b>Ningo Prampram</b>	443	761	1,204
<b>Total</b>	700	3,084	<b>3,784</b>

Source: Data from GLST (2010) and MoGCSP (2019)

The formulae used to determine the sample size were Cochran (1963), Krejcie & Morgan (1970), and Yamane (1967). In the determination of the sample size, the population size of the two programmes was used. Using the Krejcie and Morgan (1970) formula for sample size determination  $N = 3,784$  for the two districts and the two cash transfer programmes, the appropriate sample size was 348.

Cochran's formula, on the other hand, can be used when population size is finite and at precision level  $e=5\%$ ,  $n_0 = 384$  is given by  $n = n_0 / [1 + (n_0 - 1) / N]$  (Cochran, 1963; A. S. Singh & Masuku, 2014). Here,  $n_0$  was the sample size derived when the population was infinite, and  $N$  was the population size. Using Cochran's formula, the appropriate sample size became 348.7, which was approximately 349.

Using Yamane's (1967) formula of  $n = N / [1 + N (e)^2]$ , where  $n$  was the sample size,  $N$  was the population size, and  $e$  was the level of precision, Using a precision level of  $e=0.05$ , and  $N=3,784$ , then the sample size  $n$  became  $n = 361.7$  which was approximately 362. Respondents to the questionnaire were 364, which was in agreement with the sample size calculation formulae and sample size selected by other theses from this University (Amponsah, 2017; Tweneboa-Koduah, 2018). From this sample of 364, both programmes were supposed to be proportionally represented. The sample for GLST was to be proportionally selected by calculating  $700/3784 * 364 = 67$  approximately, but respondents were 68. By this, participants

of GLST from Shai-Osudoku were proportionally represented by  $(257/700)*68 = 24.97$  which is approximately 25. Participants of GLST from Ningo-Prampram were  $68-25= 43$ . From the sample size for GLST, it implies that LEAP's sample size was supposed to be  $364-68= 296$ . By this, Shai Osudoku participants for LEAP were to be  $2323/3084*296= 223$  beneficiaries, which meant that Ningo Prampram were to be  $296-223=73$ .

**Table 3. 2 Sample Size for the quantitative study**

	GLST	LEAP	Total
<b>Shai Osudoku</b>	25	223	248
<b>Ningo Prampram</b>	43	73	116
<b>Total</b>	68	296	<b>364</b>

Source: Field Data 2020

### **3.3.7 Sampling technique for qualitative research**

According to Singh, Masuku, and Micah (2014), in purposive sampling, the purpose of the research is used to select the sample. The study intentionally selected categories of participants who represented beneficiaries of the two cash transfer programmes in the Shai-Osudoku and Ningo-Prampram Districts. Key stakeholders who knew about the capacities of the local-level implementation structures used by LEAP were also selected purposively. They included an officer from the LEAP Management Secretariat (LMS) and key informants (Social Workers and focal persons for each cash transfer programme). These thirteen people were used for IDIs. The beneficiaries of the cash transfer programmes were used for four FGDs. This selection procedure was to allow the study to ascertain the impact of the cash transfer programmes on the uptake of citizenship rights by its beneficiaries. Since GLST is comprised of beneficiaries who were under conditionality, the study assumed the position to compare it with a similar group in LEAP. Table 3.3 represents the breakdown of research participants of the qualitative

study. Participants' names were not required. Forms of identification that allow the anonymity of participants were used.

**Table 3. 3 Breakdown of Research Participants**

<b>Responsibility</b>	<b>No of participants</b>	<b>Details</b>
Senior officer (LMS)	1	Helped the study negotiate access to the community and gave some secondary data
Social workers	4	Purposively selected for in-depth interview (IDI) and interview on local level structures
Focal persons	8	Purposively selected for IDI
Beneficiaries	4 (groups)	Selected randomly to participate in four focus group discussions (FGDs)

Source: Field data, 2020

### **3.4 Research Philosophy**

The philosophical position used for this research was pragmatism, which emphasizes the practicality of particular methods for solving the research problem and then uses pluralistic approaches to derive knowledge about the problem (Creswell, 2015; Kaushik & Walsh, 2019; Khoo-Lattimore et al., 2019). Pragmatism gives a better understanding of the association between cash transfer programmes and the uptake of citizenship rights through using different methods of data gathering and analysis. This study did not go to the field with any assumed empirical theory but rather went to find what information could be found from the data. In the application of pragmatism, the research problems led to the adoption of both quantitative and qualitative methods in which questionnaires and interview guides were used as the data collection instruments for the research. Participants were closely engaged in using the two research methods to collect data. This helped in providing insights into how the cash transfer programmes influence the lives of participants. This also helped to unearth how

conditionalities influence the lives of participants and how GLST can do effective monitoring but LEAP is unable to do the same. For data analysis, this study used contingency tables for the quantitative and thematic analysis for the qualitative.

Research philosophy is the assumption about the way researchers view the world. These are assumptions that underpin how knowledge is constructed (Brierley, 2017; Kaushik & Walsh, 2019). Another word used in social research for philosophy is a paradigm (Brierley, 2017; Kaushik & Walsh, 2019; Saunders et al., 2009). Paradigm is a term used to refer to the researcher's world view, the basic set of beliefs as well as how these guide and define his actions (Lincoln, Lynham, & Guba, 2011). According to Kaushik and Walsh (2019), the word paradigm was used by a community of specialists to refer to beliefs, values, and shared generalizations concerning the nature of reality and knowledge. Examples of paradigms include post-positivism, positivism, constructivism, realism, interpretivism, and pragmatism.

### **3.5 Ethical Consideration**

To meet the ethical standards needed to conduct this study, this study applied for ethical clearance from the University of Ghana Ethics Committee for Humanities (ECH) through the Department for Public Administration and Health Management. Approval with a reference number ECH 134/18-19 was given (see Appendix C). This study followed the ethical standards in the review of literature for this study. To avoid issues of plagiarism, all documents and literature that were used were properly cited and referenced.

When this study went to collect data from the field, consent was sort from the LMS as well as Shai-Osu-Doku and Ningo-Prampram District Assemblies Coordinators, DSWs as well as study participants. Study participants were informed about the importance of the study, what the study was about, its nature, and its purpose. Participants were also informed that the study

was purely for academic purposes, that their participation was voluntary and they could stop on their own time.

Consent was sought from participants before recording their responses during the qualitative data collection. Both Ga and Dangme languages were used for the interviews to ensure that the participants understood the exercise and gave appropriate responses. This study made sure that all information provided was kept confidential and that anonymity was assured for the participants of the study.

### **3.6 Data collection methods and instruments**

#### **3.6.1 Pilot Study**

Pilot studies are one of the essential stages of a research project. A pilot study is used to test the feasibility of a methodology or test the data collection instruments before they are finalized (Bourque & Clark, 2011; Rutherford-Hemming, 2019). In short, pilot studies give a researcher a snapshot of the broader research, to be able to determine how long each questionnaire will take and the questions that need to be corrected.

The pilot study was conducted for this research in August 2019. The pilot study was done to pretest the research instruments. A community, Lekpoyunor, was chosen for the pilot study because it had similar characteristics to the other selected communities in the two districts in terms of poverty incidence and unemployment. The two cash transfer programmes (GLST and LEAP), were also operational in Lekpoyunor thereby making it an ideal location for the pilot study. First, in-depth interviews were done with the two (2) focal persons from the community after they had read and signed the consent form. Ten (10) female beneficiaries for LEAP and another ten (10) for GLST who met the inclusion criteria were randomly selected for this pilot study. These were to be used for the two FGDs. The consent forms were read and explained to

these would-be participants in their local language by the interpreter, and after they gave their consent by thumb printing or signing it, the pilot study began. Permission was sought from the participants for the discussion to be recorded, to which they consented. The focus group discussions took place at their usual meeting grounds. The FGDs were held in the Ga language due to my familiarity with that language. Ga-Dangme language is partly mutually intelligible with Ga, which meant that most participants understood the Ga language. Their understanding of the Ga language made it easy to communicate with the beneficiaries. However, there was always an interpreter at hand to help whenever there were difficulties. The interpreter was someone who spoke both Ga and Dangme and was selected because he was well vexed in the Dangme language. The interpreter was trained by explaining each question to him and asking him to develop an appropriate way of stating each one in Dangme. The pilot study was used to improve the validity and reliability as well as enhance areas of ambiguity in the interview guide. It also helped fine-tune the questions. Ambiguous questions were thus rewritten and the order of some of the questions changed. Participants were not given any remuneration but were given a bottle of water to quench their thirst.

For the quantitative aspect of the pilot study, a simple random sampling was used to select 22 GLST and 38 LEAP participants by use of a random number generator. The protocol used was as follows: an introduction was done, followed by an explanation of the purpose of the research. The consent form was then given to them, it was explained to them in their local dialect and when they gave their consent, they either thumb printed or signed the consent form before the questionnaires were administered. This protocol was followed for both the qualitative and quantitative phases of the research. This pilot study helped to rephrase specific questions that sounded ambiguous and helped to improve the quantitative data collection process. This pilot study also helped to restructure the order of some of the questions. The timing of administering the questionnaires was also adjusted for the convenience of

participants during the data collection process. It also helped to refine some of the questions participants misunderstood; these were re-written for participants to better understand and answer appropriately during data collection..

**Table 3. 4 Sources of constructs**

<b>Constructs</b>	<b>Adopted From</b>
<b>Civil rights (11 items)</b>	Bertorelli et al. (2014)
<b>Social rights (9 items)</b>	Bertorelli et al. (2014), European Social Survey (2018)
<b>Political rights (4 items)</b>	European Social Survey (2018)

The questionnaires were interviewer-administered, this was because not many of the participants could read and comprehend what they read. The questions were asked in the Ga language, and responses were taken either in Ga or Dangme language. The interpreter was still present to assist when needed. Two trained assistants who spoke the Dangme language were available to assist the study to administer the questionnaire on the field during the data collection process. The responses from the participants were then marked on the questionnaires and put together to form the quantitative database.

### **3.6.2 Method Used**

This study used the mixed-method approach. The mixed-methods approach combines qualitative and quantitative data collection and draws inferences from both approaches (Creswell, 2015). Venkatesh, Brown, and Bala, (2013) define mixed methods as combining both quantitative and qualitative research approaches in one research inquiry. This study employed the concurrent design of mixed methods to collect qualitative and quantitative data on the uptake of citizenship rights at the same time before integrating the results later in the research. Concurrent approach is used “if one conducts a study to understand a phenomenon

as it occurs, one should employ a concurrent mixed-methods design” (Venkatesh et al., 2016, p. 445). In this study, concurrent study was used because the study was conducted to understand the association between the cash transfer programs and the uptake of citizenship rights.

The choice of mixed methods was to allow the research to get participants’ views and at the same time quantitatively analyze the data for the association between the CT programs and citizenship rights. The qualitative study explored the in-depth understanding of the uptake of citizenship rights by the beneficiaries of GLST and LEAP and how the two cash transfer programmes either enhanced or undermined the uptake of this activity. This was explored for both beneficiaries whose cash transfer programme had a conditionality that was enforced and those whose conditionality was minimally enforced. Similar data were collected for the quantitative study. This was to find how each of the cash transfer programmes influenced the uptake of citizenship rights among their beneficiaries.

The qualitative study used an interview guide to collect data from both beneficiaries of GLST and LEAP. Methods used include in-depth interviews (IDIs) of key informants and focus group discussions (FGDs) with beneficiaries. The quantitative study used questionnaires to collect data from participants. This was to find how each cash transfer programme influenced the citizenship rights uptake by beneficiaries. Using mixed methods combines the deepening of our understanding of the citizenship rights uptake using the qualitative techniques with the reach of quantitative techniques (Fielding, 2012). This study used the qualitative approach to explore the impact of conditionality on citizenship outcomes of beneficiaries. The study examined the in-depth understanding of how the two cash transfer programmes shape the uptake of citizenship rights by their beneficiaries and the effects of conditionality on citizenship outcomes of beneficiaries.

This mixed-method approach justifies achieving the objectives of the study in that it can give a deeper meaning of how the two cash transfer programmes influence the citizenship rights of beneficiaries and explain further the contribution of the conditions to this shaping. The mixed-method was the most appropriate to answer the research questions of this study because the questions are both qualitative and quantitative. Quantitative methods have an advantage in the ability to generalize findings, examine causes and effects, value-free, objective, and reliable (Creswell, 2015). Qualitative, on the other hand, are resolute in providing a detailed understanding of context, giving the reason for a response, and are value-laden (Creswell, 2015). The qualitative approach helped explain the meanings and interpretations that beneficiaries had of how cash transfer programmes shaped their citizenship rights. In contrast, the quantitative helped explain trends and associations between CCT programmes and the uptake of citizenship rights of the beneficiaries, and how these associations could be generalized. A mixed-method approach, therefore, helps to triangulate survey findings, explain trends, and offer deep meanings into the drivers of programme impacts (Adato et al., 2016).

### ***3.6.3 Negotiating access to the communities***

This study area had three gatekeepers that had to be negotiated to gain access to the communities. These were at the national, district, and community levels. Negotiating access is a process of finding and securing respondents who will participate in the research (Peticca-Harris et al., 2016). This process was not an easy path to navigate since the process had to be repeated now and then throughout the study. Morse (2019) advises researchers to use a mixture of methods to navigate formal channels better. Nir (2018) suggests the use of institutional strategies, which means making use of corporate gatekeepers, which are instrumental in negotiating access. The study initially gained entry at the national level using formal access (Laurila, 1997). This entry gained was done by taking an introductory letter from the

Department for Public Administration and Health Management to the LMS in Accra. A letter of introduction was then taken from the LMS to the two districts.

At the district level, I had to negotiate with the district gatekeepers who were the authorities in the District. These were the District Coordinators and the Social Workers. The encounter with the LMS opened the way for me to be introduced to social workers in the communities. The social workers needed approval from the District Coordinators to offer any support to me. The District coordinators, after receiving the introductory letters, permitted the Social Workers to cooperate with me. The purpose of the study was explained to the Social Workers and they, in turn, introduced would-be participants in the form of focal persons. This was the use of referrals from other study participants (Laurila, 1997; Nir, 2018).

The community gatekeepers were the focal persons. Social workers introduced the focal persons to me through a process known as snowball sampling, which involves combining “personal contacts and referrals from other interviewees” (Nir, 2018, p. 78). The focal persons were usually the person the beneficiaries spoke to when they wanted to contact the national officers. The national officers do the same when they want to contact the beneficiaries. Through the focal persons, I was able to recruit participants who were the beneficiaries of the cash transfer programmes so that their views would be elicited.

### ***3.6.4 Quantitative Measures***

In this section, citizenship is measured using its definition which is civil, social, and political rights (Gordon-Zolov & Rogers, 2010; Marshall, 1950; Ramasamy, 2018).

For the quantitative section, the instrument used was a questionnaire (see Appendix B). The questionnaire consisted of closed-ended questions with five-point Lickert scale answers for participants to choose their answers from. Some of the questions were also open-ended. Appropriate sections of the questionnaires from the Bertorelli, Heller, Swaminathan, and

Varshney (2014) and European Social Survey (2018) were adapted bearing in mind the Ghanaian context. These were existing scales used over the years for research and have gone through much rigour and testing, therefore, their validity was not in doubt.

Section A was the categorization where participants identified whether they were beneficiaries of GLST or LEAP. Participants also had to identify the districts they were resident in which were either Shai-Osudoku or Ningo-Prampram. Section B covered demographic data where beneficiaries had to indicate their gender, marital status, age, and other information that identified them. This comprised of a set of ten questions that participants had to answer.

Section C was on the civil rights of the beneficiaries. This comprised of citizens' awareness of their civil rights as well as their expectations of fairness and justice in society. Civil rights are measured by fairness in society, justice, personal independence of the person, and equal opportunities (Sandoval-Hernández et al., 2018; Schulz et al., 2016; Stokke, 2017). The scale consists of 11 items. Participants expressed their understanding of equal opportunities, their expectations from the government, and what they thought a fair society was. These constructs were adopted from Bertorelli et al. (2014). Section D was social rights. This included the use of education and health resources that comprised ensuring that children in beneficiary households had access to education and health facilities. Enrolment and retention of wards in school are the primary criteria for ensuring that children in beneficiary households are in school (Bertorelli et al., 2014; Cooper et al., 2020; Davis et al., 2014; Owusu-Addo et al., 2018a). The scale is comprised of nine items. Participants were asked questions about the number of wards enrolled in school, how long they have remained in school and whether the conditions contributed to enrolling them in school. These were adopted from Bertorelli et al., (2014). Other items on the scale included accessing skilled delivery and pre and postnatal care required as part of the conditions for the CCT programme. These are the primary modes of measurement

for accessing healthcare among beneficiaries (Adu et al., 2018; Akresh et al., 2012; Esena & Sappor, 2013; Yarney, 2019). These were also adapted from Bertorelli et al. (2014). Some items measured by accessing how often participants participate in neighbourhood and community activities such as involvement in community decision making, reintegration into social networks, and taking part in religious activities (Adato et al., 2016; Drucza, 2016; Owusu-Addo et al., 2018b; Ponce & Rowe, 2018). These items were adopted from (European Social Survey, 2018). Complementary services were also measured under social services.

Section E was on political rights. Questions were asked on whether the beneficiaries have contacted a local political officer in the last 12 months? Whether beneficiaries have taken part in a lawful demonstration in the last four years? Whether beneficiaries have attended any political meeting in the last 12 months? (Adato et al., 2016; Barrientos & Santibanez, 2009; Drucza, 2016; Owusu-Addo et al., 2018b; Ponce & Rowe, 2018). These items were adopted from (European Social Survey, 2018). Section F was on Complementary services: Four items were used to access complementary services. These were using cash benefits to reduce poverty, enrolment in the National Health Insurance Service (NHIS), and attending beneficiary forums (Alatinga et al., 2020; Bolz, 2017; Chioda et al., 2016; Fuseini et al., 2019; Pavanello et al., 2016). These scales measure how the programmes have contributed to the reduction of inequalities that these beneficiaries face. Section F was on how beneficiaries construct citizenship. The responsibility of citizens was measured using a scale consisting of two items. These items were adapted because of the consensus they enjoy from both sets of instruments (Bertorelli et al., 2014; European Social Survey, 2018).

### 3.6.5 Reliability

**Table 3. 5 A Table on the Reliability of Constructs**

Items	Number of Items	Cronbach's Alpha
<b>Civil rights</b>	10	0.672
<b>Social Rights</b>		
Use of education resources	2	0.807
Use of health resources	3	0.832
Neighbourhood and community participation	4	0.732
<b>Political rights</b>		
Political participation	3	0.679

The instrument was subjected to further tests of reliability. Reliability refers to how consistent responses are to a set of variables designed to measure a construct (Livingston, 2018; Shelby, 2011). Reliability is measured by Cronbach's Alpha, which shows the internal consistency of a set of items. It estimates the extent to which quantitative responses that make up the scale all measure the same construct (Miller & Simmering, 2020; Pallant, 2011; Shelby, 2011). A Cronbach's Alpha of 0.65 to 0.7 or above is considered adequate and reliable (Vaske, Beaman, & Sponarski, 2017). The results are presented in Table 3.5. This measurement of reliability is in agreement with Cherayi and Jose (2016) and Angell (2015).

### 3.6.6 Validity

The validity of a scale denotes that the scale accurately measures what it was designed to measure (Field, 2009; Vaske et al., 2017). The questions for the instruments were adapted from Bertorelli et al. (2014) and the European Social Survey (2018). These were given to an expert in citizenship, who happened to be the supervisor for this study, for their examination and

expert advice. The expert questioned and criticized some as well as approved some. Advice was sought from other lecturers who read through the proposal and gave their opinion on the instruments. After gaining expert advice, the instruments were used for a pilot study to improve content validity.

Internal validity: This examines how a study designed, administered, and analyzed can lead to trustworthy answers to the research questions in the study (Andrade, 2018). This study used a random number generator to properly select participants without bias at the various clusters. There were also no missing values in this study as well. External validity: This is to investigate whether the results of this study can be generalized to other contexts (Andrade, 2018). The samples for this study were randomly selected at the various clusters, there were also no demographic restrictions, and therefore the results of quantitative studies should be generalizable within those clusters.

### ***3.6.7 Qualitative Study***

The instrument used for the qualitative data was an interview guide. The instrument was adopted from Hunter and Sugiyama (2014) and Zucco et al. (2019). Data were collected using both in-depth interviews and focus group discussions (FGDs) for qualitative research. The interviews were done with the critical informants while the FGDs were done with the beneficiaries. A sample of the interview guide is presented in appendix A. Since the study is using a mixed-method approach, qualitative data collection was used to address all four objectives of this study. Qualitative data brings out the reasons for a response and the experiences people have concerning the uptake of citizenship rights. This data may reveal information and people's experiences about the research question. The disadvantage of qualitative data is that statistical analysis can largely not be applied to this data, and it is subjective (Creswell, 2015). Data is collected in the form of audio recordings, video

recordings, and text. Data for both the qualitative and quantitative aspects of this study were collected from the beginning of September 2019 to the end of February 2020. The author collected the qualitative data with the help of the interpreter.

**3.6.7.1 In-depth Interviews (IDIs) :** In this strategy, qualitative interviews were employed as one of the strategies to elicit information from participants. Qualitative interviews were used to understand experiences, reconstruct events, delve into personal issues, shed light on issues, and untie intriguing puzzles (Rubin & Rubin, 2014). These types of interviews do not give straightforward answers but demand further clarifications when the need arises. The qualitative interviews were used to explore the issues and look out for what motivated the participants. The interviews also explored the opinions of participants on the subject.

Upon further communication with the key workers, those among them who readily agreed to be participants were selected. Four social workers, eight focal persons, and one senior officer of the LMS were purposively selected for the IDIs. Appointments were scheduled at times that were suitable to them and locations for the in-depth interviews to be held. The officers and social workers agreed for the interviews to be held in the meeting room of their offices. All the focal persons agreed for the interviews to take place at the usual meeting grounds of the programme members. The IDIs were done face to face to get important contextual data. Thirteen (13) IDIs were done with these participants in the two districts. These IDIs were to identify the essential issues that were important to understanding beneficiaries' uptake of citizenship rights after being recruited into the cash transfer programme. The IDIs also helped to understand how these essential issues shaped the uptake of citizenship rights by beneficiaries. For this part of the research, it was important for the study to use IDIs to elicit important details about the key informant's relationship with the beneficiaries, and what they had gleaned from the beneficiaries about how the cash transfers shaped their citizenship. The IDIs were done using open-ended questions from the interview guide to elicit information from

the participants. Depending on the answer that was given by the participants, probing questions followed to warrant that the answers to the questions were truthful and full (Fox & Jennings, 2014). An IDI was also conducted with the senior officer at LMS.

The LMS officer mostly spoke about the implementation of the policy and some of the challenges. The social workers gave deep insights on daily programme implementation challenges, the forces at play, and what they had gleaned from interactions with beneficiaries. Focal persons also gave deep insights into how the programme was impacting the lives of beneficiaries. The focal persons had the advantage of knowing most beneficiaries before they were recruited to the transfer programme and after they came into the programme. They could, therefore, tell the historical changes that had occurred in the lives of the beneficiaries. The IDIs were audio recorded.

**3.6.7.2 Focus Group Discussions (FGDs):** Focus groups are mostly used to study socially marginalized groups, to explore the perspectives of participants, and obtaining feedback on sensitive issues (Cyr, 2016; Tausch & Menold, 2016). Focus groups produce data at three levels which are the individual, group, and interactive levels (Cyr, 2016). The aim of focus groups is to have conversations that brings out the views and opinions of members of the focus group on the topic being discussed. Two communities were carefully chosen from each district to select samples for the focus group discussions (FGDs). For GLST, Old Ningo in the Ningo Prampram and Agotor in the Shai Osudoku districts were purposively selected for the FGDs. For LEAP, Tsopoli from the Ningo Prampram and Dodowa Mantetse in the Shai Osudoku districts were purposively selected for the FGDs. These communities are presented in Table 3.6. Although the locations were purposively sampled, participants were selected randomly because all beneficiaries have the same characteristics and could represent the research population. The GLST samples consisted of beneficiaries of the GLST programme in the districts. These included women who were mostly pregnant at the time the programme was

introduced or had children under five years at the time. The focus groups of GLST comprised largely of such participants. LEAP focus groups were selected from the carers of OVCs.

**Table 3. 6 Communities selected for the FGDs**

	<b>GLST</b>	<b>LEAP</b>
<b>Shai-Osudoku</b>	Agotor	Dodowa Mantetse
<b>Ningo-Prampram</b>	Old Ningo	Tsopoli

For each cash transfer programme, ten (10) people were selected from each of the communities in Table 3.6. Participants were purposively selected from beneficiaries who had experiences to share being in the programme. This was done to provide a realistic basis for crediting impacts on beneficiaries to the cash transfer programme. The GLST focus groups were all females. For LEAP, the males were separated from the females so the Tsopoli focus group comprised of males whilst the Dodowa Matetse focus group was comprised of females. All the four FGDs took place at their usual meeting place in the community. These locations were selected by the respondents as being convenient locations for them. The protocol at the beginning of every focus group discussion was the same as used for the pilot study. Permission was sought from these participants to allow this study to audio record the discussion so that nothing would be missing out when transcribing or analysing the data.

Concerning the advantages of FGDs, Cyr (2016) suggests that focus groups may produce data at the individual, group, and interactive levels at the same time. Tausch and Menold (2016) draw attention to the fact that FGDs can yield a rich blend of perspectives and opinions, which is derived from the participant's free interaction devoid of intimidation. Discussions with these focus groups were used to establish how GLST and LEAP shaped their uptake of citizenship rights. The discussions provoked their views, opinions, and perceptions of citizenship. The

discussions were able to go in very productive directions. The same procedure for recording and transcription of data earlier mentioned in the IDI data collection was also used for the FGDs.

### **3.6.8 Trustworthiness**

Trustworthiness comes from the word trustworthy, which refers to the fact that the “research is only believable to the extent your findings are truthful, applicable, and unbiased” (Fawcett et al., 2014). Trustworthiness has four components which are Credibility, Transferability, Dependability, and Confirmability. Credibility is the qualitative research form of internal validity (Schwandt et al., 2007; Shenton, 2004; Wood et al., 2020). It also proves that one can have confidence in the data and interpretation (Savin-Baden & Major, 2010; Wood et al., 2020). Credibility was achieved by keeping field notes, memos, and comments during the data collection process so that they could easily be referred to whenever the need arose and for member checking (Korstjens & Moser, 2018; Rose & Johnson, 2020; Savin-Baden & Major, 2010). By ensuring the honesty of the data collected, unwilling participants were allowed to opt out so that only those who were genuinely willing to take part and prepared to offer data freely were recruited as participants (Shenton, 2004). This was also achieved by occasionally bouncing the study’s interpretation of the data against the respondents to see if the study got it right (Korstjens & Moser, 2018; Rose & Johnson, 2020; Schwandt et al., 2007).

Transferability, which is qualitative research’s form of external validity was operationalized (Korstjens & Moser, 2018; Rose & Johnson, 2020). This operationalization was done through the provision of background data to establish the context of the study and a thick description of events (Korstjens & Moser, 2018; Shenton, 2004). Shenton (2004, p. 70) informs us that these six items should be present in dealing with transferability, which are:

a) the number of organizations taking part in the study and where they are based; b) any restrictions on the type of people who contributed data; c) the number of participants involved in the fieldwork; d) the data collection methods that were employed; e) the number and length of the data collection sessions; and f) the period over which the data was collected.

