Dilemmas when implementing conditional cash transfers: Lessons for Ghana and the rest of us

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Abstract Using the Ghanaian LEAP benefit programme as a case study, we investigate how administrators, service personnel and beneficiaries perceive and respond to implementation dilemmas. The investigation focuses on the LEAP benefit for caregivers of children, which is conditional on children's school attendance, health check-ups and vaccinations. An ethical dilemma concerns whether non-compliance should be sanctioned, since this may push caregivers and their children deeper into poverty. Other dilemmas concern how administrative resources should be allocated for the targeting, monitoring, sanctioning and exiting of beneficiaries; how spending should be allocated between providing cash benefits and securing health and education services of sufficient quality; whether available money should be spread widely but thinly to provide incentives for many caregivers to send children to schools and attend health check-ups, or be targeted more narrowly to enhance relief for the very poorest; and whether funding would be less forthcoming if the minimum benefit was not a conditional cash transfer (CCT). We discuss whether similar dilemmas are likely to be present in other low- and middle-income countries operating similar CCTs, and whether some of these also apply to "active" minimum benefits implemented in high-income countries.

Keywords child care, poverty, social protection, payment of benefits, benefit administration,

behavioural sciences, social security planning, Ghana

Introduction: Challenges in the administration of tax-financed minimum benefits

There is widespread international consensus on the desirability of social protection floors (Gliszczynski and Leisering, 2016). The International Labour Organization (ILO) Social Protection Floors Recommendation, 2012 (No. 202), calls for at least basic social protection for everyone, reflecting the United Nations 2030 Sustainable Development Goals (United Nations, 2015). The World Bank similarly has poverty alleviation as one of its primary goals, and promotes tax-financed minimum benefits as a means to this end (World Bank, 2012; 2017).

Tax-financed minimum benefits take many forms. A major dividing line is between benefits that do not require any specific activity on behalf of the recipient (for example, social pensions for the elderly), and benefits linked to "active conditionalities". The latter means that the benefit is premised on the recipients (and/or their children) actively doing something in order to receive the benefit, i.e. fulfilling behavioural requirements.[1]

Most "active" tax-financed social benefit designs originated in high-income countries, but conditional cash transfers (CCTs) are an exception. CCTs originated in Brazil (*Bolsa Escola* in 1995) and Mexico (*Progresa* in 1997).[2] By making access to benefits conditional on the children in the family adhering to specific activities (that they attend health check-ups, receive vaccinations, and enrol and stay in school), the hope is that intergenerational cycles of poverty may be broken, or at least modified. CCTs are thus based on a long-run human investment approach. Since their

1. Versions of "active benefits" are unemployment benefits (with recipient conditioned on undertaking active job-search), workfare benefits (conditioned on doing assigned work), activation benefits (conditioned on attending retraining or work rehabilitation programmes), integration benefits for refugees (conditioned on following integration programmes) and conditional cash transfers (conditioned on caregivers making sure children attend health check-ups and/or attending school).

2. Brazil's 1995 *Bolsa Escola* scheme was established at the regional level, and later integrated as part of *Bolsa Família* (2003), which was a national (federal) scheme. Mexico's 1997 *Progresa* scheme was the first national CCT (Handa et al., 2009). *Progresa* was later renamed *Oportunidates* (2002) and *Prospera* (2014) (Lindert, Skoufias and Shapiro, 2006; Ferreira and Robalino, 2010).

inception in Brazil and Mexico, CCTs have been introduced in many other low- and middle-income countries, not only in the Americas but also in Asia and the Pacific and Africa. At present, globally, CCTs represent one of the most widespread approaches to minimum social protection (Garcia and Moore, 2012; Leisering, 2019).

"Active" minimum benefits are more complex to administer than minimum benefits that have no behavioural conditions attached. This is so because, in principle, they require that administrators confirm that the prescribed behaviour takes place, and may issue warnings or enforce sanctions if this is not the case. Further challenges, particularly for CCTs, concern how to ensure the delivery of health and education services of sufficient quality and how to coordinate the tasks of administrators and service providers. Responding to such challenges may place pressure on available programme administration and public service resources.

We explore how administrators and service personnel respond to such challenges, and how recipients perceive the outcomes of their decisions. We use a case-study approach centred on the Ghanaian Livelihood Empowerment Against Poverty (LEAP) minimum benefit programme. LEAP is the flagship minimum protection programme in Ghana. The system consists of both passive and active minimum elements. Our study concentrates primarily on the LEAP benefit for caregivers of children.[3] Receipt of the benefit is conditional on the children of the household attending school and receiving health check-ups, and hence represents a CCT.

More specifically, we investigate how administrators prioritize their use of resources when undertaking the targeting, monitoring, sanctioning and discontinuation of "active" minimum benefits. Further, we inquire how service personnel (teachers and healthcare professionals) perceive their role within CCT systems, and their relationship to programme administrators. Finally, we examine how beneficiaries themselves perceive the targeting, service provision, monitoring and discontinuation of benefit as practiced within "active" minimum benefit systems.

The study was structured as follows. First, we constructed an idealized programme theory of

3. Caregivers are mainly, but not exclusively, the parents of children. Sometimes grandparents or other relatives are the caregivers. In this article, we regard the caregivers as the beneficiaries (recipients). Our informants sometimes referred to children as the beneficiaries, and we have kept this practice when used in direct quotes.

LEAP, based on the relevant Ghanaian policy documents. Based on the theory, we conducted interviews and focus groups with beneficiaries, LEAP administrators and professionals (healthcare workers and teachers) to identify possible problems in the links of the implementation chain. The aim was to investigate whether the complexities involved in the process of administering "active" minimum benefits create dilemmas for administrators, service personnel as well as beneficiaries. By "dilemmas" we mean situations where an actor must choose one line of action among several possible choices, and where all choices risk creating undesirable side effects; or situations where any choice of action that increases the probability of reaching one programme goal simultaneously reduces the probability of reaching other programme goals. To support the analysis, we reference related studies from Ghana and elsewhere, to make tentative generalizations based on our findings. We discuss whether similar dilemmas are likely to be present in the implementation of similarly designed CCTs in other low- and middle-income countries. In turn, we briefly discuss whether some dilemmas may have parallels with regard to how "active conditionalities" are implemented in minimum protection programmes in high-income countries. Hence the article's title: Lessons for Ghana and the rest of us.