All this information was provided at the early stages of this chapter. Dependability is the qualitative research form of reliability (Korstjens & Moser, 2018). Dependability was achieved by collecting and analyzing data to generate findings that were reliable and consistent. Revisiting transcripts and audio recordings of interviews repeatedly allowed the study to remain true to accounts given by participants as well as check for emerging themes (Noble & Smith, 2015). This ensured that the findings were representative of the participant's account. Intercoder reliability was achieved by getting another researcher who did not know about the research objectives also to code. The codes from the guest coder and the main coder mostly agreed. Confirmability is the qualitative research form of objectivity (Rose & Johnson, 2020). Confirmability means the extent to which others could confirm the results. The study achieved confirmability through auditing, triangulation, and reflexivity.

### **3.7 Data Management and Analysis**

#### ***3.7.1 Quantitative data analysis***

The quantitative data consisted of responses from the questionnaires and were analyzed with the Statistical Package for Social Science (SPSS) 25 software. Contingency tables were used to test the association between the cash transfer programme and the uptake of citizenship rights by beneficiaries at a 95% confidence interval. The reason why contingency tables were used was that the research objectives for this thesis were to test for the association between cash

transfer programmes and the uptake of citizenship rights (Helwig, 2020; Pallant, 2011; Zibran, 2007). The research objectives also wanted to find out whether the uptake of citizenship rights by the beneficiaries of GLST was significantly different from those of LEAP (Sei & Ohsuga, 2021). These research objectives led to this thesis developing categorical data which in turn could be analyzed using contingency tables. Chi-squared tests of association were used to test the association between cash transfer programme and the uptake of citizenship rights by beneficiaries at a 95% confidence interval. For the assumptions, first of all, samples were selected through cluster sampling, observations were independent, each participant was counted once and appeared in one group. The minimum expected frequency for each cell was five (5) or more for the chi-square tables. These were assumptions that guided this study so as not to violate the use of Chi-squared. Fisher's exact test was only used when cells had an expected frequency that was less than five (<5) (Pallant, 2011; Zibran, 2007)

Civil rights were represented by fairness in society, justice, personal independence of the person, and equal opportunities (Sandoval-Hernández et al., 2018; Schulz et al., 2016; Stokke, 2017). Social rights were represented by the uptake of healthcare, school enrollment, and NHIS cards (Hunter & Sugiyama, 2014; Stokke, 2017). In addition, it was represented by participation in neighbourhood and community activities (Hudson, 2016; Hunter & Sugiyama, 2014; Leisering & Barrientos, 2013; Lister, 2007; Marshall, 1950). Political rights comprise empowering recipients, power to participate in decision making, participating in the political process, and developing confidence in political establishments (Ben-Porat & Ghanem, 2017; Grimes & Wängnerud, 2010; Hunter & Sugiyama, 2014; Stokke, 2017). Political rights can also be summarised as participation in all political societies that one is a member of as an equal member of the society (Dean, 2013; Oduro, 2015). Therefore in this thesis, political rights were represented by participation in political activities such as voting (Ben-Porat & Ghanem, 2017; Dean, 2013; Grimes & Wängnerud, 2010; Hunter & Sugiyama, 2014; Stokke, 2017).

Chi-squared tests were done to test the association between the cash transfer programme and the civil, social, and political rights. This was done to answer this thesis' curiosity about cash transfer programme and their influence on the uptake of citizenship rights by the beneficiaries. The data was then split into the two cash transfer programmes so that the same tests of association could be done for each cash transfer programme to compare the results.

### *3.7.2 Qualitative data analysis*

For the qualitative data, inductive thematic analysis was used to analyze qualitative data. Inductive thematic analysis is more driven by the data themselves as compared to the theoretical thematic analysis that is driven by the research questions (Braun & Clarke, 2006; Javadi & Zarea, 2016; Maguire & Delahunt, 2017). The thematic analysis required that first, audio recordings from the IDIs and the FGDs were transcribed into text. Transcribing of the data was done at the end of each day so as not to pile up audio data. Transcription was done as precisely as possible in the English language by listening to the audio recording several times. The transcripts were read and compared with the notes that were made on the field as well as audio recordings to make sure that all nuances have been captured. This was followed by putting the data into codes and those codes that came under similar themes were grouped to form themes. The themes developed were probed further in subsequent IDIs and FGDs. Analysis of themes was done for each IDI or FGD.

Information that emerged from the themes was further cross-checked across different IDIs and FGDs to develop an all-inclusive understanding of the factors and practices affecting the citizenship rights of beneficiaries. Critical observations were then made from this analysis. The themes that emerged from the data were interpreted and discussed. Quotes were then selected verbatim to reinforce the meaning of themes. This was done with minor editions to improve readability.

## CHAPTER FOUR

### RESEARCH DATA AND FINDINGS

#### 4.0 Introduction

The previous chapter focused on the methodology used to collect data from the field. It also looked at how the data was analysed using software such as Nvivo for the qualitative and SPSS 25 for the quantitative. This chapter focuses on the findings of the study. Relevant information from the data analysis such as the socio-demographic data, and tests that are used to examine the research questions are presented in this section.

The chapter begins with the socio-demographic characteristics of participants from the two districts. This is followed by the findings on cash transfer programmes and the uptake of citizenship rights. Then findings on the level of uptake of citizenship rights among GLST beneficiaries versus LEAP beneficiaries. The uptake of citizenship rights was next. This was then followed by local-level implementation structures and their implications on the capacities and the implementation of CCT programmes with section 4.6 concluding the chapter.

#### 4.1 Socio-demographic information on participants (Quantitative)

As depicted in Table 4.1, all participants of GLST were female (68/68). For LEAP, 88.5% (262/296) of participants were females whilst the remaining 11.5% (34/296) of LEAP respondents were males. The majority of respondents of GLST 82.4% (56/68) were between the ages of 25 and 44 years old whilst the majority of LEAP beneficiaries 40.5% (120/296) of their participants were 65 years and over. On the marital status, the majority of GLST participants 61.8% (42/68) were living with a partner, followed by 20.6% (14/68) who were married. The next group after these were participants who were never married at the time of the data collection who formed 8.8% (6/68) of participants followed by 4.4% (3/68) of

participants who were divorced. Those who were separated formed 2.9% (2/68) while 1.5% (1/68) were widowed. For LEAP, it can be seen from Table 4.1 that 60.5% (179/296) of

**Table 4.1: Socio-demographic backgrounds of participants**

Variable	GLST		LEAP	
	freq	%	freq	%
<b>Gender</b>				
Male	-	-	34	11.5
Female	68	100	262	88.5
<b>Age in years</b>				
15 to 24	5	7.4	1	0.3
25 to 34	28	41.2	24	8.1
35 to 44	28	41.2	58	19.7
45 to 54	5	7.4	44	14.9
55 to 64	2	2.9	49	16.6
65 and over		-	120	40.5
<b>Marital status</b>				
Not married	6	8.8	8	2.7
Married	14	20.6	38	12.8
Divorced	3	4.4	33	11.1
Widowed	1	1.5	179	60.5
Separated	2	2.9	-	-
Partner	42	61.8	38	12.8
<b>Education</b>				
Primary	18	26.5	43	14.5
JHS	18	26.5	53	17.9
SHS	-	-	7	2.4
Diploma	-	-	2	0.7
No formal education	32	47.1	191	64.5
<b>Religion</b>				
Christian	61	89.7	282	95.3
Muslim	5	7.4	4	1.4
Traditional	1	1.5	9	3
None	1	1.5	1	0.3
<b>Total</b>	<b>68</b>		<b>296</b>	<b>n= 364</b>

Source: Field data, 2020

participants were widowed, with 12.8% (38/296) married, 12.8 (38/296) cohabiting, 10.8% (32/296) divorced, with 2.7% (8/296) who were never married at the time the data collection was carried out. The majority of LEAP participants were widows whilst the majority of GLST participants were cohabiting (Table 4.1). GLST participants who had no formal education were

47.1% (32/68), 26.5% (18/68) who had basic education and the remaining 26.5% (18/68) had been to Junior High School. For LEAP, the majority of participants 64.5% (191/296) had no formal education, 17.9% (53/296) had Junior High School education, 14.5% (43/296) had primary or basic education, 2.4% (7/296) had Senior High School education and 0.7% (2/296) had a diploma.

About 89.7% (61/68) of GLST participants were Christians with only 7.4% (5/68) of them being Muslims. Those who follow traditional religion were 1.5% (1/68) and those who do not follow any religion were also 1.5% (1/68). For LEAP participants, Christians formed 95.3% (282/296), while 3% (9/296) followed traditional religion, 1.4% (4/296) were Muslims and 0.3% (1/296) had no religion (Table 4.1).

## **4.2 Cash transfer programme and uptake of citizenship rights by beneficiaries**

### **4.2.1 Civil Rights**

The association between the two cash transfer programmes and the civil rights of beneficiaries has a p-value that is less than 0.05 ( $p < 0.05$ ) for all the items of civil rights except three (Table 4.2). There is largely a significant relationship between the two cash transfer programmes and the uptake of civil rights. This implies that there is largely a statistically significant relationship between the two cash transfer programmes and the uptake of civil rights. The three exceptions are: a fair society distributes income and wealth equally among its people, justice always prevails and in the long run, people will be compensated for injustices. These have p-values of 0.81, 0.40, and 0.11 respectively (Table 4.2).

The qualitative information revealed that the receipt of cash benefits gave beneficiaries income security and financial independence. It also enabled beneficiaries to invest in petty trading thereby making them self-employed and earning more than the cash benefits they received. This gave the beneficiaries their independence As they were no longer dependent

**Table 4. 2 Cash transfer programme and civil rights of beneficiaries**

	GLST		LEAP		df	$\chi^2$	p-value
	freq	%	freq	%			
<b>Equal rights</b>							
Yes	51	75.0	159	53.7	1	9.41	0.00
No	17	25.0	137	46.3			
<b>The government ensures my safety against threats</b>							
Yes	66	97.1	194	65.5	1	25.4	0.00
No	2	2.9	102	34.5			
<b>The government protects against poverty</b>							
Yes	59	86.8	195	65.9	1	10.47	0.00
No	9	13.2	101	34.1			
<b>The government of Ghana explains its decisions to voters</b>							
-Yes	67	98.5	178	60.1	1	35.3	0.00
No	1	1.5	118	39.9			
<b>A fair society takes care of its poor and needy</b>							
Yes	53	77.9	176	59.5	1	7.32	0.00
No	15	22.1	120	40.5			
<b>A fair society distributes income and wealth equally among its people</b>							
Yes	42	61.8	190	64.2	1	.05	.81
No	26	38.2	106	35.8			
<b>A society is fair when members have equal opportunities</b>							
Yes	51	75	94	31.8	1	41.4	0.00
No	17	25	202	68.2			
<b>Justice always prevails</b>							
Yes	63	92.6	261	88.2	1	0.72	0.40
No	5	7.4	35	11.8			
<b>In the long run, people will be compensated for injustices</b>							
Yes	38	55.9	131	44.3	1	2.56	0.11
No	30	44.1	165	55.7			
<b>By and large, people get what they deserve</b>							
Yes	41	60.3	89	30.1	1	20.7	0.00
No	27	39.7	207	69.9			

on support from family and friends. The two cash transfer programmes give the wards of their beneficiaries equal and fair access to health and education facilities which enhances their civil rights. Beneficiaries were also educated on child protection issues to protect them from abuse. This gave them equal protection under the law. Some participants commented that:

*The receipt of cash benefits gives us financial independence. When it comes to buying our basic needs, we also have some financial power to buy without depending on our husbands.*

LEAP participant

For child protection issues, we visit the households in the communities to find children that are being molested and not going to school. We then try to find a way to solve the issue, educate them and sensitize them on the reasons why the child should not be abused.

Social Worker.

#### **4.2.2 Cash Transfer Programme and Social rights**

The association between the two cash transfer programmes and the social rights of beneficiaries has a p-value that is less than 0.05 ( $p < 0.05$ ) for all the items of social rights (Table 4.3). There is a significant relationship between the two cash transfer programmes and the uptake of social rights. This means that the association between the cash transfer programmes and the uptake of social rights by their beneficiaries is statistically significant.

**4.2.2.1 The use of education and health facilities:** Taking each item into perspective, the association between the two cash transfer programmes and school enrolment has a p-value less than 0.05 ( $p < 0.05$ ) (Table 4.3). This implies that there is a statistically significant relationship between the two cash transfer programmes and the uptake of school enrolment by their beneficiaries.

**Table 4.3 CT programme and the uptake of social and political rights**

<b>Social Rights</b>	<b>GLST</b>		<b>LEAP</b>		<b>df</b>	<b><math>\chi^2</math></b>	<b>p- value</b>
	<b>freq</b>	<b>%</b>	<b>freq</b>	<b>%</b>			
<b>School Enrolled</b>							
Yes	56	82.4	179	60.5	1	10.63	0.00
No	12	17.6	117	39.5			
<b>Skilled delivery</b>							
Yes	57	83.8	93	31.4	1	60.54	0.00
No	11	16.2	203	68.6			
<b>Pre and postnatal health</b>							
Yes	57	83.8	166	56	1	16.78	0.00
No	11	16.2	130	44			
<b>Neighbourhood activities</b>							
-Yes	33	48.5	212	71.62	1	12.37	0.00
No	35	51.5	84	28.38			
<b>Community participation</b>							
Yes	44	64.7	130	43.92	1	8.76	0.00
No	24	35.3	166	56.08			
<b>Complementary Service</b>							
<b>NHIS card</b>							
Yes	63	92.60	179	60.5	1	24.27	0.00
No	5	7.40	117	39.5			
<b>Beneficiary forums</b>							
Yes	66	97.10	152	51.40	1	46.21	0.00
No	2	2.90	144	48.60			
<b>Registered births</b>							
Yes	65	95.6	84	28.4	1	103.31	0.00
No	3	4.4	212	71.6			
<b>Political Rights</b>							
<b>Contact a local politician</b>							
Yes	47	69.1	224	75.7	1	1.25	0.26
No	21	30.9	72	24.3			
<b>Taking part in a lawful protest</b>							
Yes	44	64.7	203	68.6	1	29.49	0.00
No	24	35.3	93	31.4			
<b>Attended any political meeting</b>							
Yes	55	80.9	245	82.8	1	1.36	0.71
No	13	19.1	51	17.2			

Secondly, the association between the two cash transfer programmes and the use of skilled delivery has a p-value less than 0.05 ( $p < 0.05$ ) (Table 4.3). This implies that the relationship between the two cash transfer programmes and the use of skilled delivery was statistically significant ( $p = 0.00$ ) (Table 4.3).

Thirdly, the association between the two cash transfer programmes and accessing pre and postnatal services was statistically significant ( $p = 0.00$ ) (Table 4.3). The relationship between the two cash transfer programmes and the uptake of pre and postnatal health care was statistically significant. This indicates that the two cash transfer programmes do influence the uptake of pre and postnatal health care.

**4.2.2.2 Neighbourhood Participation:** The results showing the relationship between the two cash transfer programmes and participation in neighbourhood activities did indicate a statistically significant association ( $p=0.00$ ) (Table 4.3). This means that the two cash transfer programmes do influence participation in neighbourhood activities.

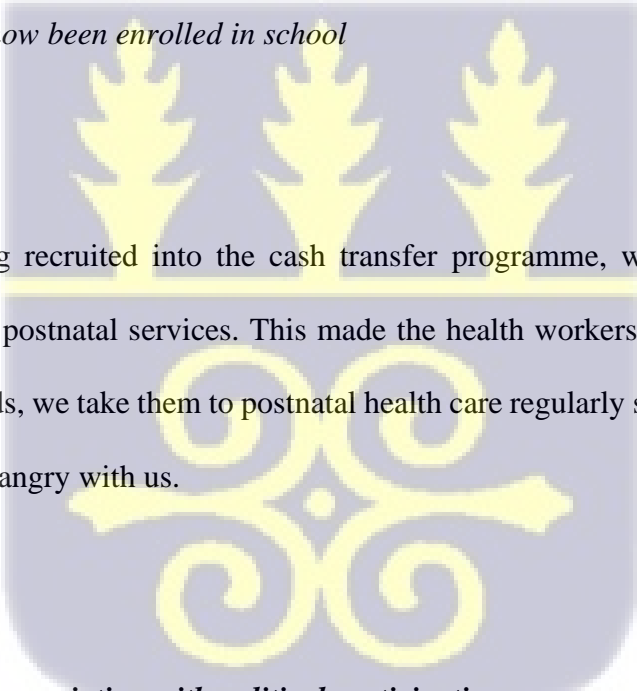
**4.2.2.3 Community Participation:** For community participation, the association between the two cash transfer programmes and community participation is significant ( $p=0.00$ ) (Table 4.3).

**4.2.2.4 Complementary Services:** The association between the two cash transfer programmes and registration with NHIS was significant ( $p=0.00$ ) (Table 4.3). GLST and LEAP registered the beneficiaries for the NHIS cards. This NHIS registration supported beneficiaries in two ways; (1) the card gave the beneficiaries free and equal access to health services and (2) saved the beneficiaries from resources they would have expended if they were to pay out of pocket for the health services. Also, the association between the two cash transfer programmes and participating in beneficiary forums was significant ( $p=0.00$ ) (Table 4.3).

GLST on average held more beneficiary forums than LEAP for the same period. The results showing the relationship between the two cash transfer programmes and birth registration did indicate a statistically significant association ( $p=0.00$ ) (Table 4.3). This means that the two cash transfer programmes do influence birth registration among participants.

The qualitative data revealed that the two cash transfer programmes increased the use of health and education resources. The cash benefits received and the beneficiary forums helped the beneficiaries to reintegrate into society and participate. Some beneficiaries commented that:

*Because of these two programmes, children in this community who ordinarily would not have been in school have now been enrolled in school*



Focal person

Before getting recruited into the cash transfer programme, we were not using the antenatal and postnatal services. This made the health workers angry. But now, with the NHIS cards, we take them to postnatal health care regularly so the health personnel no longer get angry with us.

GLST participant

#### ***4.2.3 Cash transfers association with political participation***

**4.2.3.1 Political Participation:** Table 4.3 reveals that out of the three items under the political participation construct, only one of them is statistically significant. This reveals that the two CT programmes promote participation in a lawful protest. For whether the participant had contacted a local politician in the last twelve months and attending any political meeting,

there is no significant difference between the two groups ( $p=0.26$  and  $p=0.71$  respectively, Table 4.3).

### **4.3 Level of uptake of citizenship rights among GLST beneficiaries versus LEAP beneficiaries**

#### ***4.3.1 Cash transfer programme and the uptake of civil rights among their beneficiaries***

Table 4.2 is a contingency table that reveals that all the  $p$ -values for the various items of civil rights are significant ( $p=0.00$ , for all items except three). The percentages for GLST for all these items which have significant  $p$ -values are higher than the percentages for LEAP (Table 4.2). This indicates that there are significant differences between GLST and LEAP for the various items of civil rights. In this case, the proportion of beneficiaries who uptake civil rights is dependent on whether they are beneficiaries of GLST or LEAP. This means that GLST is more likely to influence the uptake of civil rights by their beneficiaries than LEAP. The three exceptions reveal that there is no significant difference between the two CT programmes in terms of these items.

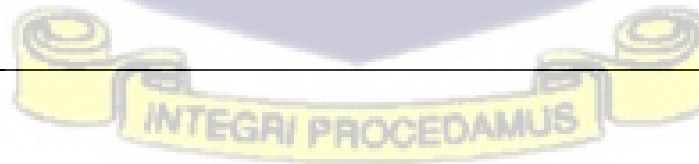
The qualitative study results were similar to that of the quantitative study. Participants observed that the two cash transfer programmes gave them complaint channels through which they could have issues of unfairness, discrimination or complaints addressed. The two CT programmes also enhanced their access to public education and public facilities. One participant commented:

*We communicate any problem to the focal persons here so that they would find a way to communicate our grievances to the managers.*

LEAP participant

**Table 4. 4 The uptake of civil rights within Shai-Osudoku and Ningo-Prampram**

	GLST		Shai-Osudoku LEAP		df	$\chi^2$	p- value	GLST		Ningo-Prampram LEAP		$\chi^2$	p- value
	freq	%	freq	%				freq	%	freq	%		
<b>Equal opportunities</b>													
Yes	24	96.0	220	98.7	1	0.03	0.35*	42	97.7	54	74	9.1	0.00*
No	1	4.0	3	1.3				1	2.3	19	26		
<b>The government ensures my safety against threats</b>													
Yes	23	92.0	134	60.1	1	8.53	0.00*	43	100	60	82.2	6.9	0.00*
No	2	8.0	89	39.9				0	0	13	17.8		
<b>The government protects against poverty</b>													
Yes	17	68.0	139	62.3	1	0.11	0.67*	42	97.7	56	76.7	7.5	0.00*
No	8	32.0	84	37.7				1	2.3	17	23.3		
<b>The government of Ghana explains its decisions to voters</b>													
-Yes	25	100.0	117	52.5	1	18.86	0.00*	42	97.7	61	83.6	4.09	0.04*
No	0	0.0	106	47.5				1	2.3	12	16.4		
<b>A fair society takes care of its poor and needy</b>													
Yes	11	44.0	149	66.4	1	3.96	0.05*	42	97.7	28	38.4	37.35	0.00*
No	14	56.0	75	33.6				1	2.3	45	61.6		
<b>A fair society distributes income</b>													



and wealth equally among its people													
Yes	8	32.0	155	69.5	1	12.42	0.00*	34	79.1	35	47.9	9.62	0.00*
No	17	68.0	68	30.5				9	20.9	38	52.1		
A society is fair when members have equal opportunities													
Yes	18	72.0	68	30.5	1	15.31	0.00*	33	76.7	26	35.6	16.71	0.00*
No	7	28.0	155	69.5				10	23.3	47	64.4		
Justice always prevails													
Yes	24	96.0	196	87.9	1	0.78	0.33*	39	90.7	65	89.0	0.00	1.00*
No	1	4.0	27	12.1				4	9.3	8	11.0		
In the long run, people will be compensated for injustices													
Yes	24	96.0	213	95.5	1	0.00	1.00*	35	81.4	47	64.4	3.00	0.6*
No	1	4.0	10	4.5				8	18.6	26	35.6		
By and large, people get what they deserve													
Yes	13	52.0	60	26.9	1	5.66	0.02*	28	65.1	29	39.7	6.00	0.01*
No	12	48.0	163	73.1				15	34.9	44	60.3		

\* Results for Fishers exact were used for all items marked \*



The continuous payment of the cash benefit by LEAP meant that beneficiaries were being protected from poverty.

Table 4.4 is a contingency table that reveals how the two cash transfer programmes influence the uptake of civil rights among their beneficiaries within the Ningo-Prampram and Shai-Osudoku districts. Eight out of ten items are statistically significant in Ningo-Prampram and for all these eight, GLST participants have a higher percentage than LEAP participants (Table 4.4). This means that GLST beneficiaries are more likely to uptake these items than their counterparts in LEAP in Ningo-Prampram. The remaining two show no statistically significant difference. For Shai-Osudoku, four out of ten items are statistically significant in favour of GLST (Table 4.4). Whilst for two, a fair society takes care of its poor and needy, a fair society distributes income and wealth equally among its people, LEAP participants have a higher percentage in Shai-Osudoku and are statistically significant (Table 4.4). This indicates that in Shai-Osudoku, LEAP participants are more likely to uptake these two items than GLST (Table 4.4). The remaining four items are not statistically significant (Table 4.4). This means that there are no differences between the two CT programmes in the uptake of these items of civil rights in Shai-Osudoku. There are contextual issues that have led to these differences.

The qualitative data does support this assertion that GLST enhances the civil rights of its beneficiaries better than LEAP. Contextual factors such as interactions between the state and beneficiaries at the local level were important opportunities that inform beneficiaries' perception and uptake of civil rights. These were spaces created through the selection process, registration with the NHIS, birth registration, and beneficiary forums offered by the two cash transfer programmes. These were opportunities where beneficiaries got into contact with state

officials. How these interactions were done and perceived by the beneficiary affect their civil rights.

*We get the opportunity to interact with agents of the state when they come to register us for the NHIS cards or to do training during the beneficiary forums. We can ask questions and they don't do anything to belittle us.*

LEAP Participant

The two CT programmes “reach groups that previously had little or no access to state services”(Alatinga et al., 2020, p. 94). This brings beneficiaries into contact with state officials who may be the first state agents these beneficiaries get into contact with. This gives beneficiaries access to public authorities responsible for these services (Neubourg, 2009; Siegel & Neubourg, 2011). According to Hunter and Sugiyama (2014), day-to-day exchanges with the state by beneficiaries contribute to citizenship building. Besides, Molyneux et al. (2016) state that programmes that promote more sustained interactions between citizens and service providers influence state-citizen relations. This interaction contributes to the difference between GLST and LEAP in the two districts. This finding is in agreement with findings that suggest that “a CCT that is successful in one context may be unsuccessful in another, with the difference attributable to factors that are not typically assessed during a programme evaluation” (Glassman et al., 2013).

Some participants indicated that they were now able to call the focal person or Social worker on the phone or in person to discuss difficulties they have with the programme. They were also able to go to the District Assembly to make enquiries or lodge complaints about challenges with the cash transfer programme and they would be respectfully received. They received good responses to their enquiries even if the response does not come immediately.

The focal persons and social workers occasionally call to find out if they have any problems.

Some participants reported that:

Beneficiaries have been encouraged to come to us with any problems that they have with the programme and we will solve the problem for them. Alternatively, they can also speak to the focal person who in turn will come to us with the problem. These are the channels available to the beneficiaries.

Social Worker

Whenever these beneficiaries make use of these complaint channels, they inadvertently get into contact with state officials who work in these organizations. The experience they have with these workers contributes to their sense of belonging and state-citizenship relationship. Similarly, when the participants use the health and education facilities, it also contributes to their sense of belonging. The majority of FGD participants affirmed that they are treated well in the health facilities and their children are also treated well in the schools. This informs their state-citizen relationship. A bad experience from one of these state agents would, together with other experiences, hurt the state-citizen relationship formed in the minds of these beneficiaries. A focal person commented that:

When GLST comes around for the sensitization programme, they sometimes come with nurses who give the beneficiaries health talk, education on hygiene, and how to take care of their families. Beneficiaries are also able to interact with them by asking questions on the topic of the day or of interest to them.

GLST focal person

The FGDs and in-depth interviews reveal that the process of selecting beneficiaries for the two cash transfer programmes was a means by which beneficiaries interacted with the state. In

both Ningo-Prampram and Shai Osudoku Districts, the selection process involved officers from the two programmes (mostly staff of DSW) going from house to house in the community to interview potential beneficiaries. This created the opportunity for participants to interact with state officials. In this engagement, an assessment of the financial needs of the household is done by state officials. When probed about the selection process, a participant reported that:

The officials go to the household of persons of interest to find out if that household needs to be supported before the person is enrolled in the programme. This assessment is done by interviewing the beneficiary. This is important because they cannot just select anyone. If they just select anyone, they may end up with people who are not really in need whilst there may be others around who are suffering and need help.

LEAP participant

Through this selection process, the two cash transfer programmes have created opportunities for beneficiaries to interact with agents of the state. What beneficiaries experience will be the attitude of these street-level bureaucrats towards the beneficiaries. This experience with the street-level bureaucrats will inform how they relate to the state.

#### ***4.3.2 Cash transfers and Social rights***

**4.3.2.1 Cash transfer programme and School enrolment:** A greater proportion of GLST participants enrolled their wards in school (82.4%) than the proportion of LEAP participants who enrolled their wards in school (60.5%). This difference is statistically significant ( $p = 0.00$ , Table 4.3). This finding illustrates that the beneficiaries of GLST are more likely to enrol their wards in school than the beneficiaries of LEAP. This observation was expected given that GLST monitored and enforced its conditions better than LEAP.

The qualitative study results were similar to that of the quantitative study. It was observed that the cash transfer programmes have helped improve the education of children in the two districts. It was reported that many children in the communities would not have been in school had it not been for the cash transfer programme. Some participants reported that:

*Those of us who were not taking our children to school have now enrolled our children in school. This is because it is part of the conditions for us to get the cash transfer.*

GLST participant

*The cash transfer programme has helped in the education of our children, most of my children have been enrolled in school now due to the assistance of LEAP.*

LEAP participant

Others reported that some of the beneficiaries did not care about the education of their children and that the conditions have contributed positively to educating their children. The monitoring and enforcement of the conditions have also kept beneficiaries' children in school and its spillover effect has led to the children focusing on their education thereby reducing truancy, teenage pregnancy, and child labour. A participant mentioned some ways in which the conditions have helped in the education of the children in the community:

Because of the programme, the children who were absenting themselves from school started attending school regularly. Even those parents who were not making sure their children go to school regularly started supervising them because they wanted to comply with the conditions.

GLST Focal person

By probing about how LEAP ensures the children go to school, a LEAP Social worker opined;

It depends on the level of an individual's appreciation of education or how important it is to them. All they do is ask the children to go to school then the parents leave for the farm. As to whether the children will go or not, they do not enforce it. LEAP is also not able to enforce the conditions because we do not have the logistics to do so.

Admittedly, there were more participants of GLST who had their children in school than LEAP participants. The social workers were of the view that the beneficiary forums through which they educate the beneficiaries have contributed to the change in attitude towards education. The beneficiaries have been sensitized so much that there has been a change in their attitude towards education. Although they agreed this is not the same in all the districts, in this particular community, it has worked perfectly well. One commented that:

For example, in Tokpo, one of the communities, we have educated them and now a lot of the young girls who were expected to be getting involved in teenage pregnancies are in school. Those who have children already are giving their babies to their parents and have gone back to school.

GLST Social Worker

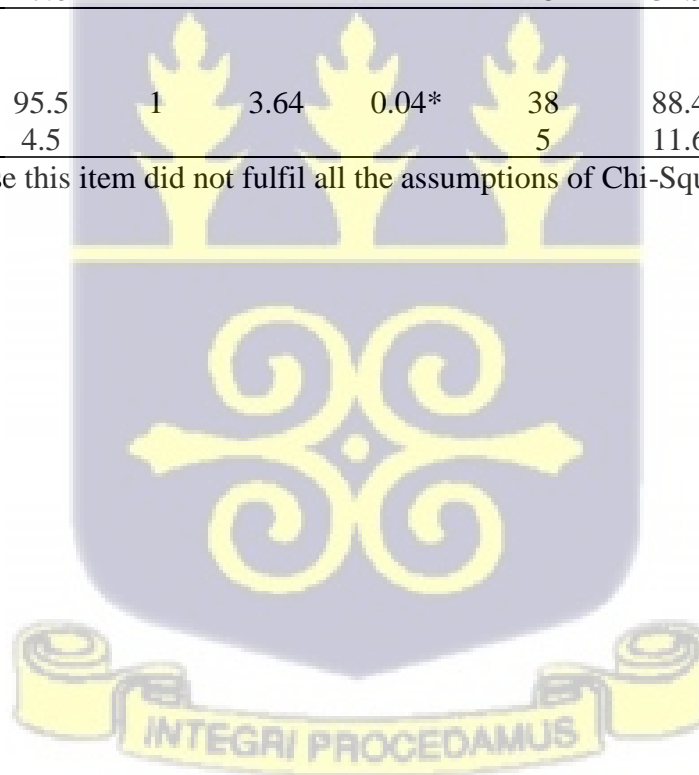
Within the individual districts, results from Table 4.5 show that among the Ningo-Pramprams, the difference between GLST and LEAP participants in school enrollment is statistically significant ( $p=0.00$ ) in favour of GLST (Table 4.5). This indicates that in Ningo-Prampram, beneficiaries of GLST are more likely to enrol their children in school than beneficiaries of LEAP. This is due to the strict monitoring and enforcement of the conditions in GLST. Among the Shai-Osudokus, differences in school enrolment of wards are independent of whether the adult is a beneficiary of GLST or LEAP ( $p=1.00$ , Table 4.5). This implies that in Shai-Osudoku, the influence of GLST on school enrolment is no different from the influence of

**Table 4. 5 CT programme versus the uptake of Social and Political Rights (Shai-Osudoku and Ningo-Prampram)**

Social Rights	Shai-Osudoku					Ningo-Prampram					$\chi^2$	p-value	
	GLST freq	%	LEAP freq	%	df	GLST freq	%	LEAP freq	%				
<b>School Enrolled</b>													
Yes	15	60.0	135	60.5	1	0.00	1.00*	41	95.3	44	60.3	15.26	0.00*
No	10	40.0	88	39.5				2	4.7	29	39.7		
<b>Skilled delivery</b>													
Yes	20	80.0	65	29.1	1	23.60	0.00*	37	86.0	28	38.4	23.08	0.00*
No	5	20.0	158	70.9				6	14.0	45	61.6		
<b>Pre and postnatal health</b>													
Yes	19	76.0	120	53.8	1	3.64	0.04*	38	88.4	46	63.0	7.49	0.01*
No	6	24.0	103	46.2				5	11.6	27	37.0		
<b>Neighbourhood activities</b>													
-Yes	6	24.0	159	71.3	1	20.51	0.00	21	48.8	47	64.4	2.09	0.10
No	19	76.0	64	28.7				22	51.2	26	35.6		
<b>Community participation</b>													
Yes	14	56.0	83	37.2	1	2.59	0.11	30	69.8	47	64.4	0.15	0.70
No	11	44.0	140	62.8				13	30.2	26	35.6		
<b>NHIS card</b>													
Yes	21	84.0	152	63.7	1	3.30	0.07	42	97.7	37	50.7	25.39	0.00*
No	4	16.0	81	36.3				1	2.3	36	49.3		
<b>Beneficiary forums</b>													
Yes	24	96.0	98	43.9	1	22.33	0.00*	42	97.7	54	74.0	9.06	0.00*
No	1	4.0	125	56.1				1	2.3	19	26.0		

Registered births													
Yes	23	92.0	58	26.0	1	41.56	0.00*	42	97.7	26	35.6	40.44	0.00*
No	2	8.0	165	74.0				1	2.3	47	64.4		
<b>Political Rights</b>													
Contact a local politician													
Yes	24	96.0	183	82.1	1	2.24	0.09*	31	72.1	49	67.1	0.12	0.73
No	1	4.0	40	17.9				12	27.9	24	32.9		
Taking part in a lawful protest													
Yes	22	88.0	185	83.0	1	0.13	0.78*	28	65.1	42	57.5	0.37	0.54
No	3	12.0	38	17.0				15	34.9	31	42.5		
Attended any political meeting													
Yes	21	84.0	213	95.5	1	3.64	0.04*	38	88.4	53	72.6	3.10	0.08
No	4	16.0	10	4.5				5	11.6	20	27.4		

\* Results for Fishers exact were used because this item did not fulfil all the assumptions of Chi-Squared



LEAP on the same. This difference in the two districts is a result of contextual issues within the districts.

Participants in both Shai-Osudoku and Ningo-Prampram could attest to how the cash transfer programmes have helped improved the education of their children. Admittedly, all the FGDs of GLST indicated that their children are now enrolled in school as compared with LEAP's FGDs whose response to enrolment was not so good. It was reported that some of the beneficiaries did not care about the education of their children or how the conditions have contributed positively to educating the children in the community. The enforcement of the conditions has also kept beneficiaries' children in school and its spillover effect has led to the children focusing on their education thereby reducing truancy, teenage pregnancy, and child labour. A participant mentioned how the conditions have helped in the education of the children in the community:

Due to illiteracy on the part of some parents, they do not see the wisdom in enrolling their children in school. Sometimes the children are also unwilling to go to school but the conditions have made the parents take up their responsibility in making sure their children go to school.

Social Worker

**4.3.2.2 Cash transfer programme and skilled delivery:** Most GLST participants (83.8%) used skilled delivery when they went into labour whilst only 31.4% of LEAP participants did the same (Table 4.3). The difference between these two groups (GLST and LEAP beneficiaries) is statistically significant ( $p=0.00$ ) in favour of GLST (Table 4.3). The conditions attached to GLST require participants to use skilled delivery. Thus, this has contributed to the significant difference in the use of skilled delivery by beneficiaries of GLST as compared to the

beneficiaries of LEAP. The monitoring system used by GLST also caused the beneficiaries to make sure that they comply with the conditions. A participant commented that:

Before getting enrolled in the programme, we were delivering our children at home but through this programme, we now deliver them at the health facility because it is part of the conditions to receive our cash benefit. The programme officers monitor strictly our use of such services so we make sure that we do comply with the conditions because they can easily find out if we do not comply.

GLST participant

The beneficiary forums educated participants on the importance of having skilled delivery. They had been taught that delivering their babies at the health facilities was for their good and regular visits to the health facility would keep them healthy. The beneficiary forums were used to sensitize them on the best health practices. Beneficiary forums for GLST were done more often in a year than LEAP's beneficiary forums.

The programme has enlightened us that when we get complications during labour, we are safe in the hands of a skilled person than delivering at home. Now that they do not even give us the money, we continue using the clinic for delivery because we do not want to die during labour and we want our children to live after being born.

GLST participant

I have had three children after being recruited on LEAP and all of them were delivered at the local clinic. In this community, we were used to delivering our children at home when we go into labour. After being enrolled on LEAP, I have been educated on why I must use skilled delivery.

LEAP participant

They identified that being registered with the NHIS made healthcare affordable. Affordability had been a challenge and service charges became a hindrance to them. Even though the two programmes registered the beneficiaries to the National Health Insurance Scheme (NHIS), GLST registered largely all their beneficiaries and their households. For example, 88% of GLSTs participants for the qualitative study had been registered with the NHIS cards as compared to 47% of LEAP participants. This helped the beneficiaries pay little or no money when they visited state health facilities and some private health facilities that receive the NHIS cards. As noted by this participant:

GLST has registered us for NHIS and because of this, we can now visit the health facilities. We are not afraid that the health facility will ask us to pay out of pocket because of the NHIS cards. We now take our children to the health facility because the cost can be taken care of by using the NHIS card.

GLST participant

When the influence of cash transfer programme (GLST/LEAP) on skilled delivery is tested separately for Shai-Osu-Doku and Ningo-Prampram districts, the results reveal that there is a statistically significant difference between GLST and LEAP participants for the two districts ( $p=0.00$ ;  $p=0.00$ ) respectively in favour of GLST (Table 4.5). This implies that GLST beneficiaries are more likely to use skilled delivery in Shai-Osudoku and Ningo-Prampram than LEAP beneficiaries.

The qualitative participants agreed that the programme educated them on the importance of having skilled delivery. They had been taught that delivering their babies at the health facilities was for their good and regular visits to the health facility would keep them healthy. Participants identified that being registered with the NHIS made healthcare affordable. Whilst

GLST registered all the children of their beneficiaries for the NHIS cards, LEAP did not register that many. As noted by this participant:

The beneficiary and the child were registered in the first phase, but the second phase registered our entire households for birth certificates and health insurance. We are not afraid that the health facility will ask us to pay out of pocket because of the NHIS cards.

GLST beneficiary

#### 4.3.2.3 Cash transfer programme and pre and postnatal health access by beneficiaries:

The majority of GLST participants (83.8%) attended antenatal and postnatal health care as compared to only 56% of LEAP participants who did the same (Table 4.3). This difference is found to be statistically significant ( $p=0.00$ , Table 4.3). Meaning that GLST participants are more likely to access pre and postnatal health than LEAP participants.

Access to pre and postnatal services has improved among participants since enrolling in the cash transfer programme. Participants of the qualitative research from GLST who used antenatal and postnatal services in their immediate past pregnancy were 70% compared to those from LEAP who were 48%. Some participants reported that;

*LEAP has sensitized us to access health facilities for maternal and child health services. This is now easy to do because we have the NHIS cards.*

LEAP participant

*GLST registers the whole household of the beneficiaries with NHIS so they can send the children to the hospital when they are sick.*

GLST focal person

The main benefit of registering the beneficiaries with the NHIS cards and educating them on the need to use the health facilities is to improve the health of the mother and child. This benefit can not be achieved without the enforcement of the conditions. Participants explained that the monitoring of the conditions attached to GLST caused them to seek pre and postnatal health care whenever the need arose. The frequency and consistency of visits to the health facilities were higher for GLST beneficiaries than for LEAP beneficiaries due to the conditions. Beneficiaries of GLST continue to adhere to some of the conditions though the cash transfer aspect was stopped in the year 2014. A participant commented;

There are a lot of benefits to gain in remaining an active member of GLST. For example, benefits that make it extremely useful to remain a member of GLST include; registration of our households with NHIS which takes care of healthcare costs, registration of our children for the birth certificate, we are also sensitized which empowers us to enrol our children in school as well as participate in the home and the society.

GLST Participant

LEAP beneficiaries, on the other hand, struggle with the conditions due to LEAPs' inability to enforce them. Information gathered from the participants showed that although beneficiaries have been sensitized to utilize the health facilities, some participants would not utilize the health facilities without the enforcement of the conditions. Enforcement of the conditions has therefore enhanced the utilization of the health facilities by beneficiaries. This statement generally runs through most comments made by other beneficiaries. Conditions in CCT programmes are necessary for beneficiaries and their households to follow so that they get out of poverty. Enforcement is important to help such beneficiaries and their households to follow through with these conditions. For example, some participants articulated that:

It was very difficult for some mothers to comply with the conditions but the consequence for non-compliance was that they will be given only half of their cash benefit. This was enough to motivate them to comply with the conditions.

Social worker

This programme has educated us a lot in that previously after about three months of delivery, we stopped visiting the hospital but due to the conditions in this programme, we frequently visit the hospital to make sure we comply. GLST has now made it easy for me to visit the health facilities because of the NHIS card.

GLST participant

The social workers confirmed that before the introduction of GLST in the two districts, the citizens would wait till the health condition worsens before taking a child to the hospital, but now all that has changed. They can now take their children to the hospital when they are not feeling well because the cash transfer programme has registered them for NHIS.

The difference between the two cash transfer programmes was tested for the two districts Shai-Osudoku and Ningo-Prampram, the results show that the difference between GLST and LEAP participants in pre and postnatal access for both Shai-Osudoku and Ningo-Pramprams are statistically significant ( $p=0.04$ ,  $p=0.01$ ) in favour of GLST (Table 4.5). Meaning that GLST participants access pre and postnatal health more than LEAP participants in both Shai-Osudoku and Ningo-Prampram.

Most of the qualitative participants agree that access to pre and postnatal health and family planning has improved among participants since enrolling on the cash transfer programme. This has been made possible due to the two cash transfer programmes educating the

beneficiaries on the need to utilize the health facilities and registering them for the NHIS cards.

Some participants reported that;

*We have learnt that it is good to take your children to school and the hospital. When we were not on LEAP, we did not have health insurance but the LEAP programme has registered us for the health insurance now.*

LEAP participant

*GLST registered the whole family of the beneficiary with NHIS so they can send the children to the hospital when they are sick.*

GLST focal person

The main benefits of registering the beneficiaries with NHIS and educating them on the need to use the health facilities which is to improve the health of the mother and child may not be achieved without enforcement of the conditions. Participants explained that the conditions in GLST made it possible for them to use the health facilities. The frequency and consistency of visits to the health facilities were higher for GLST beneficiaries than for LEAP beneficiaries due to the conditions. LEAP beneficiaries, on the other hand, struggle with behavioural changes due to LEAP's inability to enforce the conditions. Information gathered from the beneficiaries who were participants showed that although beneficiaries have been sensitized to utilize the health facilities, most participants would not utilize the health facilities without the enforcement of the conditions. Enforcement of the conditions has enhanced the utilization of the health facilities by beneficiaries. This statement generally runs through most comments made by other beneficiaries. Conditions in CCT programmes are necessary for beneficiaries and their households to follow to get them out of poverty. Enforcement is important to help

such beneficiaries and their households to follow through with these conditions. For example, some participants articulated that:

*It was difficult for some mothers to adhere to the conditions but the consequence for non-compliance was that they will be given only half of their cash benefit.*

Social worker

Previously in this community (Ningo-Prampram), they would wait till it is serious before taking a child to the hospital when he is sick, but now all has changed. They can now take their children to the hospital when they are not feeling well because the cash transfer programme has registered them for NHIS.

Social worker

**4.3.2.4 Participation in neighbourhood activities:** The difference between GLST and LEAP in participating in neighbourhood activities is shown to be statistically significant (Table 4.3). This means that there is a significant difference between the rate of participation of GLST beneficiaries in neighbourhood activities as compared to LEAP beneficiaries. This is in favour of LEAP since the proportion of LEAP participants is higher than that of GLST. This implies that LEAP beneficiaries are more likely to participate in neighbourhood activities than GLST.

When the districts were split into individual districts, the results showing the relationship between cash transfer programme and participation in neighbourhood activities did indicate a statistically significant difference between the two groups of beneficiaries in Shai-Osudoku ( $p=0.00$ ) (Table 4.5). This means that in Shai-Osudoku, LEAP beneficiaries are more likely to participate in neighbourhood activities than GLST beneficiaries (Table 4.5). However, for the Ningo-Prampram district, the influence of the cash transfer programme was not statistically significant ( $p=0.10$ ) (Table 4.5). This indicates that the cash transfer programmes do not

influence the participation in neighbourhood activities by their beneficiaries in Ningo-Prampram.

Some participants in the qualitative research believe that the cash transfer programme have given them a renewed sense of belonging which has strengthened their resolve to help make their neighbourhood a better place to live. They indicated that increased participation in neighbourhood activities led to meeting more people in the neighbourhood. Beneficiaries took advantage of the social capital developed to brainstorm and find solutions to problems in their neighbourhoods. When probed about their participation in neighbourhood activities, some participants reported:

I participate in these neighbourhood activities because I live and belong here. The cash benefit from LEAP has given me this renewed sense of belonging. It is to my benefit to help in improving the quality of life in my community.

LEAP beneficiary

GLST makes me feel I belong here and so I have to help make my neighbourhood the way I want it to be. I participate in communal labour because it helps improve the quality of life in my neighbourhood. GLST has registered me for NHIS now so I can easily get treatment when I fall sick. Besides, we can come together as members of the neighbourhood to find solutions to problems that confront us in our neighbourhood such as sanitation, crime, and challenges with accessing water.

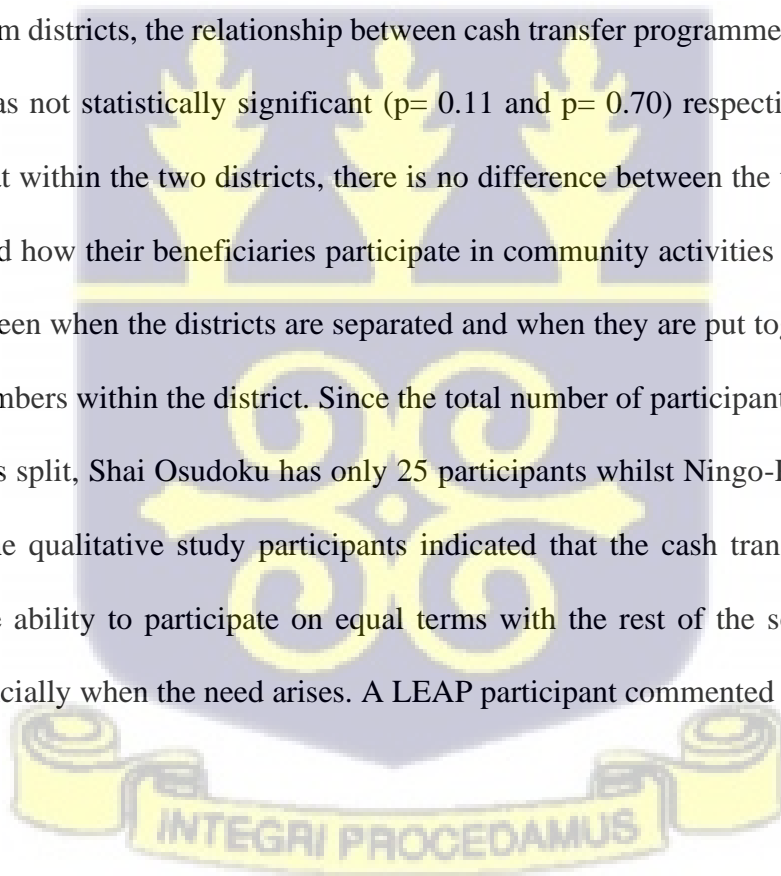
GLST beneficiary

From these statements, beneficiaries' participation in neighbourhood activities was previously undermined by their limited sense of belonging but GLST and LEAP have renewed it. They have now improved and are participating meaningfully in social activities around them.

Participants also reported that they joined in their neighbourhood meetings to deal with common problems such as garbage, crime, sanitation, water, roads, or electricity. The beneficiaries are not excluded but are rather active participants in their neighbourhood activities.

**4.3.2.5 Community Participation:** For community participation, Table 4.3 revealed that 64.71% of GLST respondents participate in community activities whilst 43.92% of LEAP participants do the same. The difference between GLST and LEAP participants is found to be statistically significant ( $p= 0.00$ ).

When the data was split into the two districts, it revealed that in both Shai-Osudoku and Ningo-Prampram districts, the relationship between cash transfer programmes and community participation was not statistically significant ( $p= 0.11$  and  $p= 0.70$ ) respectively (Table 4.5). This reveals that within the two districts, there is no difference between the two cash transfer programmes and how their beneficiaries participate in community activities (Table 4.5). This difference between when the districts are separated and when they are put together could be a result of the numbers within the district. Since the total number of participants of GLST is 68; when the data is split, Shai Osudoku has only 25 participants whilst Ningo-Prampram has 43 participants. The qualitative study participants indicated that the cash transfer programmes afford them the ability to participate on equal terms with the rest of the society. They can contribute financially when the need arises. A LEAP participant commented that;



Before being recruited into LEAP, there were activities even in Church that I could not participate in because I did not have money. But now I participate in church activities.

There are so many other things that I participate in such as funerals for example.

LEAP participant

This means that LEAP has created opportunities for its beneficiaries to participate in these social circles because of the cash transfer which is still in place. GLST beneficiaries, on the other hand, can participate only due to the income they earn from their trading activities. At the beneficiary forums, beneficiaries also tend to meet other beneficiaries who live in their neighbourhoods and this makes it easier for friendships and bonds to be made since they have some things in common such as being on the same cash transfer programme and living in the same neighbourhood. This creates a sense of belonging, the beneficiaries develop social networks and form a community. Because GLST can organize these forums more often in a year than LEAP, these bonding and social networking are better formed among GLST beneficiaries than LEAP beneficiaries. The bonds formed help beneficiaries participate in solving problems in their communities. The beneficiaries recognize the benefits they get from the beneficiary forums and the sense of bonding they form so they decide to engage. This bonding formed can now identify problems faced by members and do their best to solve those problems. The participants can also identify problems in the neighbourhood and come together to find a solution to them.

Being beneficiaries of these two cash transfer programmes has also earned the beneficiaries' respect among their fellow citizens because they are highly esteemed in society. Some people in the communities who desired to be enrolled in the cash transfer programme also make enquiries from them. If the beneficiaries had ideas to contribute to the planning and decision-

making in the community, they were listened to and not looked down on. A participant commented;

As LEAP beneficiaries we are respected and we are allowed to contribute to solving problems in our community. LEAP has made us equal to every other member of the community and made us recognized in our community. Members of our communities who want to be enrolled in the cash transfer programme make enquiries from us.

LEAP participant

The statement above is an indication of the community members in Shai Osudoku and Ningo-Prampram removing the boundaries of participation to allow beneficiaries of the two CT programmes to participate in activities that go on in the communities. Participants see that they are recognized in the communities and their citizenship rights are respected in these communities. The participants explained that the programme gave them some level of equality in the community and a sense of belonging.

#### **4.3.2.6 Beneficiary forums**

The majority of respondents from GLST (97.10%) participate in beneficiary forums regularly whilst for LEAP respondents, just over half (51.4%) participate regularly in beneficiary forums (Table 4.3). The difference between GLST and LEAP is found to be statistically significant ( $p=0.00$ , Table 4.3) in favour of GLST. There is an association between the two cash transfer programmes and participation in beneficiary forums. Similar results are found when the data is split into two districts. There is a statistically significant difference between the two CT programmes in both Districts ( $p=0.00$ ,  $p=0.00$ , Table 4.5). This is in favour of GLST.

GLST holds more beneficiary forums in a year as compared to LEAP. Most participants held the view that the training they received during the beneficiary forums helped them overcome certain misconceptions they had and gave them enlightenment on essential decisions in their lives. The two programmes had therefore contributed significantly to the beneficiaries taking part in the family's decision making. The sensitization programmes also positively influenced beneficiaries' decision to register with the NHIS. Some participants reported that:

Before being recruited into the programme, I had a lot of misconceptions about family planning but at one of the beneficiary forums, they answered my questions without doing anything to make me feel bad. I now feel confident to ask questions any time we are taught about a topic I do not understand. I am now happy to attend this programme. It has taught me to be bold to speak in public.

GLST participant

On most payout days we go with the health workers and they give education based on periodic topics concerning their health. The topics include education on family planning, nutrition, hygiene, and how to take care of their families.

Social Worker

Other members confirmed this in different ways with some positing that the beneficiary forums have made them confident and they are now proud to be members because they learn a lot from these programmes. Some also confirmed that the beneficiary forums equipped them with how to deal with the health of their children.

These beneficiary forums also empowered the beneficiaries to participate in the marketplace because they were taught to trade with their cash benefits or expand existing

businesses. Some participants who were not working before they were recruited into one of the cash transfer programmes started petty trading whilst others expanded their already existing businesses. For example, a LEAP participant stated that:

I was unemployed and all I used to do was to go carry loads for people, so I was not respected. But after being recruited unto LEAP, I stopped the load carrying. The beneficiary forums taught us how to trade with the money. I now use my benefit to buy charcoal to sell and live on the profit. This has given me something to do and it is bringing in some income so I am now respected.

This assertion was confirmed by other participants from the two cash transfer programmes. Some beneficiaries of LEAP had expanded their drinking water business and others have started new businesses. This brought about some level of independence in that they started earning some income which they use to support the money their partners brought to take care of the family. In this case, participation in the home and the labour market had been improved.

**4.3.2.6 Birth certificate registration:** For the birth registration of children, 95.6% of the wards of GLST participants had birth certificates for their children whilst 28.4% of LEAP participants did have the same (Table 4.3). This difference was also found to be statistically significant ( $p=0.00$ , Table 4.3). This means that GLST is more likely to register the wards of beneficiaries for the birth certificates than LEAP. Results from Table 4.5 also show that within the two districts, the influence of GLST on birth registration to that of LEAP is statistically significant. This implies that GLST is more likely to register the children of beneficiaries for the birth certificate than LEAP in both districts.