A process approach to implementation challenges

To study implementation challenges, it is necessary to investigate the processes taking place within the programme. We use Weiss' (1998) Theory-of-Change (ToC) framework to structure the analysis. In her influential work, Weiss (1998) recommends to first construct a Theory-of-Change based on the assumptions of the political authorities concerning how the programme ideally is supposed to work (see also IEG, 2007). A ToC sets out how the inputs of the programme (i.e. money and other resources) are used by administrators and service personnel to provide programme outputs, which then hopefully result in changes experienced by the beneficiaries (representing the programme outcomes).[4] The programme theory behind LEAP is not officially

4. Cartwright and Hardie (2012) label a similar sequential approach *process tracing*, i.e. tracing what different actors do at different stages in an implementation process. Related to this, Pawson (2006) places the emphasis on identifying the assumed behavioural "mechanisms" that are supposed to make a programme work, in the sense of making the programme design influence the behaviour of the target groups in the assumed direction.

stated in any government text, but can be constructed based on the objectives and criteria found in various policy documents. In the following, we offer our construction of the programme theory.

The objectives of Livelihood Empowerment Against Poverty (LEAP)

LEAP aims to help position the poor to "leap out" of extreme poverty and empower them socioeconomically. This is particularly so with regard to the benefit for caregivers of children, which purposely combines poverty reduction and social investment. An underlying assumption is that the poor are rational actors who respond to incentives (in the form of cash benefits) awarded to those who display the required behaviour. LEAP was implemented following research carried out by the Ghana Statistical Service in 2007, which calculated that 880,000 households in Ghana, representing 18.2 per cent of the population, were extremely poor (Ministry of Gender, Children and Social Protection, 2019). The programme was introduced in March 2008. As of January 2021, LEAP reached more than 335,000 poor families in 216 districts in Ghana (Ministry of Gender, Children and Social Protection, 2021).

Targeting beneficiaries

LEAP is premised on improving the situation of the worst-off in Ghana, and makes a combined use of geographical and demographic targeting, income testing and proxy means tests (PMT) to achieve this aim. This represents a mixed process to identify the target groups (Grosh et al., 2008; Morestin, Grant and Ridde, 2009). Given that census data are not updated regularly enough to identify the extremely poor and vulnerable, the programme combines statistical data and geographical poverty maps with identification criteria to be used by administrators closer to the ground. Administrators thus play an active role in identifying who should receive the benefit. Due to limited funds, the roll-out of LEAP is so far restricted to certain geographical areas.

Use of "active" conditionalities within LEAP

LEAP combines "passive" and "active" benefits, depending on the target group. The programme grants "passive" benefits, i.e. unconditional cash transfers (UCTs), to people with disabilities and those older than age 65, but caregivers of orphans and vulnerable children (OVCs) are asked to

adhere to active conditionalities (Ministry of Gender, Children and Social Protection, 2016; Ministry of Manpower, Youth and Employment, 2007).[5] Our focus in this article is primarily with the LEAP benefit provided to caregivers of children, and the conditionalities tied to this benefit.[6]

Children aged between 0–5 years are to visit health facilities for regular vaccinations and growth monitoring; children aged 5–15 are to be enrolled in public basic schools and maintain significant levels of school attendance; and there must be non-involvement of children in any form of child labour. Caregivers of OVC beneficiaries younger than age 18 are to ensure that beneficiaries report regularly to school, visit the health centres when they are ill, and have good nutrition always. Poor pregnant women and women with children younger than age 1 are also a target group subject to "active" conditionalities. They are to attend the full course of ante-natal and post-natal care.[7]

Coordination between agencies

LEAP CCTs are paid conditional on using health and education services. Therefore, communication between LEAP administrators and service providers is required to ensure services of sufficient quality, as well as to ensure that beneficiaries use these. The LEAP Secretariat is

5. Many minimum benefit programmes in low- and middle-income countries similarly combine passive and active benefits (Ferreira and Robalino, 2010; Britto, 2007; Leroy et al., 2008).

6. The "active conditionalities" in LEAP are referred to in government texts: "The LEAP Programme is to provide *conditional cash transfers* to the extreme poor with no alternative means of meeting their subsistence needs … LEAP is an innovative and context specific initiative that will provide *both conditional and unconditional cash transfers* to target populations" (Ministry of Manpower, Youth and Employment, 2007, p. 11, emphasis added). Davis et al. (2016, p. 151) similarly state: "The LEAP grant is unconditional for the disabled and the elderly. However, … careers of OVC are expected to adhere to certain conditionalities/co-responsibilities". See also ILO (2015, p. 25): "The Livelihood Empowerment Against Poverty (LEAP) programme is a conditional social cash-transfer programme that aims at improving basic household consumption and nutrition as well as school enrolment, attendance and retention and access to health and other services".

7. Conditionalities include "... enrolment and retention of school-age children in school; birth registration of new born babies and their attendance at post-natal clinics; full vaccination of children up to the age of five; the non-trafficking of children and ensuring their non-engagement in the 'worst forms' of child labour" (Ministry of Employment and Social Protection, 2012).

expected to coordinate the delivery of education, health and other services with relevant government agencies and institutions. These institutions and agencies include the Ministry of Education, the Ministry of Health, the National Health Insurance Authority, and the Ghana Interbank Payment and Settlement System (Bank of Ghana) (Ministry of Gender, Children and Social Protection, 2019).

Determining and paying the cash amounts

LEAP provides a modest but continuous income stream to beneficiaries. In addition to its ongoing poverty alleviation role, this provides a constant incentive for caregivers to ensure that children go to school and attend health check-ups. The LEAP Board determines the amount to be paid to households.[8] Benefits are paid bi-monthly through the banking system, using the Ghana Interbank Payment and Settlement System (GHIPSS). This has made it possible for beneficiaries to be paid electronically using the e-zwich platform,[9] reducing transaction costs.[10]

Recertification or "graduation" from the programme

The continuous income stream provided by LEAP may terminate according to personal circumstances. Children younger than age 18 at the time they were registered should graduate (exit) from the programme when they reach age 18. Children younger than age 18 may also graduate from the programme if the household's income increases above the poverty threshold. Beneficiaries who are aged 65 or older and persons with disabilities without any productive capacity do not graduate (exit) from the programme.

Administrators are supposed to conduct a new targeting process every four years to reassess the poverty level of beneficiaries and their households (Ministry of Gender, Children and Social

8. Effective from September 2016, monetary benefits for households paid bi-monthly are as follows: households with one eligible member: 64.00 cedis (GHS) (equivalent to 12.00 US dollars (USD)); households with two eligible members: GHS 76.00 (USD 14.50); households with three eligible members: GHS 88.00 (USD 17.00); households with four or more eligible members: GHS 106.00 (USD 20.00).