Social workers mentioned that GLST has added additional services to the cash transfer. This is the registration of all children in the household for the birth certificate and health

insurance. Participants indicated that the difference between GLST and LEAP can be found in the additional services that each programme adds to the cash transfer services. A participant commented that:

*The beneficiary and the child were registered for NHIS cards for the first phase of GLST but the second phase registered the entire household for birth certificate and health insurance.*

Social Worker

The birth certificate is essential for the citizenship of the children because it is required as part of basic identification and documentation for the beneficiary to get the National Identification Authority (NIA) card, the National Passport, and in registering the child for school. Complementary services for LEAP should have, apart from registration for the NHIS cards, included supplementary feeding, agricultural inputs, skills training, social housing, and microfinance initiatives among others. When asked about additional services offered by LEAP, a participant commented that:

*Unfortunately, some people are still waiting for their NHIS cards and you can not wait to receive your card before going to the hospital when your child is sick. LEAP has not been able to add any complementary services in this community.*

Social Worker

**4.3.2.7 Registration with NHIS:** For the registration with NHIS, Table 4.3 revealed that 92.60% of GLST respondents are registered with NHIS whilst 60.50% of LEAP participants are also registered on the NHIS. The difference between GLST and LEAP participants is found to be statistically significant ( $p= 0.00$ ) (Table 4.3). This implies that GLST is more likely to register its beneficiaries for the NHIS cards than LEAP is.

The qualitative participants suggested that even though registering for the NHIS and birth registration was a complementary service offered by GLST, GLST worked very hard at making sure most of its beneficiaries registered as compared to the relaxed attitude of LEAP officials. This led to a lot more beneficiaries of GLST getting registered as compared to LEAP beneficiaries. This NHIS registration gave the beneficiaries free and equal access to health services. Here are some responses from some participants;

*I also have five children with no husband but GLST has come to our aid; because I have been registered with the NHIS, I can now send my children to the hospital when they are sick and all of them are now in school.*

GLST participant

*GLST registered all the beneficiaries' children with the NHIS so that all the children can access health services when the need arises.*

Social Worker

The NHIS registration improved the living conditions of beneficiaries because before being recruited into the cash transfer programme, the beneficiaries minimally used the health services. Affordability was a challenge to them. At the same time, GLST and LEAP had healthcare as conditionalities (although LEAP least enforced these conditions). Registration with the NHIS has improved the quality of life of beneficiaries, and hence, their dignity and self-worth.

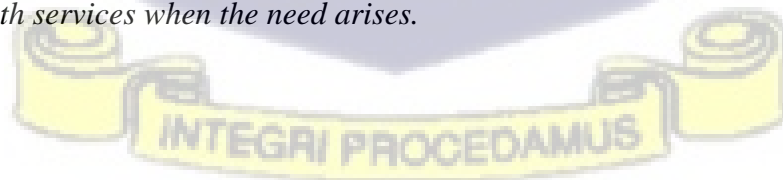
Some participants also thought that complementary services offered by the two cash transfer programmes were sources of interaction between them and the state. The implementing agencies such as the National Health Insurance Service (NHIS) staff, National Health Services (NHS) staff, the District Assembly staff, Birth and death registry staff, staff from the banks

where beneficiaries go for their cash transfer, and many more do interact with beneficiaries during those days when their services are required by the beneficiaries. For example during the beneficiary forums, beneficiaries of the two cash transfer programmes could be registered for the NHIS cards, these become sources of interaction between the state officials and the beneficiaries. These state officials whilst interacting with the beneficiaries represent the state and any action they take either enhances or undermines the state-citizen relationship. If these interactions are positive, it brings beneficiaries closer to the state and creates a sense of belonging.

Table 4.5 reveals that the difference between the GLST and LEAP in registration with NHIS in Shai-Osudoku is not statistically significant ( $p=0.07$ ) whilst for Ningo-Prampram, the difference between GLST and LEAP in registration with NHIS is statistically significant ( $p=0.00$ ). This indicates that GLST beneficiaries are more likely to have NHIS cards in Ningo-Prampram than LEAP. However, in Shai-Osudoku, there is no significant difference between the two groups.

GLST and LEAP registered their beneficiaries for the NHIS cards. This NHIS registration gave the beneficiaries free and equal access to health services. Here are some responses from some participants;

*For the beneficiaries, GLST registered all their children with the NHIS so that all the children can access health services when the need arises.*



Social Worker

Registration with the NHIS has improved the quality of life of beneficiaries, hence, their dignity and self-worth. Participants in the Ningo Prampram focus group described how the treatment they used to receive at the health facilities changed.

Yes, the way they used to shout at us and the ill-treatment we received at the hospitals has changed. They now treat us with respect. This is because we now have NHIS cards and therefore we more regularly visit the health facilities and follow instructions given to us by the health personnel.

GLST focus group from Ningo Prampram

This change in treatment is due to the beneficiaries complying with the conditions by honouring all health appointments and obeying the instructions from health personnel. The NHIS cards gave them access to the health facilities. The notable change in the attitudes of health personnel towards GLST beneficiaries was very important to the beneficiaries and that is why they made mention of the change. It has changed the way they see the state and the way they even respect themselves.

#### ***4.3.3 Cash transfers and Political rights***

For all the items under political participation of beneficiaries, Table 4.3 reveals that there is no significant association between cash transfer programme and political participation except one. Contacting a local politician and attending a political meeting are not statistically significant with the CT programme ( $p=0.26$  and  $p=0.71$  respectively). This means that the proportion of participants of GLST who participate in these political activities is not significantly different from the proportion of LEAP participants who do the same. For taking part in a lawful protest, there is a significant difference between GLST and LEAP in favour of GLST (Table 4.3).

Both Shai-Osudoku and Ningo-Prampram districts revealed no significant association between cash transfer programme and contacting a politician ( $p=0.09$  and  $p=0.73$ ) respectively for Shai-Osudoku and Ningo-Prampram (Table 4.5). For taking part in a lawful protest, Table 4.5 revealed that there is no statistically significant difference between GLST beneficiaries and LEAP in both Shai-Osudoku and Ningo-Prampram ( $p=0.78$ ,  $p=0.54$ ) respectively. For

attending any political meeting, Table 4.5 revealed a statistically significant difference in Shai-Osudoku but not in Ningo-Prampram ( $p=0.04$  and  $p=0.08$  respectively).

Similarly, although the qualitative study participants do exercise their rights to vote, they are not influenced by the cash transfer programme. Most participants of this research said they voted in the December 2016 presidential and parliamentary elections as well as the District Assembly elections in the year 2015. They however reported that the cash transfer programme did not influence their decision to vote nor whom they voted for. A focus group member said:

*“The CT programme does not influence whom we vote for. We already have in our minds whom we will vote for even before the elections are held”.*

When asked what they would do if a politician decided to terminate the cash transfer programme, they responded:

*We will be devastated. We will say that the politician is wicked and vote against him because we are many.*

Focus Group

#### **4.4 Conditionalities and the uptake of citizenship**

##### **4.4.1 Conditionalities and uptake of Civil rights**

The conditions for LEAP are enrolment and attendance at the school of all children and family members enrolment on the National Health Insurance Scheme (NHIS) (De Groot et al., 2015; Fuseini et al., 2019; Oduro, 2015; Owusu-Addo, 2014). These are largely not enforced by LEAP. For GLST, the conditions are carrying out the full vaccination cycle, enrolment and attendance to the school of all children who were of school-going age in the household, and birth registration (GLST, 2010; ILO, 2014, 2018). These were enforced during GLST 1 when the cash benefit was still being paid. The conditions in GLST are what have promoted its uptake

of civil rights among its beneficiaries which is better than that of LEAP. The use of education is also very important because it enhances the uptake of civil rights by the beneficiaries (Elingit & Obaga, 2019).

#### ***4.4.2 Conditionalities and uptake of social rights***

The cash benefit is paid when a beneficiary fulfils the conditions attached to GLST. These conditions are basically for the beneficiary to have fair and equal access to education and health resources. GLST requires beneficiaries to enrol their children in school, use skilled delivery, and access pre and postnatal health. When participants were asked about their awareness of the conditions, many of them answered in the affirmative and even restated some of the conditions:

Yes, I know the conditions. They said when they give us the cash benefit and we do not utilize it well, like using it to cater for our children's education or registering our children with the Health Insurance Scheme, they have every reason to deal with us.

LEAP participant

We were told that we must always take our children to the hospital for postnatal healthcare. We must renew all the necessary cards (green cards) so that when they come, we will be given our cash benefit

GLST participant.

On monitoring the conditions, the study found that GLST, the CCT programme was the strictest. Participants reported that compliance was monitored by GLST through inspection of their hospital records. The GLST1 programme strictly monitored beneficiaries more than LEAP. They had a system whereby when the beneficiaries visited the health institutions for maternal and child health purposes; records were kept in the Maternal and Child Health Record Booklets of the beneficiaries. Some of the participants reported that:

On pay-out days, these records of the conditions were verified by GLST officials and later recorded into the Conditionality Monitoring Booklet (CMB). This information was later transferred into a conditionality monitoring sheet before payment was made.

Social Worker

With LEAP, the cash benefit is given to the beneficiary without monitoring the conditions. No records are checked. They just give the beneficiary the money without making sure that the beneficiaries accessed the education and health resources.

Focal person

The study found that most of the GLST participants complied with the conditions for them to receive the cash benefit. Beneficiaries were threatened that the consequences of non-compliance were that there would first be a verbal warning and then the beneficiaries might lose part or all of their cash transfer. Beneficiaries saw the constant monitoring for compliance going on; therefore, did not want to be found not complying. According to the Social Worker for GLST, no beneficiary lost all the money. Some participants stated that:

*We did not want our cash benefit to be withheld so we always complied with the conditions. Because of the programme, many children who were not going to school are enrolled in school now.*

GLST participant

You know in this area, people take their children to the hospital only when the health situation is very serious but the conditions of GLST have changed all that. The beneficiaries take their children to the hospital regularly now.

Social Worker

LEAP had challenges in monitoring its beneficiaries due to the logistical challenges they face. At the same time, beneficiaries also face challenges in complying with the conditions. LEAP does not have a system in place like that of GLST to inspect the hospital records of the beneficiaries. The challenges that LEAP has in monitoring beneficiaries mean the conditions will have a minimum impact on the human capital development of beneficiaries. In other words, the impact of conditions in LEAP is minimal on the citizenship rights of beneficiaries because monitoring is non-existent. With LEAP, though all beneficiaries are aware of the conditions, enforcement is a challenge. The beneficiaries, therefore, utilize the cash transfer in the best way they can. This lack of monitoring means that there are no consequences for breaching any compliance rules. Beneficiaries are given the cash transfer, and that is it. The inability of LEAP to monitor and enforce conditions means that they cannot regularly ensure that the children are utilizing the health and education services. This reduces their access to health and education facilities. Even though LEAP intends to enforce its conditions, lack of compliance is tolerated as a result of the logistical challenges on the field.

One of the conditions attached to GLST is for beneficiaries to use skilled delivery. This condition helps reduce maternal mortality among beneficiaries and helps eliminate certain old-fashioned cultural activities from the community that is not helpful. This causes the community to choose better routes of action and end up improving the quality of life of beneficiaries, hence their dignity and self-worth. This also improves their participation in social activities. For example, some community members believed in giving birth at home. They did not know the benefits of using skilled birth until they were educated on this. A GLST participant said;

At first, we were not delivering at the hospital but through this programme, we are now doing so because it is one of the conditions of GLST. The programme has enlightened us to such an extent that we continue going to the hospital to deliver our babies.

GLST participant.

The conditions attached to GLST required beneficiaries to be registered with the National Health Insurance to get the NHIS cards. The cards gave beneficiaries access to health facilities whenever the need arises. Participants showed awareness of this as a condition. Participants thought that both mother and child had to be registered for the NHIS cards for them to be able to comply with the conditions. A participant reported that:

*Yes it was a conditionality programme, the conditions were that you have to send the child for postnatal health services, you have to register the child with health insurance after three months and enrol the child in a public school*

LEAP participant

The conditions also required beneficiaries to register their children for birth certificates. All the participants from GLST said the programme has helped them to register their children for birth certificates. These birth certificates are regarded as the first forms of legal identity for individuals at birth (Yaddah, 2019). These birth certificates provide the individual with adequate forms of citizenship rights since these certificates are their first forms of identity. The issuance of this birth certificate gives the individual full access to healthcare, education, and social security. The birth certificate serves as a proof of identity for the holder to enjoy their fundamental human rights. The birth certificates are required for school enrolment and national passports (Humes, 2018). This means that the lack of a birth certificate denies the child their fundamental human right of access to healthcare and education. LEAP, on the other hand, does not assist beneficiaries to register their children for the birth certificate and had fewer participants whose children had their birth certificates. Despite rolling out the cash transfer programme from 2008 to date, LEAP has only been able to make some progress in the NHIS registration. Implementation of the other complementary services has seen limited progress (Roelen et al., 2017). These services could have also contributed to the citizenship rights of

beneficiaries. GLST providing more than one related service creates a better opportunity for the needs of their beneficiaries to be met. This strengthens their citizenship rights better than the LEAP programme.

## **4.5 Local level capacities and implementation of CCT programme**

### ***4.5.1 Administrative structures***

Administrative structures used by LEAP are the ones currently available at the district level. These structures are some of the fundamental factors that undermine the uptake of citizenship rights in the two districts. This is because some of these administrative structures determine the effective implementation of CCT programme. In the case of LEAP, the Secretariat in Accra handles a large amount of the administrative work nationwide, while the officers at the local level are just implementers. The district offices need to be well resourced for LEAP to be effective. Resources such as office equipment at the district offices were limited and almost every piece of information has to be requested from the LMS making the social workers less autonomous to handle cases. This slows down fundamental issues that would have to be addressed instantly. On their ability to implement a CCT programme, a participant commented:

We currently do not have the necessary support by way of good internet connectivity and its accompanying electrical gadgets like laptops, printers, and so on. If we get them, we can conveniently handle case management issues at our district level.

Social worker

The above statement sums up the administrative constraints faced by the current local administration in dealing with LEAP. To be able to effectively meet the needs of the beneficiaries, the current local administration needs to be empowered, improved to a higher administrative capacity level, and all logistical challenges addressed.

Comparing the local administrative capacity of LEAP to that of GLST, it will be realized that GLST, which is a CCT programme, has a robust administrative presence at the local level. GLST has national coordinators who supervise the entire programme. One of these supervisors is at the district to oversee the day-to-day running of the programme, handle and make decisions as and when necessary. The district office then works with the field coordinators. This structure makes it easy for case management issues, effective running, and dealing with implementation challenges. GLST works with multi-sectorial organizations that are partners and support the implementation of the CCT programme. These organizations are the MoGCSP, the Birth and Death Registry, the NHIS, GHS workers, and the DSW. GLST coordinates its activities at the local level, but this requires a higher administrative capacity. LEAP, on the other hand, has to do this coordination from the LEAP Secretariat in Accra, limiting the capacity of the local administration. Coordination between the support ministries is also limited by the LEAP administrative system. For the robustness of the administrative structures, some participants reported that:

First of all, GLST is an OGBL Solidarity Ghana Luxembourg project, and its donors are from Luxembourg. 100% of funding comes from Luxembourg for our project and our programme. GLST has its cars and jeeps, so that is what we use for any activities of the programme. We coordinate with our partners from MoGCSP, NHIS, DSW, and the Birth and Death registry from our district office. We can provide fuel for our partners when they go to support us in the fieldwork.

Coordinator

Some also have health insurance cards that have expired, and they keep on questioning when are we coming to renew the cards for them? Social welfare does not renew it; it is the LMS that will collaborate with the NHIS to do that for the LEAP beneficiaries. We cannot use our power at the district level to do that. So those people are not able to access the health facilities when they are not well.

Social worker

The above statements reveal the difference between the effectiveness of GLST and LEAP administrative structures in influencing the citizenship rights of beneficiaries. With GLST, funding is not a major problem. They have their transportation, so they are independent of the district assembly. They even go to the extent of providing fuel for the partner institutions they work with, which will go a long way to motivate their partners to give their very best when going to the field with GLST.

#### ***4.5.2 Over-Centralization of Data***

Real-time information is a critical factor necessary for enhancing the uptake of citizenship among beneficiaries when implementing a CCT programme. Participants believe that the over-centralization of information undermines the uptake of citizenship among beneficiaries of a CCT programme. Some also think that to have a CCT programme that effectively delivers services to beneficiaries requires the decentralization of information and these have to be captured by a functional database system. This functional database should be able to do case management effectively and efficiently with little disruptions in the lives of beneficiaries. The participants believe that the current local structure for LEAP is unable to handle these levels of data because mostly all data on beneficiaries is kept on the database of the LMS, which is in Accra. This results in disruptions in the lives of beneficiaries which cause a decline in the uptake of their citizenship rights. For example, when Social workers are not able to respond

to the case management needs of beneficiaries immediately, it creates the impression that they are unresponsive to the needs of these beneficiaries. This reduces the trust and confidence beneficiaries have in the state. Thereby, affecting the state-citizen relationship. This may, however, not be their fault since they may be waiting for some information from the LMS. Some participants articulated that:

The central database for LEAP is kept in Accra. This database is on the beneficiaries and how much they are benefiting. When the enrolment is done, all the details are captured and submitted to our head office, the LMS. As to how many are males or females or the number of beneficiaries in a household, the DSW does not have this information.

Participant

The central database is handled in Accra. Apart from the number of beneficiaries we have and their names, as to how much they earn or which neighbourhood they are in, it is difficult to tell straight away unless you request from Accra. Alternatively, when you get to the field and you meet the beneficiary then you can tell from the age that this one is a widow or a caregiver.

Participant

These statements show the over-centralization of data at the LMS in Accra. The Social workers do not have a functional and flexible database to work with, which implies that for any information to do with the data that they have, they have to refer to the LEAP Secretariat in Accra for that data. The lack of a functional database also means the district office lacks the flexibility to operate and dealing with real-time information flow becomes a challenge. They only have basic data on beneficiaries such as the number of beneficiaries, how much they

benefit (because the social workers participate in paying them), and the communities they live in. A participant commented that:

Sometimes even when we need gender disaggregation on the data we have, it is a challenge. I have 1,749 beneficiaries, I do not know how many of them are males or females. You have to go through a lot before you get that information from the Secretariat. You have to write to the Secretariat and go through several processes before you get it. It is not that straightforward.

Social worker

This statement expresses the frustration of a social worker at the local level with the difficulty in gaining real-time data. The local level at the moment cannot deal with data disaggregation, so it has severe challenges in implementing a CCT programme that requires a lot of flexibility. Real-time data is necessary for that flexibility to be possible. For example, this study tried to get some information on the data from the LEAP Secretariat. Letters were written to the appropriate officers in charge and followed up with telephone calls in the year 2018, and to date, that information has not been given to be incorporated in this study. This difficulty implies that even the Head Office, which is supposed to have a functioning database, is struggling with data flexibility. Real-time information flow is, therefore, challenging to implement using the current administrative system in place. Some social workers gave examples:

For somebody whose card is spoilt, or malfunctioning, you have to fill a form to Accra and go through a whole process. Before it is rectified, that person may lose some time. If those things are decentralised, we can work on that at the local level and tell the bank to issue another card for the person to continue enjoying his benefits.

Social Worker

For example, when a caregiver dies, we need to get another caregiver to replace them quickly. You have to fill out a death form for the caregiver. All this has to be investigated in Accra to determine if the person is dead before they will work on it. It involves a lot of work and time.

Social Worker

The lack of a functional database and the capacity to handle real-time information also affects the case management issues of the beneficiaries. As stated above, all case management issues are addressed in Accra. Case management issues concern beneficiaries in which any delay on these issues will mean the beneficiaries missing out on their benefits. Participants believed that addressing these issues in Accra creates unnecessary delays that cause beneficiaries to lose some benefits and undermine their citizenship. Swift management of these case management issues will be possible only when there is real-time information flow at the district level, which is vital for solving problems affecting beneficiaries. This will strengthen the citizenship of beneficiaries.

#### ***4.5.3 Remoteness and quality of service***

Another challenge that undermines the uptake of citizenship relates to the remoteness and quality of services offered in the district. Although beneficiaries have been educated on the need to visit health facilities for their health needs, the availability and quality of service offered in the health facilities can hinder them from doing so. Currently, both education and health services are not widely available in the two districts. When they are available, at times they are remote from some communities making it difficult for beneficiaries to access them. The participants opined that the quality of services provided depends on the personnel, resources, and equipment that are available to use. When such availability and quality of service are not

up to the standard, it becomes difficult for beneficiaries to comply with conditions. Some participants gave examples in which some beneficiaries prefer self-medication, due to the poor quality of health services provided in some CHPS compounds. Others do so because of the unavailability of the service in their neighbourhood. Still, some do so because of the irregularity of the mobile clinics that come to the communities where there are no health facilities. According to some of the Social workers:

For the health centres, we only work with what we have. There are CHPS compounds but some of them are not well resourced with the materials that they need to take care of the people. This affects the quality of service which is a major problem for everyone.

Social Worker

Some beneficiaries prefer self-medication or using herbal medicine due to the poor quality of service at their local CHPS compound. Others have to either go on a motorbike or walk a long distance before getting to the nearest health facility. For example, if you take Sakunya, I do not know of any health facility in Sakunya itself. I know there is a health facility at Asutware to which the beneficiaries go. Congo and Matukope do not have health facilities so beneficiaries from those places have to go all the way to Osuwem to access health facilities.

Social Worker

These statements imply that there are not enough health facilities in the communities, and the quality of health service provided in some of these CHPS compounds is not up to standard. The remoteness and low quality of service provision undermine the citizenship of the beneficiary. With the beneficiary knowing this, it becomes difficult for them to travel a long distance to access this low-quality health service. Some of these beneficiaries prefer

alternatives to these low-quality health services which are readily available to them in their communities, thereby saving them from travelling the long distance. Some participants articulated that:

You know, most of these drug peddlars operate in these rural settings, so the beneficiaries prefer to patronize them than move to a recognized health facility. The long travelling distance is also a factor that hinders some beneficiaries from using the health facilities. They think that the services offered by these peddlars are the same as those offered in the CHPS compound.

Social Worker

Some will resort to these unorthodox drugs and traditional medicines because they are readily available. They prefer the traditional medicines because of the long distances they have to travel to the CHPS compounds and the low quality of service in these facilities.

Social Worker

The statements above summarise the unavailability and perception of the quality of services offered by the CHPS compounds. These encourage beneficiaries to avoid complying with the conditions. They will do this because they want to avoid travelling long distances for their health and the cost of accessing the health service. The unavailability and low quality of services affect the uptake of citizenship rights negatively. This happens when beneficiaries do not seek quality health uptake. Supply-side services should therefore be made available and offer quality assurance for the CCT programme to promote the uptake of citizenship rights of beneficiaries. At the moment, local structures in terms of supply-side services need to be improved for effective service delivery to meet the needs of beneficiaries. Some communities try to mitigate this by sending health personnel to the communities which do not have the health

facilities to render services from time to time. However, the irregularity of this service does not help matters. Beneficiaries may be sick on the days that these health personnel do not turn up. This again reduces access to health services for these beneficiaries and undermines the citizenship of beneficiaries. Effective and quality service delivery is important for meeting the needs of beneficiaries. Availability and quality of services are necessary for beneficiaries to feel that they are Ghanaians and are being treated the same way other Ghanaians in the cities are being treated.

#### ***4.5.4 Monitoring of conditions***

Monitoring is an essential aspect of a CCT programme. The desire to monitor beneficiaries using the current local structures has so far faced some challenges. Participants opined that the local facilities in place do not allow the system and partners to support monitoring. Others complained that logistical constraints do not allow for effective monitoring and enforcement. This was confirmed by evidence from the field that LEAP social workers were challenged in terms of the transportation needed to monitor beneficiaries. Local factors were also a challenge. For example, the two case study districts for this study had quite some distance between their communities. This did not allow LEAP to regularly and timeously monitor beneficiaries. Here are some comments from respondents explaining the challenges they have in monitoring beneficiaries:



Because of logistical constraints, you can not use a motorbike to monitor each beneficiary in this community. The LEAP office has given us a motorbike, but you will need a car to do that. The assembly is handicapped because the vehicle is not regularly available for social welfare to use. This is because while you need the car to go and use, another department also needs it. So that is the constraint.

Social worker

The enforcement is a bit of a challenge, for example, to enforce that all of them have their children in school and access healthcare is a challenge. The beneficiaries are very much aware of these services, which are all conditions, but we are not able to always ensure that the children are in school. The focal persons are unable to do the same because of the size of the communities and the number of beneficiaries to mobilize.

Social Worker

The inability to do monitoring and evaluation by LEAP undermines the uptake of citizenship by beneficiaries. Beneficiaries who are unable to discipline themselves to follow the conditions will lose out on their fundamental human rights of access to health and education. They will also lose out on the human capital development aspect of the programme. To be able to do serious monitoring and enforcement, the local administration has to develop a system whereby they can work with their partners like what is used by GLST to do the monitoring. What GLST uses is having a register of beneficiaries, giving the beneficiaries cards or booklets in which entries are made each time the beneficiaries visit the health facility. So monitoring is done by inspecting these booklets to see if the beneficiaries visited the facility before payment is done.

#### 4.5.5 Undue delays of payments

Payments of LEAP benefits get unduly delayed and beneficiaries complain a lot about this. When this happens, beneficiaries are unable to plan their lives and purchase basic goods that they need for their households. The delays bring unnecessary hardships to the lives of beneficiaries. At the time of data collection for this study, the payment had been delayed for more than four months and beneficiaries kept complaining about it. A participant commented that:

*The delays in paying the cash benefit affect our families in several ways. It affects how we take care of our wards, their schooling and how we plan.*

A participant

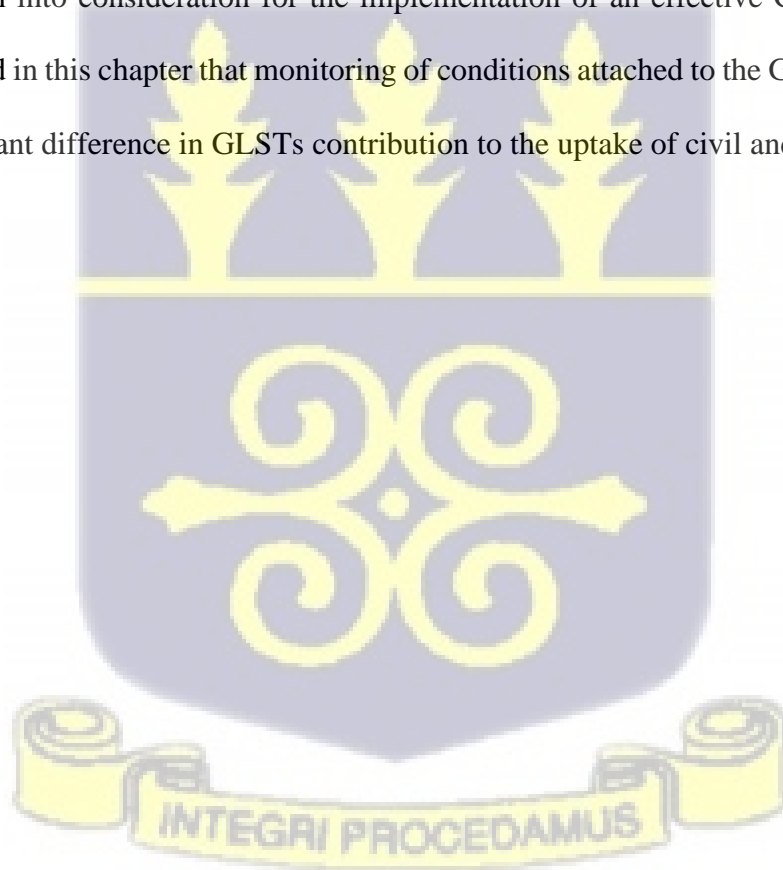
This delay results in weakening the state-citizenship relationship between the state and the beneficiaries. This is because beneficiaries are unable to purchase their basic needs and that of their households. This means that beneficiaries will have difficulties in accessing education and health facilities, it also affects their social participation, as well as inequalities in their lives, will not be addressed. Participants' uptake of citizenship rights will be undermined by these delays in the payment of the cash benefits.

#### 4.6 Conclusion

This chapter has presented findings on the uptake of citizenship rights by the beneficiaries of the two cash transfer programmes. Uptake of citizenship rights was grouped into civil, social, and political rights. The study identifies that the cash transfer programmes contribute significantly to the uptake of civil and social rights by their beneficiaries but does not contribute

to political rights. There were significant differences between how GLST contributed to the uptake of civil and social rights of their beneficiaries and how LEAP did the same.

This chapter finds that for political rights, the comparison between GLST and LEAP was not statistically significant. This was for both the overall findings for the two districts and within individual districts. For civil and social rights, the comparison between GLST and LEAP was statistically significant. These were supported by the qualitative findings. The findings also reveal that apart from the cash transfer programmes which were the main drivers of the uptake of civil and social rights of their beneficiaries, contextual issues also contribute to the shaping of citizenship rights uptake by these beneficiaries. This implies that local capacities should be taken into consideration for the implementation of an effective CCT programme. The study found in this chapter that monitoring of conditions attached to the GLST programme made a significant difference in GLSTs contribution to the uptake of civil and social rights.



## CHAPTER FIVE

### DISCUSSION ON KEY RESEARCH FINDINGS

#### 5.0 Introduction

Cash transfer programmes have become an important aspect of the lives of people living in poverty, especially in low to middle-income countries where poverty rates are high. The introduction of LEAP and GLST more than a decade ago cushioned the financial burdens of their beneficiaries through the payment of cash benefits. The two programmes require their beneficiaries to enrol their wards in schools. The two cash transfer programmes also require both mother and child to regularly access health facilities. This is to ensure the right to education and good health of the future adult. Even though the poverty rate of Ghana from the 2021 census is yet to be released, Ghana's poverty rate has been decreasing over the years with the 2016/17 rate being 23.4% (Ghana Statistical Service, 2018). Constraints on people living in poverty make them socio-economically disadvantaged leading to underinvestment in human and physical capital (Del Boca et al., 2021; Layton, 2020; Pavanello et al., 2016). Available literature recognizes that in countries where poverty abounds, a critical dimension in the fight for citizenship rights is the fight for socio-economic rights (Plageron et al., 2012; Ramasamy, 2018).

This study set out to explore the association between cash transfer programmes and the uptake of citizenship rights by beneficiaries. The key objective was to deepen the understanding of differences made by conditionality in influencing the citizenship outcomes of beneficiaries. This study advanced arguments on how GLST and LEAP influence the uptake of citizenship rights and undertook a comparative analysis between GLST and LEAP in terms of the uptake of citizenship rights by their beneficiaries. It has been argued that making cash transfer programmes closely attuned to local conditions will increase their social impacts and make them more effective (Molyneux et al., 2016). This study also considers the implications

of implementation structures in Shai-Osudoku and Ningo-Prampram districts on the uptake of citizenship rights.

The chapter begins by discussing findings on the association between the two cash transfer programmes and citizenship. This is followed by comparing the uptake of citizenship rights by the beneficiaries of GLST and LEAP. Then the implications of conditionalities on the lives of beneficiaries are discussed. The next section takes a look at how local structures support the implementation of cash transfer programmes. Section 5.5 concludes the chapter.

**Table 5 1 Main research questions and the key findings at a glance**

<b>RESEARCH QUESTION</b>	<b>KEY FINDINGS</b>
a. Do the two cash transfer programmes influence uptake of citizenship rights among beneficiaries in Shai-Osudoku and Ningo-Prampram Districts?	a. The two cash transfer programs do have an association with uptake of civil and social rights of beneficiaries but do not influence the uptake of political rights.
b. Are there differences in the level of uptake of citizenship rights among beneficiaries of GLST and LEAP programmes in Shai-Osudoku and Ningo-Prampram Districts?	b. Beneficiaries of GLST are more likely to uptake civil and social rights than their counterparts from LEAP. The two cash transfer programs do not have an association with political rights
c. How do conditionalities influence uptake of citizenship rights among beneficiaries of GLST and LEAP?	c. Conditionalities influence the uptake of civil and social rights of beneficiaries.
d. Do local level structures have the necessary capacity to support the implementation of CCT programmes?	d. Local level structures do not have the necessary capacities to support the successful implementation of a CCT programme.

**Table 5 2 Uptake of citizenship rights within the two districts**

VARIABLE	SHAI_OSUDOKU	NINGO-PRAMPRAM
Civil rights (CR)	There is a significant association between the two CTs and CR for three out of five items. Out of these three, GLST is higher in two while LEAP is higher in one	The association between the two CTs and CR is significant with GLST having a higher association than LEAP
Social rights (SR)	The two CT programs largely have an association with SR. GLST largely has a higher association than LEAP	The two CT programs largely have an association with SR. GLST largely has a higher association than LEAP
Political rights (PR)	The two CT programmes largely do not have an association with PR	The two CT programmes do not have an association with PR

## 5.1 The association between Cash transfer programme and citizenship rights

### 5.1.1 Cash transfer programme and the uptake of Civil Rights

Both the quantitative and qualitative data revealed that the two cash transfer programmes have an association with civil rights (Table 4.2 and the qualitative findings, Chapter 4). This means that the two cash transfer programmes do promote the uptake of civil rights by their beneficiaries. This is achieved largely through the uptake of equal rights, fairness in society and social justice (Table 4.2). The CT programmes also enhance the right to education and health care for the participants' wards. The conditions give the participants' wards the same opportunities to go to school and to access health facilities without being discriminated against. Alatinga et al. (2020) and Rawls (1999) determined that social justice aims at making people who are disadvantaged in society gain equal access to resources. This means that these wards have the same opportunity to be educated and access good health irrespective of their different financial circumstances. Elingit and Obaga (2019) argued that education makes beneficiaries

aware of their civil rights and it takes education for the future adult to lay claim to his civil rights. Accordingly, this thesis has concluded that providing cash transfer programmes to people living in poverty increases their uptake of civil rights.

By being the beneficiaries of the cash transfer programme, the government is giving beneficiaries a safety net to protect them from poverty. Participants have the opportunity to seek redress for any forms of injustices that they experience from the cash transfer programme or the agents of the programme. The two cash transfer programmes give the beneficiaries complaint channels where their rights to justice are respected. These are all means through which the cash transfer programmes enhance the civil rights of their beneficiaries. This finding is important because it coincides with previous literature which posits that cash transfer programmes are important tools that promote citizenship (Adato et al., 2016; Hudson, 2016; Hunter & Sugiyama, 2014; Molyneux et al., 2016; Oduro, 2015). However, these articles apart from mentioning civil rights in their literature review, largely provide no outcomes on the relationship between the cash transfer programmes and the civil rights of beneficiaries. This finding from this study builds on existing literature on cash transfers and citizenship. Contextually, this thesis puts forward that cash transfer programmes generate desired effects on beneficiary uptake of civil rights in Africa. As is known from existing literature, most research on cash transfer programmes and citizenship rights have been conducted in Latin American countries, therefore this finding provides additional evidence that cash transfers also enhance the civil rights of their beneficiaries (Adato et al., 2016; Hunter & Sugiyama, 2014; Molyneux et al., 2016; Plagerson et al., 2012; Ulriksen & Plagerson, 2014). This finding confirms that cash transfer programmes function with the income effect. The income effect removes cost barriers that prevent vulnerable households from making human capital investments (Del Boca et al., 2021; Glassman et al., 2013; Kabeer & Waddington, 2015). The cash benefit increases the purchasing power of the beneficiary, and therefore this brings about

a change in their investment in education leading to the improvement in the uptake of civil rights among the beneficiaries.

### **5.1.2 Cash transfer programme and the uptake of Social rights**

Conditional cash transfer programmes require beneficiaries to use health and education facilities as a means of encouraging them to make decisions that will help the beneficiaries overcome present and future poverty.

**5.1.2.1 School enrolment** People living in poverty are unable to invest in the education of their wards. This means children from poor homes are either not being enrolled in school at all, dropping out of school, or truanting. Del Boca et al. (2021) posits that constraints from the effects of poverty cause people living in poverty to underinvest in the human capital and health of their wards. As presented in Chapter four, the findings from Table 4.3 indicate that cash transfers promote the uptake of school enrolment by beneficiaries' children (see chapter 4). This finding on school enrolment empirically confirms the assumptions that cash transfer programmes improve school enrolment (Attah, 2017; Davis et al., 2014; De Groot et al., 2015; Fuseini et al., 2019; Handa et al., 2014; Sulemana et al., 2019). Gaining access to good-quality education offers future adults opportunities to learn and to reach their potential, developing the skills to participate in social, economic, political, and cultural life (Department of Economic and Social Affairs, 2016). This finding confirms that Cash transfer programmes have an income effect that enables vulnerable households to make positive human capital investments (Del Boca et al., 2021; Glassman et al., 2013; Kabeer & Waddington, 2015). The cash benefit increases the purchasing power of the beneficiary, and brings about a change in their investment in education.

**5.1.2.2 Cash transfers and Skilled Delivery** The World Health Organization estimated that Sub-Saharan Africa had a very high maternal mortality rate of 1 in 37 childbirths compared with 1 in 7800 in Australia and New Zealand (WHO et al., 2019). Maternal mortality and health have

remained high on the global health agenda so much that ending preventable maternal mortality (EPMM) was adopted by the SDGs. The EPMM goal for the SDGs is to reduce the maternal mortality rate (MMR) by 2030 (United Nations, 2015; WHO et al., 2019; Yarney, 2019). It has also been established that in sub-Saharan Africa, the uptake of skilled delivery care is essential in reducing maternal mortality (Esen & Sappor, 2013). This study found that the cash transfer programmes enhance the uptake of skilled delivery among beneficiaries (Table 4.3 see chapter 4). This means that the two cash transfer programmes increase the use of skilled delivery among beneficiaries. This is achieved through the provision of cash benefits, registering the beneficiaries with NHIS cards, and the enforcement of conditions attached to the cash transfer programme. This finding adds to the literature that determined that cash transfer programme improve, health services utilization among beneficiaries and their children (Davis et al., 2014; Fuseini et al., 2019; Owusu-Addo, 2014; Sulemana et al., 2019). This finding confirms that the income effect removes cost barriers that prevent vulnerable households from making human capital investments (Del Boca et al., 2021; Glassman et al., 2013; Kabeer & Waddington, 2015). The income effect, therefore, brings about a change in their investment in education and the use of health facilities.

**5.1.2.3 Accessing Pre and Postnatal Health Care** This study found that cash transfer programmes enhance the use of pre and postnatal health care (Table 4.3, see chapter 4). This is achieved through the registration of beneficiaries for the NHIS cards which gives them access to the health services, the provision of cash benefits, and the enforcement of the conditions attached to the cash transfer programme. This implies that the two cash transfer programmes promote access to pre and postnatal health care by their beneficiaries. This is consistent with Owusu-Addo et al. (2018b) who established that in terms of maternal and child health outcomes, cash transfers have a beneficial effect. In addition, this finding confirms the basic assumptions that

CTs have an income effect. That is, the income effect removes the cost barriers faced by people living in poverty in accessing health facilities.

**5.1.2.4 Participation in Neighbourhood and Community Activities** The study found that the two cash transfer programmes do increase the uptake of social rights by their beneficiaries (Table 4.3, see chapter 4) for all items of social rights. For neighbourhood and community participation, Table 4.3 and its associated qualitative data indicate that the two cash transfer programmes promote participation in these two activities by their beneficiaries (see Chapter 4). This buttresses the finding of Owusu-Addo et al. (2018b) that cash transfers potentially increase the inclusion of people living in poverty in community decision-making.

It is evident from the qualitative findings that the cash transfer programmes enhance their beneficiaries' participation in neighbourhood activities, decision making, and connecting with social networks that they previously were not involved in. The two cash transfer programmes also enhance the sense of belonging of participants which leads to improvement in their social participation. Beneficiaries' social participation was previously undermined by their limited sense of belonging but GLST and LEAP have renewed it. In Shai-Osudoku and Ningo-Prampram, the community members granted the beneficiaries the recognition for them to be able to participate in the community. This echoes similar findings from Latin American countries which contend that state social protection policies improve the social integration of beneficiaries, enhance their social inclusion, self-respect, and develop their economic and political rights (Adato et al., 2016; Adu-okoree et al., 2020; Hunter & Sugiyama, 2014; Layton, 2020). The two social protection programmes, therefore, enhance the ability of their beneficiaries to integrate socially. This finding also confirms that cash transfer programmes have an income effect that removes the cost barriers faced by people living in poverty.

**5.1.2.5 Registration with NHIS** As presented in Chapter four, results from this study indicate that the two cash transfer programmes enhance the registration with NHIS (Table 4.3). Having the NHIS cards makes it easier for the beneficiaries to have access to healthcare services. The NHIS cards also help them save money which they would have paid in accessing these facilities. In this case, the beneficiaries are not left out when the need to access the health facilities arises. Similar findings were found in the registration with NHIS which indicated that there is greater use of health services among those who are covered by the NHIS in Ghana (Singh et al., 2015).

The qualitative findings reveal that registration with NHIS bridges the gap of inequality between the poor and vulnerable and other members of the community in having access to health facilities. This agrees with the findings that financial barriers associated with the use of health services are removed through the critical role played by CTs (Owusu-Addo et al., 2018a).

**5.1.2.6 Beneficiary Forums** The beneficiary forums serve as a social place where beneficiaries build networks with each other. These networks extend beyond the forum. People who live far off making it difficult for beneficiaries to meet them come to the forum, thereby, building a sense of community. As evidenced in Chapter 4, Table 4.3, reveals that the two cash transfer programmes increase access to beneficiary forums. More GLST beneficiaries attended beneficiary forums than LEAP (Table 4.3). This is attributed to GLST organizing more regular beneficiary forums than LEAP. Thus, beneficiaries of GLST meet often and the social networks formed are stronger. Beneficiaries of GLST use these social networks to address livelihood risks that they face (Buor & Konkor, 2016; Neubourg, 2009; Siegel & Neubourg, 2011). This is in line with findings in the literature which suggest that CCT programmes enhance beneficiaries' social inclusion and personal agency (Hunter & Sugiyama, 2014; Layton, 2020).

**5.1.2.7 Birth Certificate Registration** Birth certificate registration is a complementary service offered by GLST to its beneficiaries. The cash transfer programmes also have a strong effect on the registration of birth certificates for their beneficiaries' children (Table 4.3). Similar findings in the literature determined that cash transfer programmes can be effective in tackling structural determinants of health such as financial poverty, education, household resilience, child labour, social capital, social cohesion, civic participation, and birth registration. (Owusu-Addo et al., 2018a). The birth certificate registration strengthens the citizenship of the children because it is the first form of identity for the child. It is also required as part of basic identification and documentation for the beneficiary to get the National Identification Authority (NIA) card, the National Passport, and in registering the child for school. LEAP on the other hand does not promote the registration of births. Additional services for LEAP should have, apart from registration for the NHIS cards, included supplementary feeding, agricultural inputs, skills training, social housing, and microfinance initiatives among others (MoGCSP, 2015). These additional services for LEAP are yet to be achieved.

### ***5.1.3 Mazmanian and Sabatier theory as it relates to the findings on civil and social rights***

The above findings are in agreement with Mazmanian and Sabatier theory in that the non statutory variables (that is the conditions, cash transfer amounts, local level capacities, complementary services and the grievance mechanisms) moderated the relationship between the implementing agencies and the beneficiaries. This lead to the policy agencies achieving their goals in terms of the tractability of the problem. In this case, being able to influence the association between the CT programs and the civil and social rights of the beneficiaries.

#### ***5.1.4 Cash transfer programme and Political Participation***

##### **5.1.4.1 Participation in Political Activities**

This study found that the two cash transfer programmes do not promote contacting a local politician and attending any political meeting (Table 4.3). This implies that the two cash transfer programmes do not in any way influence their beneficiaries to participate in political activities such as contacting a politician and attending any political meeting. The qualitative study also revealed that although beneficiaries participated in the recently held presidential and parliamentary elections, they were not influenced by the CT programmes in their voting decision. This finding is inconsistent with literature on cash transfer programmes which demonstrates that cash transfer programme lead to electoral gains for incumbent governments, which introduced or expanded the programme in Latin America, (DFID, 2011; Schober, 2016; Zucco, 2011). This finding in Ghana and specifically, Africa is not similar to the findings in Latin America. In Ghana, even though politicians are rewarded for their socio-economic achievements in the country, introducing or expanding existing cash transfer programme cannot assist politicians to remain in power. Table 4.3 also indicates that the two cash transfer programme promote participation in a lawful protest by their beneficiaries (Table 4.3).

#### ***5.1.5 Mazmanian and Sabatier theory as it relates to the findings on political rights***

The above findings on the association between the cash transfer programs and the political rights of their beneficiaries are contrary to the Mazmanian and Sabatier implementation theory in that the non statutory variables though in place and being moderated, the outcome was not what was expected. It was expected that there would have been an association between the CT programmes and the political rights but that was not the outcome of this policy program. This means the policy agencies did not achieve their objectives as predicted by the theory.

## 5.2 Uptake of citizenship rights (GLST versus LEAP)

### 5.2.1 Civil rights GLST versus LEAP

As observed in this study, GLST is more likely to promote the uptake of civil rights of its beneficiaries than LEAP. This is evidenced in the proportions of beneficiaries who uptake the various items under the civil rights construct and the significant difference between the two CT programmes (Table 4.2, Chapter 4). This implies that when GLST is compared with LEAP, GLST largely enhances the civil rights of its beneficiaries better than LEAP. For the three items that were exceptions, there was no significant difference between GLST and LEAP (Table 4.2). The qualitative data suggest that the conditions which were monitored in GLST enhanced the right to education and health of their beneficiaries. More beneficiaries of GLST utilized health and education than LEAP. The two programmes had complaint channels through which beneficiaries could seek redress for any unfairness or discrimination they experienced.

The two cash transfer programmes are compared in the individual districts in Table 4.4. The table reveals that beneficiaries of GLST are more likely to uptake civil rights than beneficiaries of LEAP in Ningo-Prampram. This is achieved through GLST enforcing its conditions on education leading to the future adult being able to claim their civil rights. This is consistent with findings that suggest that “education makes us aware of our civil and political rights often called the first generation rights” (Elingit & Obaga, 2019). This finding is also consistent with literature which suggests that the substitution effect of CCT programmes makes beneficiaries substitute the unprofitable behaviour with the conditions attached to CCT programmes (Churchill et al., 2021; Kabeer & Waddington, 2015; Owusu-Addo et al., 2018a). This level of uptake of civil rights is higher in Ningo-Prampram than in Shai-Osudoku. This is because GLST participants uptake civil rights in a lesser number of items under civil rights in Shai-Osudoku as compared to Ningo-Prampram (Table 4.4). Contextual issues can explain the difference between the level of uptake of civil rights of GLST in Ningo-Prampram and that at

Sahai-Osudocku. For example, in Shai-Osudoku, the high incidence of poverty in the district may contribute to this uptake of civil rights as compared to Ningo-Prampram. GLST is more likely to uptake equal opportunities, and the government protects against poverty than LEAP in Ningo-Prampram whereas, in Shai Osudoku, there is no difference between GLST and LEAP for these items. This reveals that there are contextual factors involved here. More beneficiaries in Ningo-Prampram have no formal education as compared to those from Shai-Osudoku; therefore, the impact of GLST is higher in Ningo-Prampram than in Shai-Osudoku, thereby, confirming Elingit and Obaga's (2019) finding. For the remaining two items, the uptake of civil rights is independent of whether one is a beneficiary of GLST or LEAP.

### **5.2.2 School enrolment GLST versus LEAP**

The findings from Table 4.3 reveal that beneficiaries of GLST were more likely to enrol their wards in school than those of LEAP (see Chapter 4). This difference is attributed to GLST monitoring and enforcing its conditions better than LEAP. This implies that designing CCT programmes so that there is strict monitoring and enforcement of conditionalities increases school enrolment. This finding is consistent with the substitution effect of the theory of change. In addition, this difference agrees with available literature suggesting that CCT programmes in which the conditions are well monitored and enforced have a higher effect size than unconditional cash transfers (Baird et al., 2014, 2017). It also resonates with findings in the literature that CCT programmes set out to improve the human capital development of the beneficiaries, decrease poverty and inequality in the society (Bolz, 2017; Cahyadi et al., 2020; Del Boca et al., 2021; Layton, 2020; Nelson & Sandberg, 2017).

Table 4.1 indicates that 47.1% of GLST participants had no formal education as compared to 64.5% of LEAP participants. This means that there are more beneficiaries of GLST who have had formal education as compared to the beneficiaries of LEAP. This implies that the conditions are more effective with the beneficiaries of GLST since they can appreciate

education better than the beneficiaries of LEAP. GLST's ability to encourage its beneficiaries to continue with the conditions contribute to the high levels of school enrolment in the two districts. Conditions are therefore used to make sure that the future of these wards is not jeopardised by the decisions of the beneficiaries (whose appreciation of the goals of the conditions may be limited). This finding confirms that CCT programmes have a substitution effect on their beneficiaries.

Contextually, Table 4.5, reveals that for school enrolment of wards in Shai-Osudoku, there is no difference between beneficiaries of GLST and LEAP. It can therefore be concluded from these results that the income effect of LEAP on its beneficiaries is no different from the substitution effect of GLST on its beneficiaries in Shai-Osudoku. Alternatively, in Shai-Osudoku, school enrolment of wards is independent of whether one is a beneficiary of GLST or LEAP. However, in Ningo-Prampram, GLST beneficiaries are more likely to enrol their wards in school than LEAP beneficiaries (Table 4.5). It can again be inferred that the impact of GLST in Ningo-Prampram is higher than its impact in Shai-Osudoku. GLSTs ability to encourage its beneficiaries to continue with the conditions may contribute to the high levels of school enrolment under GLST in Ningo-Prampram. Although GLST is supposed to have a similar effect in Shai-Osudoku, this is not the case. From the composite budgets for Shai-Osudoku and Ningo-Prampram, Shai-Osudoku has more public schools than Ningo-Prampram which means access to the schools may be easier in Shai-Osudoku than in Ningo-Prampram (Ministry of Finance, 2020a, 2020b). This can lead to the conclusion that a higher proportion of participants in Shai-Osudoku have access to education facilities than in Ningo-Prampram. Thus, GLST may have been promoting an already existing behaviour in Shai-Osudoku leading to its impact being less than its impact in Ningo-Prampram. This resonates with existing literature which suggests that conditionality is inefficient if it promotes an already existing behaviour (Del Boca et al., 2021; Schüring, 2010). It is also known that “where the majority of

families already use educational and health services, CCT programmes are designed to provide more accessible information and to incentivize a better use of resources” (Del Boca et al., 2021, p. 2).

This difference between the two districts may also be a result of the average number of members per household. In Shai-Osudoku, this number is 6.48 whilst that of Ningo-Prampram is 7.49 (See Appendix D). Thus, beneficiaries in Ningo-Prampram have on average, more wards to take care of which in turn affects enrolment in school, than the beneficiary in Shai-Osudoku. As one focal person emphasized *for us (referring to Ningo-Prampram) we do have many children so educating them was difficult but those who had not enrolled their children in school have now enrolled them because of GLST*. Having many children affects the economy of the household and does affect decisions for the OVCs within the household. This finding is consistent with the substitution effect. It is also consistent with the finding that household sizes influence spending decisions (Dako-Gyeke & Oduro, 2013).

### **5.2.3 Skilled delivery GLST versus LEAP**

Chapter four revealed that GLST beneficiaries are more likely to use skilled delivery than LEAP beneficiaries (Table 4.3). The wide difference in the proportions of GLST and LEAP who used skilled delivery is attributed to the strict monitoring of the conditions attached to the GLST programme. The norm is that people living in poverty underinvest in accessing health care including skilled delivery (Del Boca et al., 2021). Ghana reduced its maternal mortality rate (MMR) from 740/100 000 live births in the 1990s to 319/100,000 live births in 2015 (Adu et al., 2018; Budu, 2020). One of the causes of this high rate of MMR is the low rate of use of skilled delivery during labour (Adu et al., 2018; Esena & Sappor, 2013; Ghana Statistical Service., 2009). Strict enforcement of the conditions attached to GLST is increasing the rate of use of skilled delivery. This may lead to the lowering of MMR in the two districts. These findings confirm the substitution effect.

Study participants recognized that the GLST and LEAP have come in to help improve their access to these health facilities by registering them with the NHIS. There is a free maternal health care policy under the NHIS. Thus, beneficiaries who possess these NHIS cards could use this service freely (Adu et al., 2018; Sumankuuro et al., 2020). GLST ensured that their beneficiaries complied with their conditions of registering with the NHIS and made their beneficiaries use skilled delivery services. This resulted in improving the health of GLST beneficiaries. This echoes Glassman et al. (2013) finding that CCT programmes do increase antenatal visits, skilled delivery, and delivery at a health facility. The difference between the two cash transfer programmes is in agreement with the assertion that strict monitoring is fundamental for the generation of expected results for maternal and child health (ILO, 2014).

The results from Table 4.5 are similar to those presented in Table 4.3. Beneficiaries of GLST are more likely to use skilled delivery than LEAP beneficiaries in both districts (see Chapter four). This difference between the two cash transfer programmes is in agreement with the assertion that strict monitoring of compliance is fundamental for the generation of expected results for maternal and child health (ILO, 2014). The strict monitoring of compliance by GLST encourages its participants to comply with the conditions and use skilled delivery services more than LEAP participants. This difference agrees with the assertion that CCT programmes whose conditions are well monitored and enforced have a higher effect size than UCT programmes (Baird et al., 2014, 2017). This is consistent with the substitution effect.

This difference also implies that community factors that lead to the low uptake of skilled delivery by LEAP participants are largely the same for the two districts, and need to be addressed. For example, distances between the various communities and the health facilities, poor road networks, cost of transportation, and quality of healthcare encourage the low use of skilled delivery by participants from LEAP. Esena and Sappor (2013) had similar findings from their research on the factors associated with the utilization of skilled delivery services in the

Ga East Municipality of Ghana. The strict monitoring of compliance by GLST and the complementary services offered by GLST encourages its participants to use skilled delivery services despite the existence of community factors. The results are also in agreement with known literature that the effects of conditions are larger in CCTs than in UCTs (Bastagli et al., 2016).

#### ***5.2.4 Pre and postnatal care : GLST versus LEAP***

GLST participants are more likely to access pre and postnatal health services than LEAP participants (Table 4.3). It can be concluded that GLST increases its beneficiaries' access to health services so that they would not be hindered by financial and socio-economic factors (Adu et al., 2018). The effective monitoring and enforcement by GLST contributed to the beneficiaries accessing these services. This reveals the strategic importance of monitoring and evaluation which helps the cash transfer achieve its objectives. Table 4.3 also reveals a high percentage of GLST participants being enrolled on the NHIS as compared to LEAP. Access to these cards makes it easy for the beneficiaries to use the health services. This also contributed to the difference between GLST and LEAP in accessing pre and postnatal health. Since there was a direct link between the health of the mother and child, the conditions in GLST played a positive role in the health of the mother and child which in turn leads to a healthier community. This has led to more children in the community being healthy and going to school now. This finding is consistent with the substitution effect of the theory of change.