9. The e-zwich platform is an interoperable biometric smart card payment system.

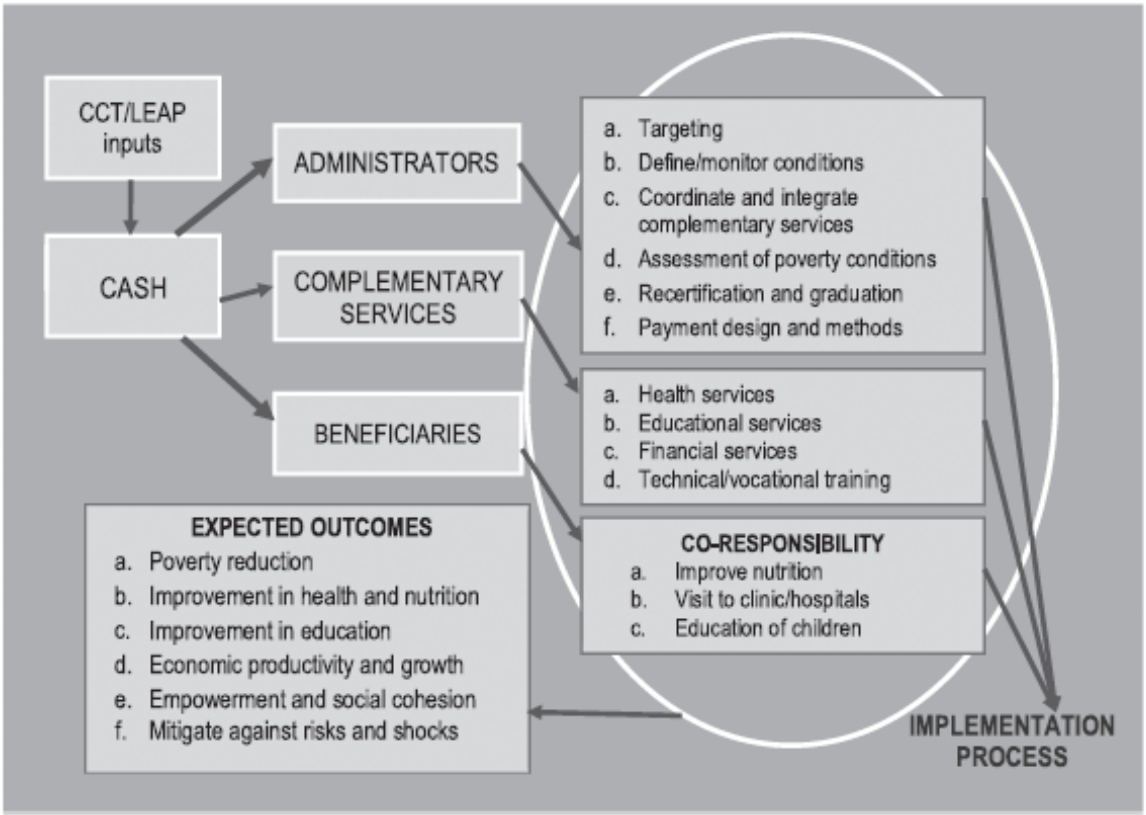
10. When LEAP was introduced in 2008, benefits were first paid in cash at designated locations in the communities in which beneficiaries were registered.

Protection, 2016). If the reassessment indicates that an individual's or household's poverty situation has improved above the poverty threshold, the household should be graduated (exited) from the programme.

Summary of the implementation process

"Correct" behaviour by many groups is necessary to achieve the intended outcomes of a policy programme (Weiss, 1997; Sidani and Sechrest, 1999; IEG, 2007; Corchón, 2009, Gaarder, Glassman and Todd, 2010). Figure 1 sums up the above with regard to how LEAP is supposed to achieve its expected outcomes.

Figure 1. *A model of the programme theory of LEAP*



Source: Authors' construct.

Based on Figure 1, the expected outcomes are assumed to materialize when administrators are able to accurately target beneficiaries for the programme in the prescribed way; define and monitor conditions that will be imposed on beneficiaries; coordinate and integrate complementary services;

and re-certify or graduate (i.e. exit) beneficiaries. Achieving the outcomes is also dependent on teachers and health workers providing education and healthcare of sufficient quality to the children. Further, the caregivers of children must know about, and carry out, their co-responsibilities with regard to sending children to school, assuring health check-ups and providing sufficient nutrition; and the children must attend school and continue to do so. Assuming that all actors perform accordingly, the programme is supposed to achieve the double aims of poverty reduction and social investment in children. This can be summed up as LEAP's Theory-of-Change (ToC).[11] The purpose of this article is to investigate eventual dilemmas various actors face, when carrying out their responsibilities according to the theory.

Data collection

Though LEAP is a nationwide cash transfer programme, geographical targeting currently means that coverage has been extended to beneficiaries in only a selected number of poor communities. For the purposes of this study, we chose a rural area and an urban area because the situation of targeted vulnerable groups in rural and urban areas can be different, as can be the level and quality of health and education services. The choice of communities was based on information provided by the Ghana Statistical Service (GSS) and the LEAP Administration.

Accra, the capital city, was chosen as the urban area. Within Accra, the La Dade-Kotopon municipality as well as Tse Addo, Trade Fair and Palm Wine Junction communities were chosen as specific locations, based on advice by the administrators of the LEAP programme. According to administrators, these were the only targeted locations within Accra where detailed addresses of beneficiaries are registered in their system.

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11. Formulating an initial ToC is primarily a heuristic device providing a structure for the empirical investigation. The ToC is a "simple" theory, assuming that the planned outcomes will be realized if all actors involved at different stages in the implementation process carry out their roles as they are expected to do by policy-makers and funders. The ToC provides a reference point for investigating how different actors perceive their roles in the implementation process, and what they actually do. To the extent this investigation reveals weaknesses in the ToC, changes in the programme design might be warranted.

Jasikan District was chosen as the rural area because knowledge about the social and organizational structure of the population was available. This made it easier to approach LEAP administrators as well as health and education personnel. Within Jasikan, the study concentrated on the Atonkor, New Biaka, Old Biaka and Teteman communities, which were more easily accessible.

The selected sites have populations with varied characteristics. Informal work, self-employment, small-scale farming and retail trading are the dominant occupations in rural Jasikan. The few formal workers are in the public service sector. In urban Accra, there is a wide range of economic activities and a relatively large segment of formal workers. However, informal workers still make up the majority of the population, especially in the La Dade-Kotopon municipality. Typical informal activities include fishing, petty trading and craftwork.

We used purposive sampling to locate key administrative informants, and further snowball sampling was used to identify beneficiaries in the programme (Tsumasi, 2001). Nine administrative informants were interviewed. This included two head teachers of public schools where beneficiaries indicated their children attended, two hospital administrators from hospitals beneficiaries were supposed to attend, two National Health Insurance Scheme (NHIS) administrators, and three administrators of the LEAP programme. The criteria for locating administrative informants were their level of education and their positions in the institutions selected for study.[12] The purpose of the sampling was to gather information on opinions about the implementation of LEAP from different geographical and administrative positions.

On the beneficiary side, 16 beneficiaries (caregivers of children) were interviewed in Jasikan and 12 in Accra. All were older than age 18.[13] Two focus group discussions were also conducted in

12. The two head teachers were chosen because the caregivers reported that they worked in the schools their children attended. The administrator of the Jasikan District hospital was chosen because this is the only hospital available in the Jasikan district (Republic of Ghana, 2016; Ghana Health Service, 2016). In urban Accra, the hospital administrator was chosen because most of the caregivers reported that this was the hospital where their children were assumed to seek medical attention. One NHI administrator from rural Jasikan and one from La Dade-Kotopon municipality in Accra were chosen because they represented the only NHIS administrative body in the district, and given the fact that a feature of the LEAP programme is to offer free NHIS services to the children of beneficiaries.

13. Interviews were audio recorded and then transcribed. Preliminary analysis started in the field. The recorded audio

Jasikan, with six beneficiaries in each group. The interviewed beneficiaries were made up of 12 males and 28 females.[14] The interviewees are summarized in Table 1.[15]

was played back immediately after the interviews, and in some instances follow-ups were necessary to receive answers to unanswered questions. Coding was done using the Microsoft office word programme and the codes were typed in the margins of Microsoft word pages to see the pattern in codes. This was combined with field notes and analytical notes made during the fieldwork. The analysed data was then compared with the tentative themes developed for the study. The codes and themes were continuously analysed, reflected upon, merged and changed as appropriate.

14. The 28 beneficiaries were sampled using a snowballing technique. Through the LEAP administrators, we first made contact with the LEAP coordinators in the various communities. LEAP coordinators are beneficiaries who simultaneously serve as a point of contact between other LEAP beneficiaries and the LEAP administration. LEAP coordinators became the first beneficiaries to be sampled for interviews. After their interviews, they would recommend other people who were also beneficiaries and might be able to provide additional information. Through this snowballing technique, more contacts were identified for interview. In the Jasikan District, during the snowballing of informants in one community, Atonkor, a particularly large group of people made themselves available for interview. Here, focus group discussions of beneficiaries were used. There were two groups made up of six in each group. For a further description of the sample and the methodology, see Danquah, 2019..

15. Throughout the data collection process, we sought the consent of participants before they were engaged in the study. We explained the purpose of the research, made participants aware of the issues we would be discussing, what was expected of them, and the intended purpose of the information they would be given. Respondents were always given the choice to either participate or not. Before the commencement of the data collection process, the research instruments were reviewed by the ethics board of the Norwegian Centre for Research Data (NSD). This was again reviewed by the LEAP coordinators and research unit of the Ministry of Gender, Children and Social Protection, Ghana, before clearance was given for the study.

Table 1. *Summary of sample for the study*

Sampling method	Number of interviews	Composition of informants
Purposive sampling	9 administrative informants	2 Head teachers 2 Hospital administrators 2 NHIS administrators 3 LEAP administrators
Snowball sampling	28 beneficiaries	10 males and 18 females
Focus group discussion	2 groups (6 members in each group)	10 females and 2 males

Source: Authors' construct.

Findings

The advantage of undertaking qualitative interviews with a limited number of respondents is the ability to look at respondents' perceptions and experiences in depth. However, a qualitative research design with a limited number of respondents is unable to make strong general claims regarding how LEAP operates. The ability to go further into depth about implementation processes, regarding the way these are perceived and experienced by informants, may allow for theoretical generalizations concerning the challenges and problems experienced by interviewees – challenges and problems that may be present also outside the study areas, and also in other countries with similar "active" social protection floor systems. With this caveat, the following sections present the main findings.

Dilemmas related to targeting

LEAP uses a combination of geographical targeting (of poor areas), demographic targeting (of the aged, disabled and children), and a household means test. Using administrative discretion to means test claimants in countries and regions where there are no valid income registers, requires time consuming administrative routines. Administrators stated that they were not able to follow the strict procedures of the LEAP policy document due to limited administrative capacity:

> "We are understaffed. Four people at the district office cater for all the communities in the district. We are supposed to follow very strict procedures in the assessment of the poverty situations of potential beneficiaries. However, we are not able to do this because of the number of personnel assigned to our district offices" (Administrator 1 of LEAP,

Jasikan).

The lack of administrative resources to undertake fine grained discretionary means testing was further illustrated in the interviews with beneficiaries. Almost all attributed their membership to luck, not their economic conditions:

> "… there was no proper assessment of our economic conditions. You get registered if you are lucky, because people who are poorer than some of us were not registered".

> "We were lucky to be registered, because since the registration was over, the administrators have never returned to our communities to register new beneficiaries" (Members of focus group discussion, Atonkor).

It may be suggested that administrators should spend more time on completing means testing thoroughly in the targeted geographical areas. However, in countries without valid income and wealth registers, this requires extensive fact gathering on the ground, which is administratively costly.[16] As an administrator in rural Jasikan informed, spending the limited administrative resources available to make sure no one is mistakenly granted a benefit within the targeted area, could mean a slower roll-out of the programme to new areas:

> "We are rather focusing on new communities which have not been captured yet. If we focus all our attention on few communities with the aim of capturing all the poor in those communities, we may not be able to achieve our objectives of nationwide coverage".