The results from Table 4.5 show similarity to that of Table 4.3. Table 4.5 reveals that GLST participants are more likely to uptake pre and postnatal health care services than participants from LEAP in both districts (see Chapter four 4). This similarity in results between the two cash transfer programmes in the two districts is consistent with available knowledge in literature which suggests that apart from economic factors, there are other factors such as

social, cultural, and health systems that contribute to care-seeking and health outcomes (Alatinga et al., 2020; Glassman et al., 2013). These factors may be the same in the two districts leading to the same results being recorded in both Shai-Osudoku and Ningo-Prampram. Factors such as the education of the mother (the beneficiary) contribute to the use of pre and postnatal health care. This is consistent with literature that suggests that the low educational level of the mother is associated with lower uptake of prenatal health care (Adu et al., 2018; Dingemann et al., 2019). With GLST participants having a higher level of education than LEAP participants (on average) (Table 4.1), this contributes to the significant difference. The level of education of the beneficiary implies that with a little effort in monitoring the conditions, the desired results of the beneficiary accessing pre and postnatal health care can be achieved.

Other factors such as availability of quality health personnel, availability of resources necessary for quality care at the health facility, local infrastructure (road network to the available health facilities), and cost of transportation to the health facility contribute to this finding (Esen & Sappor, 2013). The qualitative findings also confirm the findings from the quantitative study. It established that the bad infrastructure network in the districts, as well as the availability and quality of health services, contribute to the lack of compliance by some beneficiaries.

#### ***5.2.5 Neighbourhood participation, GLST versus LEAP***

The findings in Chapter four revealed that LEAP beneficiaries are more likely to participate in neighbourhood activities than GLST beneficiaries (Table 4.3). This means that LEAP influences participation in neighbourhood activities better than GLST. Accordingly, this study can conclude that the continuous payment of cash benefits can increase participation in neighbourhood activities. This finding is consistent with the income effect of the Theory of Change.

The qualitative study shows that both cash transfer programmes improve participation in neighbourhood activities. The cash benefits received by LEAP beneficiaries make them feel recognized as Ghanaians and this improves their participation in neighbourhood activities. It can be concluded that the cash benefit received by LEAP beneficiaries encourages them to take part in solving problems that affect their neighbourhood. Beneficiary forums organized by the two cash transfer programmes, as found in the qualitative study, encouraged participants to participate in the neighbourhood activities. Similar results can be found in available literature which suggests that cash transfer programmes offer beneficiaries the opportunities that allow them to discuss personal problems, exchange information, alleviate stigma and strengthen dignity (García et al., 2019; Hunter & Sugiyama, 2014; Layton, 2020; Pavanello et al., 2016). These contribute to generating the confidence to participate in neighbourhood activities.

When the information is examined within the two districts as to how the two cash transfer programmes promote participation in neighbourhood activities, the results are not the same in the two districts (Table 4.5). Whilst LEAP beneficiaries are more likely to participate in neighbourhood activities in Shai-Osudoku, There is no difference between the two cash transfer programmes in Ningo-Prampram (Table 4.5). This finding coincides with available literature that posits that for the implementation of CCT programmes to be successful, considerations must be given to community factors. These factors vary depending on the context; for example, some contexts are cultural, social, supply-side, and demand-side (Glassman et al., 2013; Schüring, 2010). Contextual factors such as poverty incidence in Shai Osudoku which is 55.1% contributed to LEAP having a significant difference in Shai-Osudoku but not in Prampram (Ghana Statistical Service, 2015). On the other hand, this contextual factor is not so severe in Ningo-Prampram, with 31.2% poverty incidence (Ghana Statistical Service, 2015). The ability for the income effect of LEAP to have an impact is therefore not so strong in Ningo-Prampram but very strong in Shai-Osudoku.

The qualitative findings revealed that beneficiaries are willing to participate more in their neighbourhood activities. This is because the government has recognized their plight and given them cash benefits so they, in turn, want to help in their communities. The qualitative results also support the point that the beneficiaries take advantage of the beneficiary forums organized by the cash transfer programme to bond and rekindle their sense of belonging leading to increased participation in neighbourhood activities. The two cash transfers through these beneficiary forums, encourage participation in neighbourhood activities. Similar findings in the literature suggest that opportunities offered by cash transfers for beneficiaries to meet and interact promote social connectedness and enhance communication among beneficiaries (Alatinga et al., 2020; Pavanello et al., 2016).

#### ***5.2.6 Community participation, GLST versus LEAP***

This study established in Chapter four that although both cash transfer programmes influence community participation, beneficiaries of GLST are more likely to participate in community activities than LEAP beneficiaries (Table 4.3). This implies that GLST influences participation in community activities better than LEAP. This is because GLST beneficiaries can reintegrate into their social networks better due to the empowerment and training they receive from the beneficiary forums they attend. The cash benefits received by LEAP beneficiaries in the two districts are enough to encourage them to participate in community activities where they use a little bit of that money for the occasion. Beneficiaries of GLST depend on the profit they make from their petty trading activities to participate in community activities. Alatinga et al. (2020) find that beneficiaries take part in traditional and family ceremonies like funerals and marriages because of the regular cash benefits they receive. The cash transfers enable them to purchase clothing, gift items, or soap to take care of their hygiene needs which are necessary for taking part in the community event (Alatinga et al., 2020).

Complementary services offered by the cash transfer programme also contribute to participation in community activities. Complementary services such as beneficiary forums help beneficiaries to participate in community activities. The complementary training they offer beneficiaries makes them conscious of their rights and entitlements, strengthens their social participation, confidence, and social relations. These promote social integration, social participation, a sense of belonging and state-citizenship relations. This impact is realized as beneficiaries participate at the household and community levels (Adato et al., 2016; Alatinga et al., 2020; Molyneux et al., 2016). Table 4.5 gives very contradictory results where for both Shai-Osudoku and Ningo-Prampram, participation in community activities is not statistically significant (see Chapter four). Contextual factors may contribute to these findings between when the districts are together and when they are separated. These contextual factors may include the number of participants of GLST which happens to be only 68.

The qualitative findings revealed that participation in decision-making in the community is an important invited space of participation through which beneficiaries lay claim to their citizenship rights. This is a space of participation created through the community, interactions with state actors, the selection process, and complementary services offered by the two cash transfer programmes. This is an opportunity where beneficiaries can contribute to decision-making in their community and get into contact with state officials. How these interactions are done and perceived by the beneficiary does affect their citizenship rights. Through the selection process and complementary services, the two programmes bring beneficiaries into contact with state officials who are largely the first state agents these beneficiaries get into contact with. Besides, Molyneux et al. (2016) state that programmes that promote more sustained interactions between citizens and service providers influence state-citizen relations. This interaction is seen as good when the household members are selected to become beneficiaries; it influences their sense of belonging positively and improves their state-citizen relationship.

In this case, GLST and LEAP would have strengthened notions of citizenship among the beneficiaries. On the other hand, those who are not selected see the selection process as being unfair, biased, and selective. In this case, the focal persons intervene and reassure them. This can lead to resentment toward those who receive the benefits. The resentment confirms research from other parts of the world that make the point that the selection process could generate a sense of resentment and jealousy towards selected beneficiaries as well as worsen tensions within a community (MacAuslan & Riemenschneider, 2011; Owusu-Addo et al., 2018b; Pavanello et al., 2016). This confirms research by Alatinga et al. (2020, p. 107) who posited that, “targeting undermines social cohesion when community members with a legitimate stake in social provision are bypassed, which may thwart the integrative objective of social policy”. Beneficiaries' interactions with state officials in these service-providing institutions have been very cordial. Participants from these two districts reported that they had been treated well by these officials.

### **5.2.7 NHIS Cards**

This study indicated that the beneficiaries of GLST were more likely to register with NHIS than the beneficiaries of LEAP (Table 4.3, see Chapter four). This difference resonates with literature that suggests that CCT programmes set out to improve the human capital development of the beneficiaries and decrease poverty and inequality in the society (Alatinga et al., 2020; Araújo, 2021; Bolz, 2017; Nelson & Sandberg, 2017; Owusu-Addo et al., 2018b). The difference between the two cash transfer programmes is a result of the strict monitoring of the conditions in GLST as well as the fact that GLST makes it easy for its beneficiaries to register with the NHIS by bringing the service providers closer to their beneficiaries. Being statistically significant means the difference between GLST and LEAP in terms of the uptake of NHIS registration is statistically significant. This is more so when there is a high uptake of NHIS registration for GLST beneficiaries as compared to the uptake of the same under LEAP

(Table 4.3). This is a result of LEAP not enforcing their conditions as well as not putting in enough effort to register their beneficiaries for the NHIS.

Table 4.5 reveals that whilst GLST beneficiaries register with the NHIS more than LEAP in Ningo-Prampram, in Shai-Osudoku, there is no significant difference between the two groups of beneficiaries. The results for Ningo-Prampram agree with the overall results that are explained above. The results from Ningo-Prampram also resonate with the assertion that CCT programmes with monitoring and enforcement of attached conditions have higher effect size than unconditional cash transfers (Baird et al., 2014, 2017). Secondly, it agrees with the suggestion that conditional cash transfer programmes set out to improve the human capital development of the beneficiaries, decrease poverty and inequality in the society (Alatinga et al., 2020; Araújo, 2021; Bolz, 2017; Nelson & Sandberg, 2017; Owusu-Addo et al., 2018b). However, the results from Shai-Osudoku disagree with Baird et al. (2014, 2017). Contextual factors such as poverty levels, beneficiary education, and customs, contribute to GLST having a limited impact in Shai-Osudoku in the use of NHIS cards. This is consistent with Glassman et al. (2013, p. 1) who posited that “poverty, poor health status, illiteracy, language, customs, lack of information regarding the availability of health services and providers, limited control over household resources and decision-making all play a role in limiting access to care”. For example, Shai-Osudoku has more public health facilities such as CHPS compounds than Ningo-Prampram (Ministry of Finance, 2020a, 2020b). This means that beneficiaries in Shai-Osudoku could use the NHIS cards more easily than their counterparts in Ningo-Prampram. Thus this can lead to the conclusion that a higher proportion of participants in Shai-Osudoku appreciate the need for good health care and were already using the NHIS cards. Thus, GLST may have been promoting an already existing behaviour in Shai-Osudoku leading to its impact being less than its impact in Ningo-Prampram. This resonates with existing literature which suggests that conditionality is inefficient if it promotes an already existing behaviour (Schüring,

2010). It is also known that “where the majority of families already use educational and health services, CCT programmes are designed to provide more accessible information and to incentivize a better use of resources” (Del Boca et al., 2021, p. 2).

The qualitative results support the overall findings that there is a difference between GLST and LEAP in terms of registration with NHIS. These NHIS cards improve access and utilization of health services by the beneficiaries of these cash transfer programmes. Available literature suggests that beneficiaries covered by the NHIS are more likely to use maternal health services than those who are not covered (Adu et al., 2018; Singh et al., 2015). This means that as GLST was ensuring that their beneficiaries were registered with the NHIS, they were at the same time making it easy for their beneficiaries to comply with the health service utilization conditions. For example, the programme brings NHIS personnel closer to the beneficiaries' households so that they easily register the entire household and renew their cards without going through the challenges that every ordinary person goes through to achieve the same. Previously, it would have taken several hours if not days for the beneficiaries to be able to register or renew their cards. The NHIS cards give the beneficiaries access to health services. This echoes Cahyadi et al. (2020) finding that CCT programmes do increase antenatal visits, skilled delivery, and delivery at a health facility.

### **5.2.8 Birth Registration**

The study finds that GLST beneficiaries are more likely to register their wards for the birth certificate than those of LEAP for both districts and individual districts (Table 4.3, 4.5). This is achieved by making it easy for beneficiaries to register their wards for birth certificates. Consequently, this study can conclude that designing CCT programmes with complementary services and making them easily accessible to the beneficiaries can increase the CCTs impact on the lives of beneficiaries. GLST helps improve the citizenship outcomes of beneficiaries better than LEAP when using complementary services. This registration for birth certificates

makes it easy for beneficiaries to access the health and education services and access national identification documents. The conditional cash transfer programme, GLST, and the registration for birth certificate services offered explain the changes in citizenship outcomes of beneficiaries. LEAP's implementation of the other complementary services has seen limited progress though LEAP has been in place since 2008 (Roelen et al., 2017). It has been shown in Chapter four that both cash transfer programmes promote the improvement in living conditions of beneficiaries. However, GLST strengthens the living conditions of beneficiaries better as compared to LEAP. These findings reinforce the assertion that CCT programmes influence citizenship positively (Grimes & Wängnerud, 2010; Hudson, 2016; Molyneux et al., 2016).

### **5.2.9 Beneficiary Forums**

The study finds that GLST beneficiaries are more likely to participate in beneficiary forums than those of LEAP for the two districts together and in individual districts (Table 4.3, 4.5). This is achieved by GLST organizing more beneficiary forums than LEAP. Consequently, this study can conclude that designing CCT programmes with complementary services and making them easily accessible to the beneficiaries can increase the CCTs impact on the lives of beneficiaries. GLST helps improve the citizenship outcomes of beneficiaries better than LEAP when using complementary services.

The two cash transfer programmes are educating their beneficiaries through the beneficiary forums. The agents of the state made it easy for the beneficiary to participate in the beneficiary forums. The beneficiaries felt comfortable and they knew they would not be belittled even when they ask questions that do not sound intelligent. This was a reflection of the beneficiaries' experience with state agents which enhanced their state-citizen relationship. GLST has a programme outline from which they are expected to organize beneficiary forums every quarter. Since this is on the programme, GLST is regular at organizing these forums. On the other hand,

depending on the district, LEAP organizes the beneficiary forums as and when they can. There is no regularity in LEAPs beneficiary forums. GLST, therefore, organizes beneficiary forums more regularly whilst LEAP seldom does the same. For these two cash transfer programmes, beneficiary forums held occasionally on payout days are forums where beneficiaries experience forms of participation. Beneficiaries take advantage of this opportunity to meet and interact with each other. These were opportunities for beneficiaries to discuss personal problems, exchange information that helps alleviate stigma and strengthen dignity. These opportunities create a sense of solidarity and support among beneficiaries as well as inclusiveness and bonding. It was suggested by some participants that being an active member of these groups comes with a lot of benefits such as the support of members in times of difficulty. One participant gave the following statement:

We take advantage of the beneficiary forums to meet with each other, especially our colleagues who live far. We discuss issues that are important to us. Those who have been able to overcome those issues share their experiences with us. This coming together helps us to stand with and support each other.

A GLST participant

Other members confirmed that these beneficiary forums helped them with advice and other non-financial benefits such as just getting someone to talk to when needed. From the statement above, even though these were beneficiary forums where the two cash transfer programmes come to sensitize their beneficiaries, it was also an opportunity for the beneficiaries to socialize with each other. They discussed among themselves and shared ideas. This brought a sense of ownership among active members and they felt that their contributions to the discussions were valued. Members also felt that being a member of the group was empowering because they realized that they too could now do or say something beneficial to other members of the group.

For other participants, the forums were opportunities to meet members who live very far off. In this case, the distance was a barrier for them to interact so the beneficiary forum became an opportunity for them to meet. This means that the beneficiary forums have brought beneficiaries closer and helped them form a community. Other participants confirmed this and said that they had been reconnected with social networks, others were now part of certain circles of friends that they were previously not part of. GLST and LEAP had helped beneficiaries to be reintegrated into their social networks.

Beneficiary forums on some payout days were used by the programmes to educate beneficiaries on various topics about their health, that of their children, nutrition, family planning, efficient use of the cash transfer, duties, and responsibilities of beneficiaries among others. The forums by the two cash transfer programmes in this case created an interface between the beneficiaries and the state. Beneficiaries were allowed to ask questions and share some of their experiences. Some participants held the position that these programmes were places where your questions were listened to and answers given. Others suggested that the programmes allowed them to ask questions on the topic of the day; the questions were appreciated and answered in such a way that it was easy to understand.

Most participants held the view that the training helped them overcome certain misconceptions they had and gave them some enlightenment on essential decisions in their lives. The two programmes had therefore contributed significantly to the beneficiaries taking part in the family's decision making. Some also confirmed that the beneficiary forums equipped them with how to deal with the health of their children. From these statements, the two cash transfer programmes were educating their beneficiaries through the beneficiary forums. These beneficiary forums taught beneficiaries to trade with their benefits or expand existing businesses. This brought about some level of independence in that they started earning some

income which they use to support the money their partners contributed in taking care of the children. In this case, participation in the home and the labour market had been improved.

#### ***5.2.10 Political Participation***

According to the findings of the quantitative study, the two cash transfer programmes do not increase contact with a local politician and attend a political meeting among their beneficiaries (Table 4.3). This implies that even though participants do contact politicians and attend political meetings, the cash transfer programmes do not influence them to do so. It also means that there is no difference between how the cash transfer programmes influence their beneficiaries in contacting a politician and attending a political meeting. However, the findings indicate that the two cash transfer programmes increase taking part in a lawful protest by their beneficiaries (Table 4.3). This also means that GLST beneficiaries are more likely to participate in a lawful protest than LEAP beneficiaries. It is evident from the quantitative studies that cash transfer programmes' influence on political participation has produced mixed results. This means that the two cash transfer programmes do not necessarily promote political participation by their beneficiaries.

Table 4.5 reveals that for both Shai-Osudoku and Ningo-Prampram, the two cash transfer programmes do not increase their beneficiaries chances of contacting a politician. That is to say, there is no difference between the two groups of beneficiaries in terms of contacting a politician (Table 4.5). This means no contextual factors are influencing the participation of beneficiaries in contacting a politician. However, in taking part in a lawful protest, GLST beneficiaries are more likely to participate in Shai-Osudoku, whilst there is no difference between the two cash transfer programmes in Ningo-Prampram (Table 4.5). For attending any political meetings, GLST beneficiaries are more likely to participate in this than LEAP beneficiaries in Ningo-Prampram but there is no difference between the two groups in Shai Osudoku (Table 4.5). This finding shows that for these two districts, there are contextual factors

such as the level of competition between the two dominant political parties (NPP and NDC) rather than the cash transfer programmes that contribute to political participation.

The qualitative information revealed that participants recognized the profound importance of the need for the state to take care of people living in poverty and the vulnerable among its members. This protection included social protection programmes such as LEAP which is a cash transfer programme. For this important need of beneficiaries to be maintained, participants threatened to vote against any politician who would threaten to take this social protection they enjoy away from them. Recent literature establishes that CCTs have a positive effect on voter support for the incumbent and that in developing countries, poor voters respond to non-clientelistic strategies of electoral targeting (Araújo, 2021). This study's findings are contrary to Araújo (2021) because in this case, GLST was influencing an already existing behaviour therefore it is inefficient in promoting participation in political activities (Del Boca et al., 2021; Schüring, 2010).

#### ***5.2.11 Mazmanian & Sabatier theory as it relates to comparison between GLST and LEAP***

The sum of the above findings on the comparison between GLST and LEAP is that although there is a positive association between the CTs and civil and social rights of the beneficiaries, beneficiaries of GLST were more likely to uptake these rights than those of LEAP. In relation to the Mazmanian and Sabatier implementation theory, because the policy makers were able to put in place conditions and a good structure that could ensure that these conditions are monitored, the implementation of GLST was more effective in achieving its intended outcomes as compared to LEAP which did not have a good monitoring system in place. There were also other nonstatutory variables such as cash amount, complementary services, local level capacities and grievance mechanisms that played a key role in attaining the successful implementation of the CT programs.

The findings show that the results of implementation of GLST and LEAP does not have a successful outcome for the political rights of their beneficiaries as predicted by the Mazmanian and Sabatier implementation theory.

### **5.3 The implications of conditionalities attached to the CCT programme on the uptake of citizenship rights among beneficiaries**

#### ***5.3.1 Continuous practise of the behavioural changes***

The study has established that participants from GLST continue to practise the behavioural changes seven years after the cessation of the cash benefit. This was also confirmed by the Social workers. GLST stopped paying the cash benefit in the year 2014, yet beneficiaries continue to use education and health services regularly. This finding of the effect of the conditions on beneficiaries in these two districts differs from Schüring (2010), who opined that the impact of the conditionality on behaviour change does not last beyond the transfer itself. It is also at odds with research that found that after the cessation of support from a UCT programme, significant behavioural changes with its beneficial changes in health status evaporated quickly (Baird et al., 2019). GLST in the two districts has been able to defy known knowledge and sustained some gains made in behavioural changes even after the cash transfer has ended. This continuous adherence to the conditions has been achieved because GLST is a cash plus programme. This means that GLST has complementary services which are still encouraging its beneficiaries to adhere to the conditions attached to the cash benefit they used to get. So even though the cash benefit is no more, beneficiaries continue to adhere to the conditions. This confirms that the non-statutory variable (that is conditions) plays a significant role in the successful implementation of the cash transfer program. This is in line with the Mazmanian and Sabatier implementation theory.

### **5.3.2 Impact of conditionality on citizenship rights**

The study found that GLST beneficiaries were more likely to uptake all the items that make up the civil rights construct (Table 4.2, see chapter 4). In addition, GLST beneficiaries are more likely to uptake all the items that make up the social rights construct than LEAP beneficiaries (Table 4.3). Relating these findings to the substitution effect shows that beneficiaries of GLST took the behaviours required to meet the conditions more seriously than beneficiaries of LEAP. This implies that conditions on their own are not effective unless structures are put in place to ensure strict monitoring and enforcement of these conditions. The monitoring and enforcement of conditions are what make the difference between GLST and LEAP. The results are also in agreement with known literature that the effects sizes of conditions are larger in CCTs than in UCTs (Bastagli et al., 2016). This also confirms the Mazmanian and Sabatier implementation theory on the important role played by the non-statutory variable (conditions).

### **5.4 Local-level structures' impact on the implementation of a CCT programme**

This study discussed that both GLST and LEAP programmes have beneficial effects on the uptake of citizenship rights by beneficiaries but the GLST has a better effect on citizenship than LEAP. It also found that local implementation structures in place undermine the implementation of a CCT programme. This is because there are administrative challenges with the current system in place. These administrative challenges include a bureaucratic system that makes it difficult for social workers to be effective in implementing their duties. The bureaucratic system makes it difficult for the CCT programme to effectively institutionalize coordination among the various ministries (Schüring, 2010). The current administrative structure at the local level is weak and ineffective because of its bureaucratic nature. This affects service delivery and undermines the citizenship rights of the beneficiaries. This agrees with Babasa (2019), that weak institutional capacities pose challenges to the goals of the cash

transfer programme. Implementation of a conditional cash transfer programme requires a strong administrative system at the local level to institutionalize coordination among the multi-sectorial organizations that are partners and are required to work for a conditional cash transfer programme to be successful.

The study found that local implementation structures of LEAP currently struggle with resource allocation, personnel, as well as logistical challenges. Administrative resources such as computers, access to the internet and office to work in, are challenges the local structures of LEAP have to deal with. The district offices have to be well resourced to be able to solve problems affecting beneficiaries. Effective service delivery is essential for the implementation of a CCT programme. This lack of facilities is also confirmed as hindering effective monitoring of conditions and the regular payment of funds (Yeboah et al., 2016). These constraints lead to a lack of effective service delivery to meet the needs of the beneficiaries. This implies that the speed with which social workers can respond to the needs of beneficiaries is affected. The lack of logistical support weakens the process of exchange between the state and beneficiaries (Oduro, 2015). The limited resources make the beneficiaries feel that the Social Workers are being unresponsive to their plight which undermines the state-citizenship relationship. This makes the local administrative structure weak to handle simple issues like case management. The lack of facilities also hinders smooth operations.

The qualitative findings also reveal that the local structures are unable to handle high levels of real-time information flow efficiently. This real-time information can best be captured on a functional database system. This is to help the administrative system keep track of the poor in the community and ensure that no one collects payment twice (Olken, 2019). This also helps the system work on case management effectively and coordinate information from all the supporting organizations in real-time with little disruption. The database will allow for linkages

to services and effective monitoring. This finding resonates with literature that suggests that for CCT programmes to function effectively, there is the need for a focal point that oversees linkages to services that are effective and involves mechanisms that manage the referral and monitoring of services (Roelen et al., 2017). At the moment, there is no such functional database at the local level for LEAP, the server used for this purpose is at the LMS in Accra. In this case, dealing with real-time information at the local level becomes a challenge.

Furthermore, community factors are essential for the implementation of a conditional cash transfer programme. However, in these two districts, the study found that remoteness and quality of service undermine service delivery which negatively affects the citizenship of beneficiaries. Not all communities have health and education services. Even when they are available, the quality of services provided depends on the personnel, resources, and equipment that are available to use. This affects the successful implementation of a conditional cash transfer programme because compliance will be challenged. CCT programmes can “only be successful when services are widely available and of high quality” (Roelen et al., 2017, p. 32). This makes the quality of service provided to be questioned by beneficiaries. As stated by a social worker,

*For the health centres, we only work with what we have. There are CHPS compounds, some of the CHPS compounds are not well resourced with the materials that they need to take care of the people.*

Consequently, poor quality of health services encourages beneficiaries to seek alternatives such as self-medication. This finding confirms the assertion that remoteness and inaccessibility of services can undermine how CT programmes influence their policy goals such as the uptake of citizenship rights by their beneficiaries (Abdulai et al., 2019; Port et al., 2019). Availability and quality of supply-side services are important for it to be possible to implement a conditional

cash transfer programme. There is a need to improve on the local structures for it to be possible to implement a conditional cash transfer programme. This study determines that it will be difficult to use the current local structures to implement an effective conditional cash transfer programme.

Finally, the study found that monitoring and enforcement remain elusive in the two districts due to the lack of logistics and motivation of the administrative staff of LEAP. These challenges are all supply-side investments that need to be done for a CCT programme to enhance the citizenship of beneficiaries. The government is doing its best at the moment with some of these supply-side investments but the Ghanaian experience shows that it takes a strong political will by the government for these challenges to be overcome. Despite these challenges, GLST has been able to promote beneficiaries' citizenship better than LEAP. However, GLST is only able to provide some of the supply-side investments that can be done by them. They can not invest in infrastructure which has to be done by the state. They just use what is available such as the CHPS compounds, the schools, and the available roads. These facilities need to be provided by the state and when they are done, it will make the implementation of a CCT programme more successful. This is consistent with Port et al. (2019) who suggest that cash transfers have an incentive value that is undermined by remoteness and inaccessibility. Even if the GLST model has to be used for the implementation of the CCT programme, there is the requirement of heavy investment in vehicles, resources, and personnel. There is also the need to restructure the current system in place to reduce the level of bureaucracy. These are some of the necessary investments that will make it possible for the CCT programme to effectively enhance the citizenship of beneficiaries. Public administrators must be ready to incur these higher costs to implement a conditional cash transfer programme like GLST successfully. These costs override the benefits of a conditional cash transfer programme. This study finds that educating beneficiaries on the benefits of education and family planning is well received in some

communities, whilst other communities just do not respond to it. This gives a glimmer of hope in support of the implementation of a conditional cash transfer programme. Undue delays in the payment of cash transfers that have characterized LEAP undermine the state-citizenship relationship between the state and the beneficiary. This reinforces the Mazmanian and Sabatier implementation theory of the significance of the local level structures which are part of the non-statutory variables.