The quote illustrates that spending extra administrative resources inside targeted geographical areas (to achieve better targeting) may not necessarily be the most sensible way to spend LEAP's limited administrative resources. Although administrators have to prioritize the use of the limited resources at their disposal, it may be better to use these to extend the programme to new areas, rather than to achieve more accurate targeting in the areas already covered. To be clear, we are not saying that this is *certainly* the case. We merely note that deciding where to spend limited

16. Accurate targeting is difficult also since those seeking support from LEAP may be tempted not to disclose their true earnings and wealth.

administrative resources is genuinely difficult, since more resources spent on achieving better targeting (to limit so-called "inclusion error") can slow down extending the programme to new areas (to limit so-called "exclusion error"), and vice versa.

A further factor to consider is that if the LEAP programme were to mitigate the above dilemma by allocating a greater share of its overall budget for administrative purposes, to achieve better overall targeting, this would mean less money for the primary purposes of LEAP; specifically, to provide beneficiaries with a decent level of benefit and access to health and education services of sufficient quality. A choice that again represents a dilemma.[17]

Dilemmas related to the fulfilment of "active" conditionalities

A Department Head of LEAP in Accra recapitulated how the LEAP benefit for caregivers with children is supposed to work:

> "Caregivers of the beneficiaries below 18 years are to ensure that the beneficiaries report regularly to school, visit the health centres when they are ill, and also have good nutrition always. Poor pregnant women are to ensure that they attend the full course of post- and ante-natal care".

The interviews, however, indicate that such "active" conditionalities are seldom monitored, implying that the conditional cash transfer within LEAP de facto represents an unconditional cash transfer. Very few of the beneficiaries of the LEAP programme in the visited communities were aware of any conditions attached to the programme.[18]

> "The LEAP administrators only come to the community to pay our monies to us. They do not come to our communities to educate us or give us the opportunity to ask them

17. Although this article focuses on the benefit for caregivers with children, the targeting dilemma is present also for "passive" benefits within LEAP; namely, the minimum pension benefit and the disability benefit.

18. In many of the conducted interviews, the research team were seen as a source of information by beneficiaries. This desire to be "educated" by the research team represented a potential problem during the interviews. While information was shared about how LEAP was supposed to work, this was done only after the interviews had been conducted. As such, the information provided subsequently to beneficiaries did not affect or influence their responses while being interviewed.

questions" (Tewu, age 58, farmer).[19]

> "No one even cares about how you use the money or whether we as caregivers even get the monies to the people we are taking the money for" (Kwaku, age 42, tailor).

> "We are only told to use the money judiciously when we are paid. Is that the condition attached to the programme?" (Member of focus group discussion, Atonkor).

The low information level suggests that it has not been an administrative priority to ensure that beneficiaries are aware of the conditionalities or, indeed, of the possibility of sanctions if these are not adhered to.

It is impossible to assess how widespread the lack of information is, based on a limited number of interviews. However, a similar lack of information and lack of enforcement of conditionalities in LEAP has been reported by Handa et al. (2013) and Roelen, Karki Chettri and Delap (2015). The fact that this was a problem both in the rural and urban settings, and that it was the case with almost all our interviewees, suggests that this finding is robust. This conclusion also resonates with similar findings from other countries that CCTs are often de facto UCTs (Handa and Davis, 2006; Calvo, 2011; Davis et al., 2016, Leisering, 2019).

The crucial question thus becomes: Why are "active" conditionalities not monitored and enforced?

"Western" observers might perhaps be tempted to stereotype the lack of correspondence between "the rules on paper" and the "real rules" as a typical trait of governance in low- and middle-income countries. However, when we interviewed administrators on this issue, they gave sensible reasons for soft-pedalling the coercive side of CCTs. The following provide representative quotes from administrators:

> "… in our candid opinion, the money being paid to the beneficiaries is too small to enforce the conditions on them. Enforcing the conditions can be possible if the amount received is big enough to ensure that the beneficiaries are able to adhere to the conditions. We rather encourage them to use the money they receive prudently than to enforce the conditions on them, because that may be disastrous to their economic

19. The names of the informants have been changed to ensure anonymity

conditions" (Department Head of LEAP, Accra).

> "… we are not able to implement and enforce this because the money received by the beneficiaries cannot even pay for, for example, school fees. How do you enforce conditions when the money you are giving to the person is lower than what is needed to pay for the conditions? Besides, we lack the institutional capacity to implement, monitor and enforce the conditions. Monitoring and enforcing the conditions means that we have to pay frequent visits to beneficiaries and caregiver and assess them. How do we do that with just four personnel for a whole district?" (Administrator 1, Jasikan).

As illustrated by the quotes, there is a dilemma in spending limited tax-financed resources on an administratively costly "monitoring and sanction regime" in countries where cash transfers to the poor are very limited in the first place, and where there is no further safety net of last resort to protect beneficiaries against extreme deprivation if they were to be sanctioned and their benefits stopped. Threatening to remove the benefit creates an ethical dilemma: Is it acceptable to expose people (and the children they care for) to the risk of dire poverty, perhaps even starvation, for not fulfilling "active" requirements?

A further dilemma concerns what proportion of the budget should be spent on administration and how much should be spent on providing the actual benefits. If monitoring and sanctioning are to be taken seriously, conditional cash transfers (CCTs) are more costly to administer than unconditional cash transfers (UCTs). If a greater share of resources were to be spent on monitoring and sanctioning adherence to conditionalities, less will be available for the beneficiaries. Irrespective of this debate, the fact is that the LEAP benefit is deemed to be so low that the threat of sanctions is not perceived by administrators as likely to be a "credible threat".

We can observe some parallels here between the dilemmas in implementing sanctions in a CCT, and dilemmas in implementing sanctions in the "activation schemes" in high-income countries (Kenworthy, 2010; Griggs and Evans, 2010; Loedemel and Moreira, 2014). Resource constraints on administration is less of a problem in high-income countries, but the ethical dilemma is similar. Also in activation schemes, administrators must contemplate that sanctions may push beneficiaries – and their children – deeper into poverty; a dilemma reported to create ambivalence and cross-pressure among street-level administrators (Zacka, 2017; Torsvik, Molander and Terum, 2021). However, this ethical dilemma is, so to speak, more existential for administrators in charge of

CCTs in low- and middle-income countries, since in these countries there is seldom a "social protection floor" beneath the CCT – there is no minimum safety net of last resort that guarantees that sanctioned beneficiaries avoid outright deprivation.