## 5.5 Conclusion

This chapter has shown that the two cash transfer programmes (GLST and LEAP) do promote the civil and social rights of their beneficiaries. They do not promote the political rights of their beneficiaries. When the two cash transfer programmes were compared, it was found that there were varied results between the two districts. For example, concerning the civil and social rights of beneficiaries, GLST beneficiaries were more likely to uptake these rights than the beneficiaries of LEAP for most items that form the two constructs. Complementary services also revealed that GLST offered better services than LEAP. The chapter has revealed that monitoring of conditionalities and local-level capacities have implications on the uptake of citizenship rights by their beneficiaries. This study also found that the beneficiaries of GLST continue to adhere to the conditions as well as spillover effects of the conditions. Local challenges also contributed to undermining the uptake of citizenship rights. All these are a confirmation of the Mazmanian and Sabatier implementation theory. However, the relationship between the CT programs and political rights of the beneficiaries is in contrast to the theory.

## CHAPTER SIX

# SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSION

### 6.0 Introduction

Cash transfer programmes are put in place to cushion the lives of the poor and vulnerable from the impact of poverty. In doing so, cash transfers can influence some factors that affect the uptake of citizenship rights by their beneficiaries. This study sought to find out whether Cash Transfer Programmes influence the taking up of citizenship rights among beneficiaries in Shai-Osudoku and Ningo-Prampram districts. The study also sought to investigate if conditionalities attached to the conditional cash transfer programmes influence the taking up of citizenship rights by beneficiaries and whether local level capacities contribute to the uptake of citizenship rights.

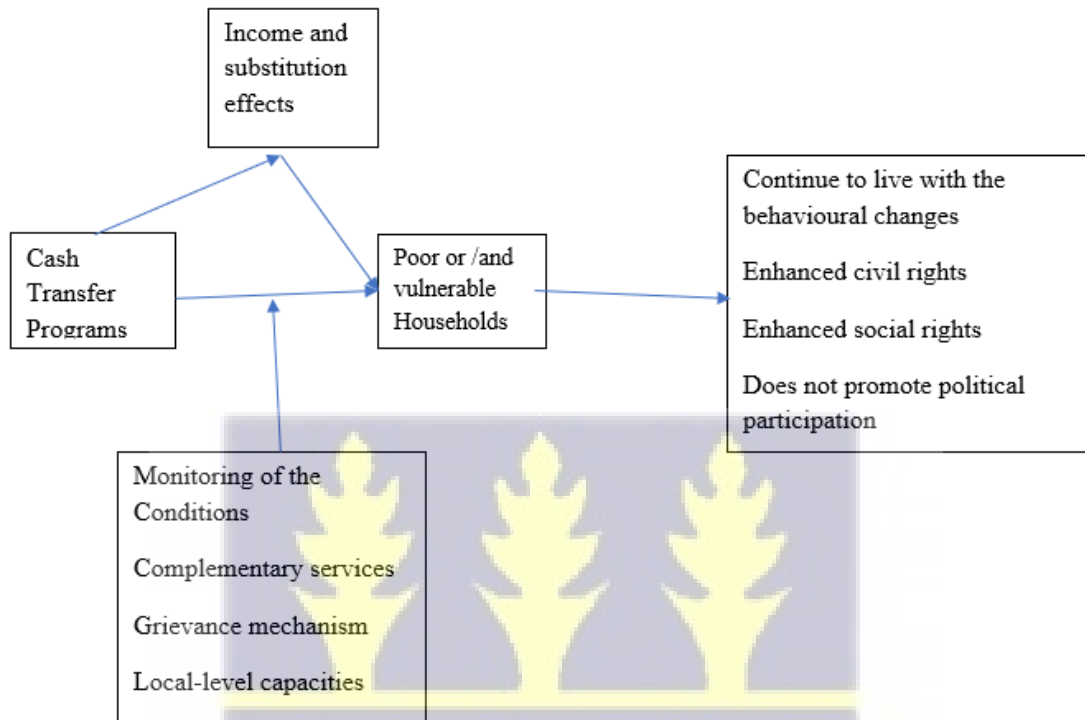
Four main interrelated findings have been advanced in this study. First, cash transfer programmes do influence the uptake of citizenship rights among beneficiaries. Second, there are similarities and differences between the uptake of citizenship rights among beneficiaries of GLST and LEAP. The similarities and differences are largely due to contextual issues within the two districts. Thirdly, conditions do influence the uptake of civil and social rights but not the political rights of beneficiaries. Lastly, local capacities have implications for the implementation of a CCT programme.

The chapter presents a summary of the major findings, overall conclusions, and recommendations of the study. It also points out the study's contributions to knowledge and makes recommendations on how conditions can be used to improve the uptake of citizenship rights by the people living in poverty. Possible areas for further research are also highlighted.

## 6.1 Summary of findings

This section presents a summary of the key findings from each of the study objectives.

*Figure 6.1 Emergent Conceptual Framework*



Source: Author's construct, April, 2022

In the diagram above, the cash transfer programme is portrayed as influencing the beneficiary household. There are two ways in which this influence can be explained. There is the income effect if the CT programme is a UCT and the substitution effect if the CT programme is a CCT programme. This influence is also moderated by effective monitoring of conditions, local-level capacities, complementary services and grievance mechanisms. These affect the strength and direction of the influence of a CT programme on the household of the beneficiary. Monitoring and enforcement of conditions have implications for enhancing education and health of the beneficiaries. These contribute to enhancing the civil and social rights of the beneficiary since the educated beneficiary can lay claim to their civil rights

(Stevenson et al., 2015). The grievance mechanism has implications for fairness, equal rights and justice which all promote the civil rights of the beneficiaries. Complementary services have enhanced education and health, registration with NHIS, registration for birth certificates and beneficiary forums. These promote the civil and social rights of beneficiaries. Local-level capacities have implications for the successful implementation of a CCT programme.

This study found that the effect of the CT programmes on the beneficiary household makes them continue to live with behavioural changes even after the cash benefit has ended (GLST beneficiaries), enhances the civil and social rights of the beneficiaries but they do not promote political rights of the beneficiaries. Even though the literature revealed that CT programmes do have a positive impact on political participation, that was not the case in this study. The CT programmes in this case did not enhance the fortunes of the politician who introduced or expanded the programme. Figure 2.1 had a cash transfer amount as a moderating factor. This study did not take a look at that because GLST was no longer paying cash benefits; ~~and~~ therefore trying to compare that would have been comparing the LEAP amount to zero from GLST. The cash transfer amount, therefore, did not come up as affecting the citizenship of beneficiaries. It therefore does not feature in fig.6.1. Figure 2.1 also has enhanced education and enhanced health as the effects that the CT programmes have on the beneficiary. These have implications on the civil and social rights of the beneficiary. They contribute to enhancing the civil and social rights of the beneficiary which are the effects of the cash transfer programmes in terms of the citizenship rights of their beneficiaries.

### ***6.1.1 Cash transfer programmes and uptake of citizenship rights***

The study found that both GLST and LEAP positively influence the uptake of civil and social rights among their beneficiaries. The two cash transfer programmes were designed to

reduce poverty and enhance the human capital development of their beneficiaries. This contributes to the taking up of civil rights by their beneficiaries. The taking up of civil rights was achieved through the two CT programmes promoting the uptake of education and healthcare. This gave their beneficiaries the same opportunity to be educated and receive healthcare as every other member of the community. They were therefore not left behind in terms of education and health. The cash benefits received by beneficiaries gave them a safety net from poverty. The complaint channels established by the two CT programmes gave beneficiaries opportunities to seek redress for any unfair treatment and discrimination as well as a right to seek justice in the programme when the need arose. All these contributed to the civil rights of the beneficiaries.

The two cash transfer programmes were also designed to remove social exclusion among the beneficiaries. They were designed to encourage social inclusion which led to the reintroduction of their beneficiaries into their social networks. Giving participants cash benefits meant the beneficiaries could now participate in activities that go on in their communities and reconnect with their social networks. The programmes also organized beneficiary forums in which beneficiaries participated and were able to make friends among them. The social workers and the workers at the local assembly were also willing to hear beneficiaries' complaints anytime the need arose. This made the beneficiaries socially included in the society they found themselves in.

The study also found that cash transfer programmes influence NHIS registration, beneficiary forums, and birth certificate registration positively. These beneficiaries were disadvantaged in society in that they could not afford health and education services. These services came in to help them to deal with the challenges they experienced in society. For example, the registration with the NHIS helped them access the health facilities freely and the beneficiary forums educated them to participate in social activities. With the finding that cash

transfer programmes influence two out of three sources of the taking up of citizenship rights activities, it can be established that cash transfer programmes influence the uptake of citizenship rights positively. The two programmes do not promote political rights. This is because the two cash transfer programmes do not influence whom the beneficiaries vote for. The two CT programmes do not influence or engage in a local political meetings of beneficiary communities.

### ***6.1.2 Uptake of citizenship rights (GLST vs LEAP)***

In respect of the second research question, the findings of this study for the two districts reveal that GLST beneficiaries are more likely to take up their civil rights than LEAP beneficiaries. For the individual districts, GLST beneficiaries are more likely to take up civil rights than those of LEAP in both districts. This is confirmed by the qualitative data and six out of ten items that make the civil rights construct for the two districts in the quantitative information (Table 4.4). In two of the remaining four items, GLST beneficiaries were more likely to take up these items than LEAP in Ningo-Prampram whilst in the Shai-Osudoku District, this difference is not statistically significant (Table 4.4). For the remaining two items out of the ten, both districts revealed no significant difference between GLST and LEAP (Table 4.4). The key reason for this difference is strict monitoring of the conditions and the educational levels among GLST beneficiaries being better than the same among LEAP beneficiaries.

For the two districts combined, the study found that GLST beneficiaries were more likely to take up social rights than those of LEAP. This is a result of the strict monitoring of conditions, payment of cash benefits, and complementary services such as registration with the NHIS cards, birth registration and the beneficiary forums. The strict monitoring of conditions resulted in GLST having a higher proportion of its beneficiaries taking up education and health resources than LEAP. This was despite GLST ceasing the payment of its cash benefits in 2014.

It has been established that the monitoring of the conditions played a major role in the difference between GLST and LEAP. GLST also threatened its beneficiaries that they would lose some or all their cash benefit if they did not comply with the conditions. Through this monitoring and threat, they were able to achieve maximum cooperation from their beneficiaries. The beneficiaries also complied with the conditions so as not to lose any part of their cash benefit. In contrast, the minimal enforcement of the conditions in the LEAP programme contributed to the low uptake of education and health resources among their beneficiaries. GLST was the stronger of the two cash transfer programmes when it comes to the taking up of education and health resources. This is a confirmation of Baird et al. (2014) argument that CT programmes with definite conditions that are also monitored and enforced have substantive effects.

The payment of cash benefits promoted participation in neighbourhood activities by LEAP beneficiaries. The cash benefits allowed them to contribute financially when the need arises as well as buy clothes and the things needed for personal hygiene to go into the public. The complementary services offered by GLST also encouraged its beneficiaries to continue adhering to the conditions though the accompanying cash transfer was no longer being paid. The complementary services include registering for the NHIS cards, registering for the birth certificates of the wards of beneficiaries and beneficiary forums. The proportions of GLST beneficiaries who took up all these items were statistically significant than LEAP beneficiaries (Table 4.3). This was a result of the monitoring of conditions and continuous adherence to the conditions by GLST beneficiaries. This confirms the substitution effect of the theory of change. The experience of GLST in these districts reflects Baird et al.'s (2014) arguments that cash transfer programmes with unambiguous conditions that are also monitored and enforced have substantive effects.

For the individual districts, the discussion section revealed there was a significant difference between the beneficiaries of GLST and LEAP in the uptake of skilled delivery, beneficiary forums, and registration of births for the two districts. The key reason for this significant difference is that mothers in these two districts used to have a preference for home births but the monitoring of conditions attached to GLST had significantly improved the rate at which their beneficiaries use skilled delivery. Secondly, the GLST programme has through its beneficiary forums, educated beneficiaries to know the complications that can arise as a result of home births. Since GLST organizes these programmes more often as compared to LEAP, they have managed to change the perceptions that their beneficiaries have about home births. This is confirmed by the qualitative data which showed that the two cash transfer programmes promote participation in social activities.

GLST beneficiaries are more likely to enrol their wards in school, access pre and postnatal healthcare, and register for the NHIS cards than their counterparts in LEAP at Ningo-Prampram but not at Shai-Osudoku (Table 4.5). This is due to the strict enforcement of conditions by GLST and the education of the mother (the beneficiary). The level of education of the beneficiary implies that with a little effort in monitoring the conditions, the desired results of the beneficiary accessing pre and postnatal health care can be achieved. Community participation shows that there is no difference between the two groups of beneficiaries in the two districts (Table 4.5). LEAP beneficiaries are more likely to participate in neighbourhood activities than their counterparts in GLST in Shai-Osudoku but not so at Ningo-Prampram (Table 4.5).

The taking up of political rights activities showed no difference between the two cash transfer programmes. The analysis showed a mostly above-average level of participation in political activities but this was not influenced by the two cash transfer programmes.

### ***6.1.3 The influence of conditions on the uptake of citizenship rights***

This study found that monitoring and enforcing conditions were very important in influencing the high uptake of civil and social rights among beneficiaries of the two cash transfer programmes. Both cash transfer programmes have attached conditions yet, GLST has got structures that enable it to better monitor and enforce its conditions whilst the conditions of LEAP are not enforced. This means that the strict monitoring of the conditionality in GLST created a significant difference between the uptake of civil and social rights by their beneficiaries as compared to the beneficiaries of LEAP. The GLST programme achieved this through enforcing its conditions on education and health leading to the future adult being able to claim their civil rights. This is because the educated and healthy adult can take up their civil and social rights. This is consistent with the extent of citizenship which suggests that an educated adult enhances their capacity to defend their civil rights (Stevenson et al., 2015). Therefore, by better monitoring the conditions in the GLST programme, beneficiaries of GLST enhance their capacity to take up their civil rights. This is also consistent with findings that suggest that “education makes us aware of our civil and political rights often called the first generation rights” (Elingit & Obaga, 2019). Healthy beneficiaries can participate in social activities. People who are not healthy find it difficult to participate in social activities. This positively influenced the uptake of civil and social rights among the beneficiaries of GLST as compared to beneficiaries of LEAP. This is consistent with the argument of Baird et al. (2014) that CT programmes with clear-cut conditions which are also monitored and enforced have significant effects. Overall, conditionalities' influence on citizenship is more directly associated with the uptake of civil and social rights. Conditionalities do not influence political rights. This is because beneficiaries already know whom they want to vote for and therefore the CT programme does not influence that. The conditions also influence the education and health of beneficiaries. The educated and healthy person will be better informed in deciding

whom he votes for; yet, there is no statistically significant relationship between the CT and attending any political meeting, contacting a politician or the decision to vote.

#### ***6.1.4 Local level capacities and their implications on the uptake of citizenship***

The study found that a key reason why current structures used by the LEAP programme at the district level struggle to support CCT programmes in achieving their goals is the bureaucratic system used by LEAP. This, therefore, makes it difficult for LEAP to enhance the taking up of citizenship rights to the level that GLST does. This bureaucratic system makes the institutional capacities of the cash transfer programme largely weak and unable to meet the needs of beneficiaries. The local implementation structures in place used by the LEAP programme undermine the implementation of a CCT programme. These administrative challenges include a bureaucratic system that makes it difficult for social workers to be effective in implementing their duties at the local level. For example, coordination among the various stakeholders takes place at the LMS in Accra. This weakens the effectiveness of service delivery in the district and undermines the citizenship rights of the beneficiaries. This agrees with Babasa (2019), that weak institutional capacities pose challenges to the goals of the cash transfer programme. The implementation of a CCT programme requires a strong administrative system at the local level. This is to positively promote coordination among the multi-sectorial organizations that are partners and are required to work with a CCT programme to make it successful.

There is also the challenge with resource allocation, personnel, as well as logistical challenges. Administrative resources such as computers, access to the internet and offices to work in, are largely not available for the social workers who have direct contact with beneficiaries to work with. The district offices have to be well resourced to be able to solve problems affecting beneficiaries. Effective service delivery is essential for the implementation of a CCT programme. This lack of facilities hinders effective monitoring of conditions (Yeboah

et al., 2016). These constraints undermine effective service delivery to meet the needs of the beneficiaries. The limited resources make the beneficiaries feel that the social workers are being unresponsive to their plight which undermines the state-citizenship relationship. This makes the local administrative structure weak to handle simple issues like case management. The lack of facilities also hinders smooth operations.

The lack of a functional database system is also limiting the ability to handle real-time data thereby reducing how responsive the cash transfer programme can be. The local structures used by LEAP are unable to handle high levels of real-time information flow efficiently. This is best captured on a functional database which can keep track of the poor in the community and ensure that no one collects payment twice (Olken, 2019). It also enables effective case management and coordinates information from all stakeholders in real-time with little disruption. The database will allow for linkages to services and effective monitoring.

Community factors are also hindering the monitoring and enforcement by the social workers and even compliance by beneficiaries. This means that supply-side services have to be put in place to make it easy for monitoring, enforcement, and compliance to take place. In these two districts, the study found that remoteness and quality of service undermine service delivery which negatively affects the implementation of a CCT programme. Health and education services are not available in all communities. The quality of services provided in the communities who depend on the personnel, resources, and equipment that are available to use. This will affect the successful implementation of a CCT programme because compliance will be challenged. CCT programmes can “only be successful when services are widely available and of high quality” (Roelen et al., 2017, p. 32).

## 6.2 Conceptual and theoretical implications

This section brings to light the relationship between the use of cash transfer programmes as a means of alleviating poverty in developing countries and how it influences the uptake of citizenship rights of beneficiaries of the cash transfer programmes.

### 6.2.1 *Continuous adherence to the behavioural changes*

Chapter two highlighted that CCT programmes have a substitution effect that requires specific behavioural changes from the beneficiaries for them to receive their cash transfer. Although both GLST and LEAP have conditions, GLST monitors and enforces its conditions more strictly than LEAP. As found in the findings and discussion chapters, GLST had a greater effect on compliance with its conditions than LEAP. They also revealed that beneficiaries of GLST continued with the behavioural changes even after the cash benefits of GLST had ceased. What is known in the literature is that the behaviour changes achieved by cash transfer programmes do not last beyond their implementation period (Baird et al., 2019; Schüring, 2010). For example, Baird et al. (2019, p. 169) posited that “significant declines in HIV prevalence, pregnancy and early marriage observed during the programme among recipients of unconditional cash transfers (UCTs) evaporated quickly after the cessation of support”. They further explain that the benefits of small and frequent UCTs are uncontested and reinforced by their study, but then it is unproven that they can lead to a sustained enhancement in welfare over a long period (Baird et al., 2019). Schüring (2010, p. 25) also states that “the behaviour change induced through conditionality might not last longer than the transfer itself”. Both researchers found that behaviour change gained whether with conditions or without conditions do not last beyond the implementation of the cash transfer programme. The uniqueness of the findings of this study is that the behaviour change influenced by GLST has lasted more than seven years after the cash benefit had ended. The cash benefit aspect of GLST ended in the year 2014, yet, beneficiaries are still living with the behavioural changes that resulted from

their participation in the programme which ended over half a decade ago. The substitution effect explains the behavioural change up to when the cash benefit ceases. It does not explain the behavioural change that lasts beyond the cessation of the cash benefit.

The key strategies for sustaining this behaviour change even after the cash benefit aspect of GLST had ended included other services offered by GLST such as registering the household of the beneficiary with the NHIS, registering the children of the beneficiaries for their birth certificates, and the education beneficiaries receive during beneficiary forums. These are services that, even though are not cash, are of great importance and meet the needs of the beneficiaries. These encourage the beneficiary to continue to live with the behavioural changes that resulted from their participation in the programme. These made being an active member of GLST very beneficial thereby leading to beneficiaries complying with the conditions even though there is no cash transfer. Moreover, GLST also has a very good sensitization programme which is done on the days they do the beneficiary forums. These contribute to educating beneficiaries on the importance of adhering to the necessary behavioural changes and making it their lifestyle. This is to say that the conditions together with the sensitization programmes made the beneficiaries appreciate the importance of the behavioural changes. This appreciation, therefore, made the behavioural changes become part of the lifestyle of the beneficiaries. So even after the cash benefit ended, the beneficiaries still realise the need to continue with the behavioural changes. The implication of this is that the conditions, cash benefits, and complementary services are necessary to achieve the desired behavioural change from the beneficiaries. The cash benefit and the conditions were necessary for introducing the desired behaviour change to the beneficiary. When the cash benefit is taken away, complementary services are necessary for the continuation of the behavioural change. Thus, because GLST was a cash plus programme, though the cash benefits were no longer being paid,

the complementary services offered by GLST encouraged beneficiaries to keep adhering to the conditions.

This effect of the conditions is an important finding in these two districts because this level of compliance has largely not been reported in the literature. Compliance with the conditions leads to a more healthy and educated community. The benefits of remaining an active member are very important to beneficiaries so they keep on adhering to the conditions. There are spillover effects that the conditionality helps to overcome such as truancy, teenage pregnancy, and child labour. If the policy is to have a behaviour change that will last long after the programme has ended in this community, then it is better to use the conditional cash transfer programme. This finding also confirms the Mazmanian and Sabatier, (1983) implementation theory in that it reinforces the importance of the non-statutory variable the conditions.

### ***6.2.2 The Mazmanian and Sabatier implementation theory***

This thesis both confirms and disconfirms the Mazmanian and Sabatier, (1983) implementation theory. Both GLST and LEAP have centrally defined policy goals that were to be executed by a hierarchically ordered administrative structure (Tosun & Treib, 2018). The thesis confirms the importance of the non-statutory variables in successful implementation of the CT program. It stresses the importance of effective monitoring of the conditions, complementary services, grievance mechanisms and local level capacities in achieving the goals of the CT programs. These variables strengthen the association between the CT programs and uptake of citizenship rights among beneficiaries of the CT programs. The thesis also reveals that having an effective structure in place to monitor and enforce the conditions brings about a higher effect size of the uptake of the civil and social rights as compared to the situation where such a structure is not in place. This is a top-down approach. The policy maker for LEAP can develop policies with strong and embedded conditionalities that can be monitored and enforced to help in achieving behavioural change.

The thesis disconfirms the Mazmanian and Sabatier theory by identifying that GLST had some level of flexibility where social workers at the districts were allowed to coordinate various stakeholders at the district as compared to LEAP where all coordination had to be done from the LEAP Secretariat in Accra. They were also allowed to take more decisions at the district level and had the resources they needed to work with. This made GLST more efficient and was able to achieve their goals in a more efficient manner. This is a bottom-up approach which can go a long way to make LEAP more efficient in achieving its program goals.

### ***6.2.3 The Substitution effect***

This study confirms existing literature on the substitution effect of a conditional cash transfer programme (see chapter two). Beyond the implementation challenges, the necessary behavioural changes have been achieved using GLST far better than what has been achieved using LEAP. GLST largely achieves its objectives despite all the local constraints in place. LEAP on the other hand struggles with the local constraints in place. GLST can achieve this largely because of the monitoring and enforcement of its conditions. These differences in achieving goals confirm the literature that conditionality makes beneficiaries take the right decisions to improve their human capital development (Cecchini & Madariaga, 2011; Del Boca et al., 2021; Sabates-Wheeler et al., 2017). In other words, the substitution effect of conditional cash transfer programmes makes beneficiaries substitute the unprofitable behaviour with the behavioural requirements. The substitution effect is effective if it is accompanied by strict monitoring and enforcement of conditions.

## **6.3 Contribution to knowledge and policy implications**

This study has made some important contributions not only to social protection and citizenship literature but also to policy implementation research generally. Whilst there are new and exciting findings, some of the findings confirm existing literature.

### ***6.3.1 Policy implications of Continuous adherence to conditions***

The difference between GLST and LEAP is largely due to the enforcement of the conditions and the complementary services offered by GLST. This has led to the continued adherence to the behavioural changes despite the ceasure of the cash benefit aspect of GLST. Thus, it is important to emphasise the need for more investment in conditional cash transfer programmes and accompanying complementary services in the poorest regions of the country. This is called a cash plus programme. The cash plus programme will largely help to overcome poverty and achieve the necessary behavioural change for the human capital development of the beneficiary rather than relying on LEAP which is still struggling to effectively develop the behavioural change needed. If the policy is to have a behaviour change that will last long after the programme has ended in this community, then it is better to use the cash plus programme. However, it is difficult for the LEAP programme to better monitor its conditions because of the number of districts it covers (scope) and the cost involved in monitoring conditions. Alternatively, the government can try to provide the supply side services like education and health facilities to an appreciable level. This together with the LEAP programme and education on the importance of investing in human capital development, will help improve human capital development. As seen in Shai-Osudoku District, there was no statistically significant difference between GLST and LEAP beneficiaries in terms of education because the district had more education facilities as compared to Ningo-Prampram (Section 5.2.2).

### ***6.3.2 Cash transfers and political participation***

Available literature suggests that politicians are rewarded when they implement CCTs, and therefore, politicians may implement or expand existing CT programmes to enhance their political fortunes (Araújo, 2021; De Brauw & Hoddinott, 2008). However, this thesis has found

that the cash transfer programmes do not promote political participation be it in the form of voting, contacting a politician or attending a political meeting. The findings of this thesis are also in contrast to available literature which suggests that instituting the CT programmes does lead to electoral gains by the incumbent politician who introduced or expanded the CT programme (Araújo, 2021; DFID, 2011; Schober, 2016; Zucco, 2011). This means that the two cash transfer programmes do not promote political participation by their beneficiaries. This thesis found that the CT programmes do not influence whom the beneficiaries vote for. They already know whom they want to vote for before being recruited into the CT programme. This could be a result of the entrenched positions of many Ghanaians on the political parties they belong to. Again, concerning contacting a local politician and attending any political meeting, Table 4.3, reveals the relationship is not statistically significant. This implies that these CT programmes do not influence participation in these political activities by their beneficiaries.

According to Smith and Larimer, (2018, p. 157), “it matters little if the government has a clear notion of what should be done if the agency charged with implementing the law lacks the ability to actually do it”. This means that even though the Mazmanian and Sabatier implementation talks about having clear objectives, putting in place a structure to implement it and non-statutory variables that affect implementation, having the ability to implement the law is very important. In terms of the goal of political participation, even though both GLST and LEAP have the ability to implement the goal and GLST has more resources available to it than LEAP, both CT programmes could not successfully achieve this goal. This finding disconfirms the Mazmanian and Sabatier implementation theory.

### **6.3.3 Conditionality**

The conditionality in GLST influences beneficiaries' access to health and education facilities better than LEAP. From a policy perspective, the marginal effect of conditionality in GLST is vital for improving the uptake of civil and social rights of their beneficiaries. GLST

has the advantage of increasing the utilization of health and education facilities by beneficiaries. GLST is better at improving the enrolment of children who otherwise would not have been enrolled in school thereby, reducing truancy in the two districts. GLST is also better at improving the lives of teenage females who otherwise would have been giving birth but are now returning to school after given birth. However, CCT programmes are very expensive but can achieve the most effective results (Nelson & Sandberg, 2017). In the Ghanaian context, the cost implications have to be taken into consideration before implementing this programme. So, if the objective of the policy is to improve the human capital development of beneficiaries, then conditional cash transfer programmes with strict monitoring and enforcement are the best. This must however take into consideration the high cost involved and the positive long-term benefits. This knowledge can be used to influence education and health policies in the country. Conditional cash transfer programmes do not only affect the current generation but also the future generation (Akresh et al., 2013; Bolz, 2017; Fiszbein & Schady, 2009).

This finding confirms the Mazmanian and Sabatier implementation theory, thereby, emphasizing the importance of effective monitoring of the non-statutory variable the condition. This contributes to the debate on whether conditions do matter and confirms that indeed conditions contribute to the successful implementation of the CT programme. The conditions do influence the association between the CT programme and uptake of civil and social rights by the beneficiaries of the CT programmes.