The coordination challenge

The interviews with teachers and healthcare personnel further strengthened the impression that adherence to the conditionalities is not monitored. The head teachers of the schools visited were not aware if they had any supervisory role in the programme:

> "[The LEAP administrators] have never contacted us on what they expect from us and what we can do to help in the implementation of the programme … We keep having this challenge of children absenting themselves from school, especially during the planting and harvesting seasons … We are aware some of them are LEAP beneficiaries whose attendance needs to be monitored, but we don't know exactly who is a beneficiary or not, as the parents or guardians don't reveal this information and also because the LEAP administrators don't give us any names of beneficiaries or whether or not we should even monitor their attendance" (Head teacher, Accra).

Likewise, another head teacher stated:

> "We are aware some pupils are beneficiaries of the LEAP programme, but we have no information who these pupils are from the LEAP administrators. Their parents have also not informed us about their children being LEAP beneficiaries" (Head teacher, Jasikan).

Similar sentiments were expressed by an administrator at the Jasikan District Hospital:

> "I personally wrote to the LEAP administrators to mobilize the LEAP beneficiaries once a month in the various communities so we can move there to help them, but there has been no action taken by the LEAP administrators yet".

The programme theory assumes that relevant government agencies and institutions coordinate their efforts to make LEAP work as planned. These quotes suggest coordination failures in this regard; a problem identified also in previous analyses of how LEAP operates, which suggests the robustness of this finding (Owusu-Addo, Renzaho and Smith, 2020). This raises two questions. First, in practice, is this lack of coordination really of such importance, when (as administrators

have expressed) benefit levels are too low for sanctions to represent a credible threat? Second, if the option of removing beneficiaries' benefits presents such an ethical dilemma, does soft-pedalling on sanctions represent the only "sensible" administrative choice?

One may add that if teachers and health personnel know which children are LEAP beneficiaries, this may – as an unintended consequence – create a risk that these children are stigmatized as "children of poor families", thereby possibly leading to them receiving less attention (or even experiencing abuse) compared to other children (Hossain, 2010). If so, we face a further coordination dilemma, since requiring teachers and health personnel to monitor attendance may increase the risk that LEAP children experience stigmatization.

This coordination challenge is thus linked to the two dilemmas already mentioned: first, the ethical dilemma of sanctioning beneficiaries in countries where there is not a safety net of last resort offering protection against outright deprivation; and second, the dilemma of allocating a large proportion of resources for administrative purposes for monitoring, coordinating and implementing a "sanction regime" in countries where administrative resources are in short supply and there is an urgent priority to adequately deliver targeted benefits and services.

The potential lock-in effect of geographical targeting

As stated, LEAP uses the geographical targeting of poor areas as the first targeting principle. Geographical targeting of poor areas is an administratively cheaper approach to target benefits and, therefore, is often used in low- and middle-income countries (van Ginneken, 2003). However, there are problems with geographical targeting when combined with CCTs, given that poor areas are usually areas with "poor" schools and health services. Due to limited financial capacity and human resources, local authorities in poor areas often lack the means to provide health and education services of sufficient quality. A member of the LEAP Secretariat in Accra expressed disappointment in the inability of service providers to extend or improve their services in the communities targeted by LEAP:

> "The LEAP programme is only designed to facilitate the access of beneficiaries to these services through the provision of money, health insurance and other support, but the government and service providers are responsible to extend their services into the communities we target. Unfortunately, that has not happened and beyond our control."

If the CCT is not combined with government investment to boost the quality of schools and healthcare services in poor areas, an unintended side effect of geographically targeting is thus to "condition" claimants to use poor services; a problem identified in the administration of CCTs in other countries (Rawlings, 2005; Standing, 2007; Bastagli, 2008; Gaarder, Glassman and Todd, 2010). Furthermore, if claimants were to try to move to a higher-resource area, to gain access to better schools and healthcare facilities for their children, they would no longer live in the targeted area, and hence would likely lose their CCT benefit. This means that a geographically targeted CCT risks locking people into using poor quality education and health services. We investigated whether this was a risk that materialized in the areas studied.

None of the communities in the Jasikan District that were visited as part of the study have hospitals (Republic of Ghana, 2016).[20] Teteman (in Jasikan) has a clinic, but it is staffed by community health nurses, and available treatment is thus limited as such. In Accra, though the visited communities do have hospitals, they are privately owned. As regards schools, all the communities visited in rural Jasikan have basic schools, but there is a shortage of teachers.[21] A head teacher at Teteman stated that:

> "… teachers refuse posting into our communities and as such it affects the delivery of our services to the people in the community".

The lack of teachers in deprived areas, and the fact that teachers posted to such areas are often demotivated, are common problems in many low- and middle-income countries (Hossain, 2010; Banerjee and Duflo, 2011).

Given that this study of LEAP, as well as those undertaken previously, show that "active" conditionalities are not strictly monitored, it is feasible to suggest that beneficiaries may assume

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20. The Jasikan District has only one district hospital. The rest are Community-based Health Planning and Services (CHPS) compounds and health centres, which provide curative and preventive services to the general public (Republic of Ghana, 2016; Ghana Health Service, 2016).

21. "Out of the total number of 648 teachers at the basic school level available in the Jasikan District, 202 are untrained. This echoes a fundamental issue of the inadequacy of qualified teachers to teach at the rural areas, especially at the basic levels of education" (Republic of Ghana, 2016).

that their eventual move out of the targeted area will go undetected. However, the risk of losing benefits as a consequence of moving to a different place of residence was acknowledged by at least some respondents. For example, Azay, aged 62, a farmer with children in his care, stated:

> "… unfortunately for us, we are located in communities which lack access to a number of services that we also should have been benefiting from. If we move from our communities to settle in other communities that have access to these services, we stand the chance of losing our membership in the programme".

An administrator in Jasikan further added that the LEAP programme is not able to offer vocational or technical training, because most of the communities in which beneficiaries are located do not have vocational or technical training centres. Beneficiaries who want to undergo vocational or technical training must resettle in other communities where training is available. This again illustrates the potential lock-in effect of geographical targeting.

To avoid the risk of lock-in, funds should be allocated to upgrade poor quality health and education services in targeted areas. However, assuming an overall budget constraint, this will reduce the resources available for cash benefits. This points to a tension between the social investment purpose of LEAP (which demands services of sufficient quality), and the immediate poverty reduction purpose (which demands sufficiently high cash benefits).

Dilemmas related to the benefit level

Almost all beneficiaries regarded the benefit level as very low compared to their needs. Typical statements include:

> "I have not been able to invest the money I receive from LEAP into any activity or even save part of it because the money is too low. My children have not been able to continue to the Senior High School because I cannot afford" (Salifu, age 62, Blacksmith).

> "I am paid GHS 76 for two months, we are six in my household, but only two beneficiaries [children] receive money from LEAP. I am living in Accra, the capital. This amount cannot even pay for my rent for the month. Prices of goods and services keep increasing but the money from LEAP is still the same" (Eno, age 52, Unemployed).

This voiced dissatisfaction with the benefit level has also been reported in previous studies of LEAP (Roelen, Karki Chettri and Delap, 2015). Whether this means that the benefit level is too low may depend on what is seen as LEAP's primary purpose. If the primary purpose is poverty reduction, then a benefit that is too low to lift the recipient out of poverty is problematic. However, if the primary purpose of LEAP is to serve as an incentive for social investment (i.e. to get children to go to healthcare centres and schools), the benefit for caregivers with children may be lower than that which is necessary for effective poverty reduction.

Assuming that there is a cap on the total LEAP budget (programme inputs), the above situation can be framed as a tension between spreading the available financial resources thinly to reach a wider group of beneficiaries, or concentrating the available financial resources on fewer beneficiaries to achieve a higher degree of absolute poverty reduction (i.e. allocating just enough to each beneficiary to ensure a sufficient nudge so that caregivers will send children to school and to attend health check-ups versus a more stringent targeting of the poorest).

The LEAP policy documents do not discuss this ambivalence vis-a-vis what is the primary goal: social protection or social investment. However, the reported comment by an administrator stating that the benefit was insufficient to pay the school fee in full, suggests that the present benefit may even be too low to serve as a behavioural nudge. Also, for the sake of argument, if we assume that providing an incentive for children to attend school and medical check-ups is the primary purpose (rather than for poverty reduction), the fact that most beneficiaries were unaware of "active" conditionalities becomes even more salient.

Dilemmas related to graduation from the programme

Children should graduate (exit) the programme when they are aged 18; or when their caregivers' earnings rise above the ceiling for eligibility for the programme. All other beneficiaries should exit the programme when their earning rise above the ceiling for eligibility, apart from the elderly and the disabled who have no productive capacity. According to the LEAP programme document, re-certification to assess the eligibility of beneficiaries should be undertaken every four years. However, the interviews reveal that using administrative financial resources to inform beneficiaries of the exit procedures is not an administrative priority. Almost none of the beneficiaries were aware of the rules concerning re-certification and graduation. A LEAP

administrator in Jasikan confirmed that re-certification is undertaken, but only on a very limited scale, with one factor being the inadequate number of secretariat personnel:

> "We are not able to link beneficiaries to any vocational, technical training or income generating programmes or activities. As such, graduating the beneficiaries will rather worsen the plight of the beneficiaries. They will fall back into poverty. Though the LEAP policy document requires that we graduate beneficiaries, we have relaxed this requirement because of our inability to economically empower beneficiaries."

This dilemma is parallel to that of ensuring proper targeting. Spending limited administrative resources to ascertain whether beneficiaries are no longer poor is a time-consuming and difficult task in countries without reliable income and wealth registers. A greater proportion of resources spent on this reduces that which is then available from other tasks, such as extending benefits to poor citizens in areas not already covered. Achieving less inclusion error (by ensuring that a higher percentage of those beneficiaries that should have been exited from the programme are indeed removed) must be weighed against the desire to limit exclusion error (by having sufficient administrative resources to initiate the targeting of poor people in new geographical areas).

What are the outcomes of the programme?

The planned outcomes of the LEAP benefit for caregivers of children are twofold: poverty reduction plus behavioural change in the form of better healthcare take-up and school attendance among children (see Figure 1). With regard to behavioural change, a crucial question in the literature on minimum benefits concerns whether CCTs result in more behavioural change than UCTs (Lund et al., 2008; Brauw and Hoddinott, 2011; Fajth and Vinay, 2010; UN, 2010; Fiszbein, Kanbur and Yemtsov, 2014; Haushofer and Saphiro, 2016; Leisering, 2019; Barrientos, 2019). Evaluations indicate that UCTs are also associated with some behavioural change, making it difficult to ascertain whether it is the conditionalities in CCTs, or something else, which can explain higher school attendance and better healthcare take-up. In a meta-study comparing CCTs and UCTs, Baird et al. (2013) found that both programme designs increased school attendance, but CCTs had a larger effect. A 2017 evaluation of UCTs' impact on healthcare take-up among children, including studies comparing UCTs and CCTs, also found somewhat less effect ascribed to UCTs, but cautiously concluded that "the evidence of the relative effectiveness of UCTs and

CCTs remain very uncertain" (Pega et al., 2017).

The most recent evaluation of LEAP found a consistent degree of poverty reduction and some, albeit ambiguous, indicators of behavioural change regarding children in the households:

> "… LEAP 1000 improved well-being of households in terms of consumption… LEAP 1000 increased the likelihood that children aged 36-59 months were enrolled in pre-school by 7.2 percentage points. However, there were no impacts on school enrolment for children aged 5–17 years in LEAP 1000 households, except for a 7.0 percentage point impact on the subgroup of children 9–12 years old. …. LEAP 1000 did not reduce the probability of dropping out of school nor increase educational expenditure for any age group or gender….we found no programme impacts on children's health and nutrition, including outcomes such as having received all basic vaccinations (coverage was already quite high, so likely a plateau effect), morbidity, stunting and wasting" (Ministry of Gender, Children and Social Protection, 2018).

The degree of poverty reduction would presumably be similar if the LEAP benefit for caregivers with children had been the same value, but without any "active conditionalities" attached. A question is whether the degree of changed behaviour would also have been the same if the benefit for caregivers of children had formally been a UCT. Similarly, would the results have changed if the benefit had been a "real" CCT, i.e. if children's behaviour had been monitored and sanctions applied if they were not attending school and health check-ups? Answers to these are not possible, without a research design randomizing use of monitoring and sanctions within LEAP, to decide if different implementation practices would make a difference for the outcomes. Such studies have not been conducted, and this methodological endeavour is beyond the scope of this article. Thus, we cannot say if behavioural change in the desired direction would have been stronger if caregivers and their children had been monitored, and non-compliance had been sanctioned. Neither can we comment on whether behavioural change would have been less strong if all behavioural requirements had formally been left aside. The focus of this study was limited to the investigation of dilemmas in the implementation process, and how the actors involved perceive and respond to

these.[22]

However, our study may illustrate a peril in meta-evaluations of randomized control trial (RCT) outcome evaluations comparing CCTs and UCTs, if these do not simultaneously include process studies of "what is going on" inside the programmes. Many programmes that are formally CCTs may – on closer inspection – reveal themselves as de facto UCTs. This underlines the importance of investigating also the implementation processes in studies attempting to gauge the outcome effectiveness of (formal) CCTs versus (formal) UCTs in fostering behavioural change and reducing poverty.[23]

Dilemmas related to funding and donor perceptions

For the sake of argument, let us assume that the LEAP benefit for caregivers of children actually achieved the same behavioural effects as if the benefit had formally been a UCT. If this were so, would this have exhausted all the arguments in favour of keeping the benefit as a CCT? In our view, no, not necessarily – because there is also a political economy argument for favouring CCTs: maintaining a CCT may increase the external legitimacy of the programme.