#### ***6.3.4 The capacity of local-level implementation structures***

The findings of this study identified that the capacities of local-level implementation structures are important in the implementation of CCT programmes. It highlights that the capacities of local implementation structures influence the performance outcomes of CCT programmes on the uptake of citizenship rights among beneficiaries. This reinforces the Mazmanian and Sabatier, (1983) implementation theory. If policymakers want to have a CCT

programme that has a high influence on the uptake of citizenship rights, they should design the CCT programme consistent with the capacities of the local-level implementation structures of the district. For example, policymakers have to examine the capacities of local implementation structures such as the administrative structures, availability and quality of services, and transportation network within the district. They can then design a CCT programme that functions best within those capacities. Furthermore, the findings point out that CCT programmes can be designed to take into consideration the capacity of local implementation structures (Mazmanian & Sabatier, 1983). This can enhance compliance with the conditions and create positive effects on the beneficiary's uptake of citizenship rights. These findings are novel in the context of exercising citizenship in Ghana. What is known in the literature is how these local-level capacities affect the implementation of CCT programmes. Less is known about how these local-level capacities affect the association between CCT programmes and the uptake of citizenship rights. The study reveals the complicated strategies social workers in the two districts adapt to ensure some goals of the project are achieved in the context of these constraints. This contribution brings to the fore the importance of local-level capacities in addressing the citizenship rights uptake of beneficiaries of CCT programmes.

This study also provides a bigger picture of the effect of conditional cash transfer programmes on beneficiaries' uptake of citizenship rights. It has been established in Chapter Ffour that GLST goes beyond human capital development and poverty alleviation to influence both the civil and social rights of its beneficiaries. This contribution is in agreement with the literature which speaks to the fact that the impacts of conditional cash transfer programmes on beneficiaries go further than health, education, and consumption (Daidone et al., 2019; Soares et al., 2010). GLST has positive effects on social lives and addresses inequalities experienced by beneficiaries.

### **6.3.5 Civil rights of beneficiaries**

This study has established that cash transfer programmes do promote the uptake of civil rights by their beneficiaries. Most research on CTs and citizenship conclude that cash transfer programmes promote citizenship rights (Adato et al., 2016; Hudson, 2016; Hunter & Sugiyama, 2014; Molyneux et al., 2016; Oduro, 2015; Plagerson et al, 2012). However, these articles provide limited outcomes on the relationship between the cash transfer programme and the civil rights of beneficiaries. This finding from this thesis builds on existing literature on cash transfers and citizenship.

## **6.4 Conclusion**

This study has argued that cash transfer programmes do increase the uptake of civil and social rights by beneficiaries. It also argued that conditionality was instrumental in shaping the human capital development, civil and social rights of beneficiaries. Strict monitoring and enforcement of conditions play a key role in achieving the desired behavioural changes in beneficiaries. The strict monitoring and enforcement of conditions contribute to the significant difference between GLST and LEAP. For example, in Shai-Osudoku and Ningo-Prampram districts, whether the conditionality attached to a cash transfer programme would have a significant impact on beneficiaries' human capital development or not depend on its strict enforcement and complementary services offered by the cash transfer programme. GLST is a cash plus programme which means that it was not only offering a cash transfer. GLST offers other services such as bringing NHIS personnel to the doorstep of its beneficiaries to register their households, registering beneficiaries' children for birth certificates, and organizing beneficiary forums to educate its beneficiaries on topics that are essential for them. These complementary services help beneficiaries to continue with the desired behavioural changes even after the cash benefit has ended. However, the high cost of implementation of a CCT

programme cannot be discounted. The cheaper alternative in this context, which is LEAP, takes longer and there is no evidence that behavioural changes gained will last beyond the cessation of the cash transfer. Though the beneficiaries hope to get out of poverty one day, they do not realize that their response to programme objectives has direct implications for achieving that hope.

The study finds that current implementation structures are not strong enough to allow for the successful implementation of a state-sponsored CCT programme similar to that of GLST. The study also finds that any attempt to implement a conditional cash transfer programme will be costly. Consequently, the capacities of local-level implementation structures were found to be important in the implementation of a CCT programme. It is ultimately important that government puts in place a programme that will guarantee the objectives of getting the beneficiaries out of poverty, improving their human capital development, and increasing their capacity to earn. Ghana started the LEAP programme in 2008 and though the benefits of LEAP are known, no beneficiary has been moved out of the cash transfer programme. GLST seems to be far more efficient in achieving its objectives than LEAP. It has moved out of the cash transfer programme all the seven hundred women it started with at the beginning. LEAP cannot be compared to GLST in terms of efficiency.

## 6.5 Recommendations

The significant findings of this study have led to the following recommendations, which are made to improve the implementation of cash transfer programmes in Ghana. Since this study has established that the behavioural changes in GLST have lasted more than seven years after the cessation of the cash transfer aspect of the programme, then it means that GLST is being effective and defying known knowledge. This also means that it is important for LEAP administration to learn from this GLST model to be able to get people out of the programme

and ensure that the behavioural changes, which is the goal of LEAP, are achieved and sustained. More complementary services can be added to LEAP to make it more effective cash plus programme.

According to the findings of this study, there are community challenges that can affect the implementation of conditional cash transfer programmes. This study, therefore, recommends that the Ministry of Gender, Children and Social Protection (MoGCSP) takes into consideration community factors and local implementation structures when deciding which policy best fits the community. Policymakers must consciously develop supply-side structures that affect the implementation. These include the provision of schools and health facilities close to the various communities. Where the services are not available, resources such as easy transportation to the nearest facilities should be made available to mitigate these challenges to pave the way for the CCT programme's implementation to be successful. This recommendation can be generalized to mean that apart from the ability to actually implement the programme, recommended by Smith and Larimer, (2018) and the non-statutory variables that are available to help implement the program by Mazmanian and Sabatier, (1983), the design of the program does contribute to the successful implementation of the programme.

Another factor that needs to be addressed in the community is the over-centralization of data at the LMS which affects real-time information flow and communication from the field. Taking steps to change from over-centralization at the LMS and making the information available at the district office will make room for effective CCT programme implementation. While real-time information flow is essential to enable effective case management, it also enhances communication between the local office and the head office, thereby eliminating any issues of suspicion and mistrust between the two offices. The information flow will also help the local structures make informed decisions when confronted with case management issues in the field. Therefore, in planning to implement conditional cash transfer programmes, this study

recommends a strategic decision should be made to enhance real-time information flow by decentralizing data from the LMS to the various district offices. The study also recommends that providing effective internet connectivity, computers, and an effective database system will help in real-time information flow. Information to the beneficiaries can be improved by using the gong-gong and local announcement centres. This study recommends a hybrid of both top-down and bottom-up approaches for the implementation of social policies in which behaviour change is paramount (Tosun & Treib, 2018).

Even though the study showed that the impact of the CCT programme on the use of education and health resources and complementary services of beneficiaries is different from that of LEAP, implementation of the policy cannot be done in a vacuum. Sustainable financing options must be explored to implement an effective conditional cash transfer programme that will have long-term benefits to the beneficiaries. The source of financing should be established in law so that there would be sustainable financing of the programme.

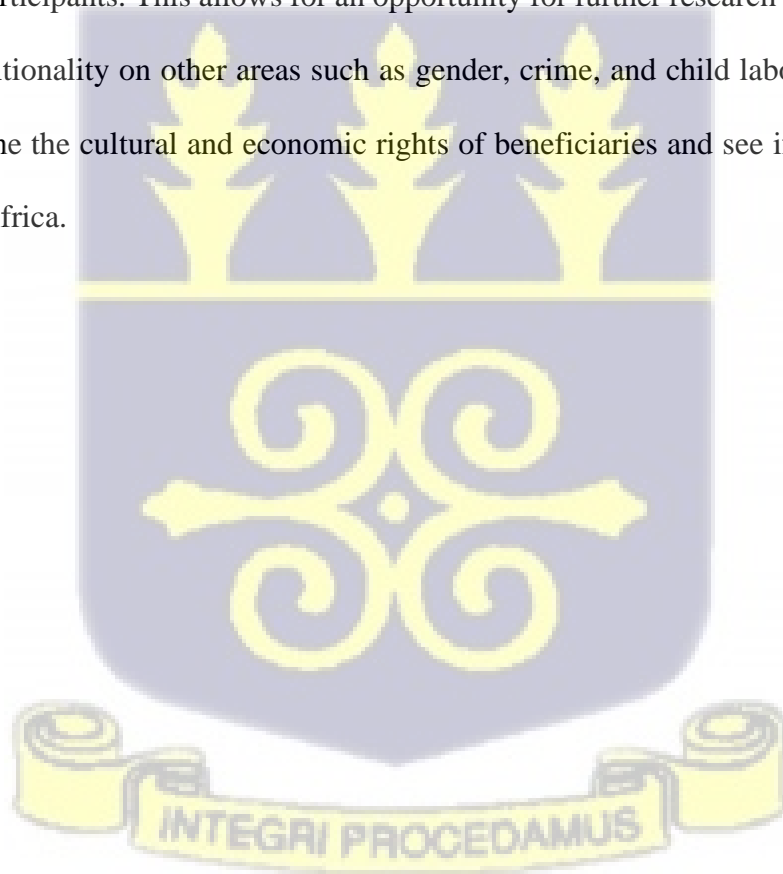
Another recommendation by this study is that the MoGCSP in collaboration with the Department of Social Welfare (DSW) should embark on an enhanced sensitisation programme on the need to comply with the conditions of the programme. They should put in place strategies that will make it attractive for beneficiaries to comply with the conditions. This can be achieved by making the benefits from complying meet the essential needs of beneficiaries. This will help make the implementation of the programme easier.

## 6.6 Limitations

The two cash transfer programmes of interest, GLST, and LEAP, limited this study to only two districts in Ghana. Future research should consider two programmes that have a wider spread over the country for a study that may involve more districts.

## 6.7 Future research

There is a need for further research on conditionality in conditional cash transfer programmes and their impact on the citizenship of beneficiaries. This study established the effect of conditionality on aspects of citizenship rights such as civil and social rights. The CCT programme used in this research had ceased payment of cash benefits for about seven years now. GLST gave very interesting results, however, future research can be done with a CCT programme that still has its cash benefit aspect running. This study has also referred to the fact that conditionality does not influence the political rights of beneficiaries such as the voting behaviour of participants. This allows for an opportunity for further research to be done on the impact of conditionality on other areas such as gender, crime, and child labour. Researchers can also examine the cultural and economic rights of beneficiaries and see if they do exist in other parts of Africa.



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## Appendix A

### Data collection instruments

#### FOCUS GROUP DISCUSSION FOR GLST BENEFICIARIES

##### Researcher Introduction:

- Greeting, Personal Intro, thank You, Explain the purpose of research, Consent Form – Any questions?
- Everything will be kept confidential; I will not use your name
- I'd like to record our conversation so that I don't miss anything you say; is that ok?

##### Participants' introduction:

Could you tell me a little about yourself: age, occupation, number of years on the programme, marital status, and anything else you'd like to share?

Q2. In what ways does conditionality influence citizenship?

Q2. CIVIL RIGHTS - RESOURCES

Questions	Prompts	Rational
<b>PART 1 ABOUT GLST</b>		
1.1. What were your impressions about the GLST programme?	What do you think was the reason why you were selected unto this programme?	To find whether participants viewed the programme in a favourable light. Do they identify it as exclusionary, fair, an imposition?
1.2. How was a family supposed to get on the benefit? Whom did you need to talk to? Was it difficult to get?	For example, does the family need to know the name of the municipal civil servant who manages the list? OR do they need to know the party boss?	The responses will also reveal if they know how eligibility is determined. Do they see the process as unbiased and fair?
1.3. Do you think everyone who deserves (needs) GLST, gets it?	Why do you think some people who are poor don't get the GLST? * Is it government's responsibility to ensure the wellbeing of the poor?	The first question gets at people's general sense of the state and its social responsibility. The second intends to get at people's understanding of how the GLST works:
1.4. For the few years that you were on GLST, what changed in your life?	What improved or got worse? Do you have more/less free time? *	What matters to them? This question will also allow us to explore

	What do you do with additional time? * Why do you have less time? *	potential spill over effects of the GLST.
1.5. Are there any complaint channels whereby beneficiaries can channel their grievances through?		
<b>PART 2 CIVIL RIGHTS</b>		
2.1. What did families need to do to keep the GLST?	For example, is there a conditionality component? Which ones were you able to comply with?	This question intends to find people's awareness of the intended and unintended conditionalities.
2.2. Have these conditions brought about any changes in your life?	Children who otherwise would not have been in school are now in school?  Children's punctuality at school?  Sicknesses that your household members would not take to a health facility are now being taken to?  Changes in the treatment they received?  Changes in the assistance received from health workers?  Changes in your standard of living?  Domestic violence?	This question intends to find people's awareness of transformations due to the conditions.
<b>PART 3 SOCIAL RIGHTS</b>		
3.1. Did the conditions in GLST contribute to tension in the community?  Are there people in your neighbourhood with whom you can discuss intimate and personal matters?  Do you have neighbourhood associations?	Was the selection process contributing to this? Explain.  Are there people in your immediate neighbourhood who are not happy with you because you are on the programme?  Do you participate in activities of this associations?	

3.2. Which health facility does your household use often? Why	How often do members of your household use this health facility? Why	
3.3. How did the conditions contribute to the following in your household?	How often you socialize with your friends and relatives.  Provision of equipment needed for students to go to school  Were members of your household healthier?	
3.4. What kind of tasks do women do for the house and what do men do for the house? Are there women's tasks and men's tasks?	Do you think these tasks have changed since the GLST? Have the conditions contributed to this?	I expect to hear people identify traditional gendered roles here with women responsible for household chores and childcare. This is an important baseline question to assess the gendered impact of GLST conditionality
3.5. Do you think the conditions in GLST has given women a lot more work to do?	Is it time consuming to keep track to comply with conditions?	If conditionality add a lot more tasks for women, they have less time for other activities (e.g. employment, political engagements, community work, etc.)
3.6. Do you think GLST has caused more conflict in families?	For example, are men jealous that they don't receive the money? Are women more bossy?	This gets whether dynamics between men and women have really changed.
3.7. Did your ability to comply with the conditions in GLST improve your self-worth as a beneficiary?	Dignity Respect Changed how members of the community see you?	
3.8 Compared to other people of your age, what kind of social activities (Events/encounters with other people, by choice and for enjoyment) do you take part in?		
<b>PART 4 POLITICAL</b>		
4.1. Based on your experience and those of people you know, do women get to control the financial resources of the family?	Do you think mothers who get GLST manage all the family resources, just the GLST or do they turn it over to others in the family?	Is it new for women to get control over resources? Do they hand over the GLST benefit to men?

Who decides how money is spent?		Have men stopped working or handing over wages because of the GLST payments?
4.2. Were there programme channels that encouraged beneficiaries to take part in decision making? Especially on issues that concern them?	Were you taking more decisions?	
4.3. Does having the GLST make you more or less likely to participate in community activities?		
4.4. If politicians decide to stop important services to your community, such as health clinics, primary education, or GLST, do you think your community could stop them?  What would you do?	For example, would you individually try to talk to the local official, launch a protest action? Would you vote the politicians out of office?	Gets at whether they have a feeling of political efficacy or can say whether these types of services are guaranteed.  Gets at how they would go about trying to influence the situation. One point of interest is whether they would pursue an individual or collective action.
4.5. Have the conditions made significant changes in your role in the community?	Are there significant differences in the ability to speak your mind both at home and in the community?	
5.1. As a beneficiary, were there any significant lessons that you learnt by participating in this programme?  5.2 What do you think makes you a citizen of Ghana?		

**Section 6: Demography of respondents**

1. Gender:        1 [ ] Male        2 [ ] Female

**2. Marital status:** 1  Never married 2  Married 3  Divorced 4  Widowed 5  Separated, 6  partner, 7  Other (specify.....)

**3. What was your age at your last birthday?** .....

**4. Employment status:** 1  Un-employed, 2  fishmonger, 3  petty trading, 4  farmer 5  fisherman, 6  pensioner, 7  student 8  sand weaning, 9  Other .....

**5. What is your highest educational qualification?** 1  Primary, 2  JHS, 3  SHS, 4  Diploma, 5  no formal education, 6  other ....., 8  don't know

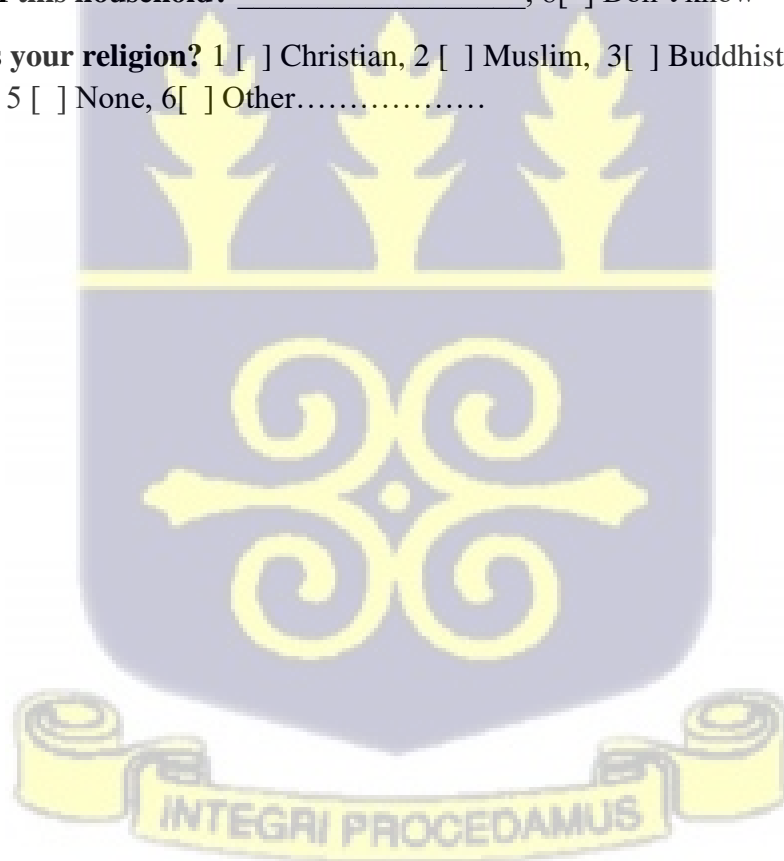
**6. How long have you been living here?** \_\_\_\_\_

**7. For how long have you been on this programme?** 1  Under 2 years, 2  2 to 3 years, 3  4 to 5 years, 4  6 to 8 years, 5  more than 8 years

**8. Which category of beneficiaries do you belong to?** 1  Pregnant women, 2  women with children under 5, 3  carers of OVC's, 4  people with disabilities, 5  65 years and over

**9. Including yourself, how many people – including children – live here regularly as members of this household?** \_\_\_\_\_, 8  Don't know

**10. What is your religion?** 1  Christian, 2  Muslim, 3  Buddhist, 4  Traditional, 5  None, 6  Other.....



## Appendix B

### Study Questionnaire

#### CONDITIONALITY, CASH TRANSFERS AND CITIZENSHIP RIGHTS

Dear Respondent,

I am researching the effect of conditionality on the citizenship outcomes of beneficiaries. The research is purely for academic purposes and any information obtained shall remain private and confidential. Thank you.

#### **Section A: Categorization**

1. Which cash transfer programme are you a beneficiary of? 1[ ] GLST, 2[ ] LEAP
2. Which district do you belong to? 1[ ] Shai-Odudoku, 2[ ] Ningo Prampram

#### **Section B: Demography of respondents**

3. Gender: 1[ ] Male 2[ ] Female
4. Marital status: 1[ ] Never married 2[ ] Married 3[ ] Divorced 4[ ] Widowed 5[ ] Separated, 6[ ] partner, 7[ ] Other (specify.....)
5. What was your age on your last birthday? .....
6. Employment status: 1[ ] Un-employed, 2[ ] fishmonger, 3[ ] petty trading, 4[ ] farmer 5[ ] fisherman, 6[ ] pensioner, 7[ ] student 8[ ] sand weaning, 9[ ] Other .....
7. What is your highest educational qualification? 1[ ] Primary, 2[ ] JHS, 3[ ] SHS, 4[ ] Diploma, 5[ ] no formal education, 6[ ] other ....., 8[ ] don't know
8. How long have you been living here? \_\_\_\_\_
9. For how long have you been on this programme? 1[ ] Under 2 years, 2[ ] 2 to 3years, 3[ ] 4 to 5 years, 4[ ] 6 to 8 years, 5[ ] more than 8 years
10. Which category of beneficiaries do you belong to? 1[ ] Pregnant women, 2[ ] women with children under 5, 3[ ] carers of OVC's, 4[ ] people with disabilities, 5[ ] 65 years and over
11. Including yourself, how many people – including children – live here regularly as **members** of this household? \_\_\_\_\_, 8[ ] Don't know
12. What is your religion? 1[ ] Christian, 2[ ] Muslim, 3[ ] Buddhist, 4[ ] Traditional, 5[ ] None, 6[ ] Other.....

**Section C: Civil Rights**

1 = strongly agree, 2 = agree, 3 = neutral, 4 = disagree, 5 = strongly disagree, 8= don't know

		1	2	3	4	5	8
13	I believe everyone should have equal opportunities in life.						
14	It is important for me to comply with the conditions						
15	I comply with the conditions because I will be monitored						

1= Very important, 2= important, 3=neutral, 4=not important, 5=never important, 8= don't know

		1	2	3	4	5	8
16	It is important to me that the government ensures my safety against all threats. I want the state to be strong so it can defend its citizens.						
17	It is important to me that the government of Ghana protects citizens against poverty?						
18	It is important to me that the government of Ghana explains its decisions to voters?						

There are many different views as to what makes a society fair or unfair. How much do you agree or disagree with each of the following statements?

1 = strongly agree, 2 = agree, 3 = neutral, 4 = disagree, 5 = strongly disagree, 8= don't know

		1	2	3	4	5	8
19	A society is fair when it takes care of those who are poor and in need regardless of what they give back to society						
20	A society is fair when income and wealth are equally distributed among all people.						
21	I am confident that justice always prevails over injustice.						
22	I am convinced that in the long run people will be compensated for injustices						
23	Everyone who deserves to be on the CT program on it						
24	A society is fair when members have equal opportunities in life.						

**Section D: Social rights**

25. Do you have children who are under 15 years? 0[ ]No, 1[ ]Yes

26. Have you enrolled all of them in school? 0[ ]No, 1[ ]Yes

27. Were they enrolled in school when you joined the CT programme? 0[ ] No, 1[ ]Yes

28. Do you know that there are conditions for being on this programme? 0[ ] No, 1[ ]Yes,

29. Were you influenced by the conditions to educate your children? 0[ ]No, 2[ ]Yes

30. How many children did you have after joining the CT programme?

31. Did you use skilled delivery when having all of them? 1[ ] No, 2 [ ] Yes
32. Did you access prenatal care (at least four times) before having them? 1[ ] No, 2[ ] Yes
33. Did you access postnatal care (at least four times) after having them? 1[ ] No, 2[ ] Yes
34. How many of your wards have been registered for their birth certificates?

Ranking: 1[ ] Yes, 2[ ] No, 8[ ] don't know

		1	2	8
35	In the past year, have you volunteered to participate in communal labour in your neighbourhood?			
36	Has the CT programme influenced your attendance at neighbourhood association meetings?			
37	Since being enrolled on the CT programme, has your neighbourhood come together to address a common problem?			
38	Did being enrolled on the CT programme influence your participation in addressing this neighbourhood problem?			

39. How often do you meet socially with friends or relatives?  
1[ ] Never, 2[ ] Once a month, 3[ ] Several times a month
40. How often would you say you take part in religious activities?  
1[ ] Never, 2[ ] Once a week, 3[ ] Twice a week, 4[ ] More than twice a week,
41. Are you hampered (limit or restrict) in your daily activities in any way by the conditions/ programme in any of 28, 29 or 30 above?  
1[ ] Yes in all three, 2[ ] Yes in 28 & 29, 3[ ] Yes in 29 & 30, 4[ ] Yes in 28 & 30, 5[ ] not at all, 8[ ] Don't know

### Section E: Political rights

42. Have you contacted a local political officer in the last 12 months?
43. Have you taken part in a lawful demonstration in the last four years?
44. Have you attended any political meeting in the last 12 months

Ranking: 1[ ] Yes, 2[ ] No, 3[ ] Not eligible to vote, 8[ ] don't know

		1	2	3	8
45	Did you vote in the last presidential and parliamentary elections in December 2016?				
46	Did you vote in the last District Assembly elections in August 2015?				
47	Did being on the CT programme influence your decision to vote?				

**Section F: Complementary services**

48. In the last two years, have you been receiving cash benefits from your cash transfer programme? 1[  No, 2[  Yes

49. Are you registered with the NHIS? 1[  Yes, 2[  No, 8[  Don't Know

50. When did you register for the NHIS? 1[  When NHIS started, 2[  GLST, 3[  LEAP, 4[  Other

51. For the last twelve months, how many beneficiary forums have you attended?



## Appendix C

### ETHICAL CLEARANCE LETTER



## UNIVERSITY OF GHANA

### ETHICS COMMITTEE FOR THE HUMANITIES (ECH)

Ref. No.:...**ECH-134/18-19**.....

25<sup>th</sup> July, 2019

Mr. Robertson Neequaye Kotey  
Department of Public Administration and Health Management  
University of Ghana  
Legon.

Dear Mr. Kotey,

**ECH 134/18-19: CONDITIONALITY, CASH TRANSFER AND CITIZENSHIP IN GHANA.**

This is to advise you that the above reference study has been presented to the Ethics Committee for the Humanities for a full board review and the following actions taken subject to the conditions and explanation provided below:

Expiry Date: 25/07/2020

On Agenda for: Initial submission

Date of Submission: 13/05/2019

ECH Action: Approved

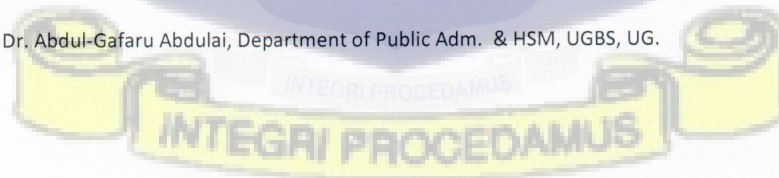
Reporting: Annually

Please accept my congratulations.

Yours Sincerely,

Prof. C. Charles Mate-Kole.  
ECH Vice Chair

Cc: Dr. Abdul-Gafaru Abdulai, Department of Public Adm. & HSM, UGBS, UG.



## Appendix D

### Descriptive Statistics

District		N	Minimum	Maximum	Mean	Std. Deviation
1.00 Shai-Osudoku	Members of your household	248	2	15	6.48	2.327
	Valid N (listwise)	248				
2.00 Ningo-Prampram	Members of your household	116	3	26	7.49	3.293
	Valid N (listwise)	116				

	SHAI-OSUDOKU		NINGO-PRAMPARAM	
	LEAP	GLST	LEAP	GLST
1.00 primary	31 13.90%	8 32.00%	12 16.40%	10 23.30%
2.00 JHS	47 21.10%	8 32.00%	6 8.20%	10 23.30%
3.00 SHS	5 2.20%	0 0.00%	2 2.70%	0 0.00%
5.00 no formal education	140 62.80%	9 36.00%	2 2.70%	0 0.00%