Taxpayers and donors may regard UCTs with suspicion, stereotyping the poor as "irresponsible" as regards their patterns of spending and consumption.[24] We can question the fairness of this

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22. A sufficient research design to study effects of "active" conditionalities would require to randomize LEAP caregivers of children into three groups: a) Real CCT: caregivers and their children are monitored, and sanctioned if conditions are not met; b) Only formally CCT: present system, where caregivers and their children are not monitored or sanctioned; c) UCT: same cash benefits are given, but without any formal requirement that children go to health check-ups and attend school.

23. There is a large and growing body of process-oriented studies with regard to minimum protection systems in low- and middle-income countries. See, for example, Gaarder, Glassman and Todd (2010); Leroy, Ruel and Verhofstadt (2011); Roelen, Karki Chettri and Delap (2015); Owusu-Addo, Renzaho and Smith (2020). An interesting, but expensive, methodological approach is to combine such process studies with RCT-based outcome studies, to simultaneously investigate if a programme works, and (if so) how it works; a methodology sometimes referred to as theory-based impact evaluation (White, 2009).

24. Bastagli (2008) has argued that CCTs are more likely than UCTs to be acceptable to policy-makers, taxpayers and foreign donors, and hence more resilient to cutbacks. A similar argument was put forward by Handa and Davis (2006),

stereotype of the poor (Banerjee and Duflo, 2011). However, to quote the so-called Thomas-theorem in sociology: "If people believe that a situation is real, then it is real in its consequences".[25] If Ghanaian taxpayers or other funders of LEAP believe that the poor will act "irresponsibly", if there are no conditions attached to the receipt of money, they will act on this belief (be it false or not) and this will have real consequences for the beneficiaries (the programme may be shut down for the lack of willing donors).

The opinions of the World Bank are particularly important in this regard, since the Bank is a major sponsor of CCTs (Simpson, 2018). LEAP is funded by a loan contracted from the World Bank, with support from international donors such as the Department for International Development of the United Kingdom. The programme also relies on donations from individuals, philanthropies and other benevolent organizations, in addition to general tax revenues from the Government of Ghana (Ministry of Gender, Children and Social Protection, 2019).

If the Thomas-theorem argument is accepted, we face a funding dilemma. Formally maintaining a CCT makes sense in order to make continuous funding more secure, but spending the necessary administrative resources to actually implement the programme as a CCT (including the sanctioning part) makes less sense, for the reasons discussed in this article. Maintaining a formal CCT that de facto is a UCT might be well and fine, were it not for the risk that the limited "real" implementation of the CCT is likely to be recognized, sooner or later, by taxpayers and donors, who might then withdraw their funding. In contrast, action to limit the risk of funding withdrawal, by increasing administrative spending to monitor and sanction beneficiaries, is not necessarily the best way to spend the limited resources available. Even if we were to disregard the ethical dilemma of sanctioning already-poor beneficiaries, increased administrative spending may also undermine support of the programme in another way, since increased administrative costs will restrict the

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with reference to Brazil's *Bolsa Família*. They were of the view that the inclusion of conditions in the programme were primarily intended to gain middle class support for budgetary allocations related to the grants. They argued that the rather harphazard approach to monitoring *Bolsa Família* was intentional, due to this.

25. The "Thomas-theorem" refer to William and Dorothy Thomas, who were late nineteenth century/early twentieth century sociologists from the United States.

"productive" use of the limited budget available.

A proposed middle way is as follows. Administrators should, as a minimum, make sure that beneficiaries are aware that conditionalities exist, and that they are expected to adhere to these – if they do not, they risk being cut off from the benefit programme. This is administratively cheap to communicate. This information should activate the fear (however remote) of losing the benefit, and/or activate the social-psychological obligation of reciprocity, to "give what is demanded back" in return for the benefit; it may still be insufficient, however, to achieve adherence (this remains an empirical question). Regardless, if beneficiaries are not made aware that conditionalities do exist (as indicated by our interviews), then the LEAP benefit for caregivers of children becomes de facto a UCT, irrespective of whether this is thought to be desirable or not.[26] Also as part of this middle way, the benefit level should be sufficient to provide a decent "nudge" for economically rational beneficiaries – implying that it should be, at least, as high as the costs of fulfilling the conditionality requirements, such as school fees for school attendance. Finally, a part of the overall budget should be spent on ensuring health and educational services of sufficient quality in the targeted areas.

Concluding reflections

An underlying premise in this analysis has been that people are rational, at least in the limited sense that they try to manoeuvre as sensibly as they can within the social and institutional context they find themselves in. The rationality of the poor is a point emphasized by Banerjee and Duflo in their influential 2011 book, *Poor economics*. A theoretical point in our study has been to emphasize that this is also the case with regard to how administrators of social protection floors act. As social protection floors spread globally, administrators everywhere must increasingly relate to the challenges that implementing social protection schemes require.

Some of these challenges are common to UCTs and CCTs, such as how to do targeting of the poorest and how to exit those who are no longer poor, and to do so in societies characterized by limited administrative resources combined with a lack of valid income and wealth registers. Some

26. Barrientos (2019) cites research indicating that merely knowing that conditionalities exist increases adherence, even in the absence of monitoring.

are unique to CCTs: to determine if beneficiaries adhere to the behavioural conditionalities, and how to ensure that the health and educational services they are compelled to use are of sufficient quality. Our study illustrates how administrators try to balance conflicting aims and allocate administrative resources in a situation where priority conflicts abound. A number of cross-purposes may arise in the implementation of a CCT in low- and middle-income countries that administrators must somehow be able to steer between; like Odysseus negotiating Scylla and Charybdis. For administrators, the challenge is how to ensure programme delivery as intelligently as possible in an institutional context characterized by inherent administrative dilemmas.

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