



Sociocultural and institutional contexts of social cash transfer programs: Lessons from stakeholders' attitudes and experiences in Ghana

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Abstract

As conditional cash transfer (CCT) programs spread in African countries, there is a need for well-designed programs that reflect their economic, institutional, political, and sociocultural circumstances. Using both qualitative and quantitative data analysis, this article examines the perspectives of beneficiaries, program managers, and community leaders regarding Ghana's CCT program. It addresses sociocultural attitudes toward poverty, perceptions of CCT as a poverty reduction strategy, and experiences with CCT implementation. Findings indicate favorable views of CCT but little support for giving money to the poor as a long-term poverty-alleviation strategy. Ghana's CCT program is seen as fair and popular, but current payment levels are viewed as inadequate, impractical, and unreliable.

Keywords

Africa, conditional cash transfer, mixed method, poverty alleviation, program development

Introduction

Over the past 15 years, conditional cash transfer (CCT) has become a celebrated approach to social protection in developing countries. Typically, CCT programs make direct cash payments to poor households conditioned on pre-specified behavioral changes such as

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school attendance or regular health check-ups. The cash payments attempt to address short-term poverty reduction goals by financing beneficiaries' immediate consumption needs while the conditions foster investment in their children's human capital to forestall intergenerational transmission of poverty (De Brauw and Hoddinott, 2011; Rawlings, 2005). Since debuting in Mexico in 1997, CCT programs have spread throughout Latin America and are expanding in developing countries worldwide (Handa and Davis, 2006; Hanlon et al., 2010).

Randomized controlled trials in numerous countries have highlighted positive effects of CCT programs on a range of welfare indicators including child health, nutrition, and use of educational and health services. The studies suggest that CCT may be a pragmatic and cost-effective approach to reduce income inequality and insecurity (Attanasio et al., 2010; Davis et al., 2012; Rawlings and Rubio, 2005). Consequently, there is considerable donor interest in integrating CCT into poverty reduction efforts in Africa, where poverty rates remain high. Following the failures of many development approaches across Africa, there is a need for well-designed programs that suit specific local conditions.

Previous studies have shown that long-term viability of anti-poverty policies like CCT is closely related to sociocultural attitudes toward poverty, perceptions of intervention programs, and the extent to which the public blames the poor for their poverty (Bullock, 1999; Hanlon et al., 2010; Weiner et al., 2011). However, few studies in developing countries document sociocultural attitudes toward poverty or views on giving money to the poor as a poverty reduction strategy, especially in sub-Saharan Africa. Since attitudes toward poverty tend to be culture-specific, a country-specific analysis of such sociocultural attitudes appears essential for designing programs that reflect local contexts (Shirazi and Biel, 2005).

In 2008, Ghana launched a CCT program known as Livelihood Empowerment Against Poverty (LEAP) aimed at empowering people living in extreme poverty. LEAP provides conditional cash payments and health insurance to extremely poor households who either have no means or limited means of meeting their subsistence needs. While LEAP is expanding, questions remain concerning its appropriateness and sustainability in Ghana. This article addresses the following research questions:

1. What are the sociocultural attitudes of beneficiaries, program managers, community leaders, and households toward poverty, the causes of poverty, and deservedness of government support through cash transfer?
2. How do beneficiaries, program managers, and community leaders view giving money to the poor as a poverty reduction strategy?
3. How do beneficiaries, program managers, and community leaders assess the implementation of Ghana's CCT program?

Two sets of data are used. First, qualitative data from individual and group interviews, focus group discussions, and participant observation of LEAP's payment system are used to explore the perceptions of beneficiaries, program managers, and community leader concerning LEAP as a poverty-alleviation strategy and current experience with its implementation. Second, quantitative data from a household survey of beneficiaries and

non-beneficiaries in rural and suburban settings are used to examine sociocultural attitudes toward poverty.

Background

Elements of successful CCT programs

A CCT program was first introduced in Mexico as *PROGRESA* (now *Oportunidades*) in 1997. In response to positive impact evaluations, CCT programs spread across Latin America (Sugiyama, 2011). Now, CCT programs are spreading in other developing countries in Asia and Africa (Hodges et al., 2013; Leisering, 2009). The principal quantitative evaluations of CCT programs were conducted in Latin America, focusing on their role in improving child health and nutrition and demand for educational and health services (Fiszbein et al., 2009; Sánchez-Ancochea and Mattei, 2011). One outcome of those studies is some insight on key elements of successful CCT programming. In their overview of CCT programs worldwide, Hanlon et al. (2010) articulate five elements of CCT programs that achieve their stated objectives: CCT programs must be (1) fair, (2) popular, (3) assured, (4) practical, and (5) ‘not just pennies’.

First, as Hanlon et al. (2010) explain, CCT programs are *fair* when most citizens view grant recipients as deserving of support. Deciding on who are ‘the poor’ that CCT programs target can be contentious, resulting in social divisiveness and exclusion (Farrington and Slater, 2010; Watkins, 2008). Successful identification of recipients widely seen as deserving of support is crucial to CCT program success (Hanlon et al., 2010).

Second, successful CCT programs must be *popular* and politically acceptable because successful expansion of most CCT programs is driven largely by political and voter pressure based on perceived usefulness of the program. Díaz Langou (2013) reports that a positive evaluation of the *Bolsa familia* (a CCT program) led to a major shift in policymakers’ attitudes and commitment to expand its coverage in Brazil. Political acceptability often underlies the conditionality component of CCT design, framing CCT as a social contract between the government and recipients rather than a handout (Díaz Langou, 2013; Fiszbein et al., 2009).

Third, CCT grant payments must be *assured*. Recipients must be certain they will regularly receive their cash payment so that they can make long-term plans and investments in productive activities (Gertler et al., 2012; Syukri et al., 2010). Likewise, the introduction of a riskless cash flow to CCT participants improves creditors’ perception of their ability to repay loans (Svarch, 2011).

Fourth, CCT programs must be *practical* and pragmatic and benefit from the use of trained civil servants and reliable payment systems to administer the program and reach targeted beneficiaries. For example, Colombia’s CCT program made payments through bank accounts and was found to have excluded an estimated 12% of the nation’s poor who did not have access to banks (Coady et al., 2004). CCT program feasibility at the local level is crucial (Farrington and Slater, 2010).

Fifth, CCT amounts need to be '*not just pennies*', but large enough to support real changes toward desired behaviors among beneficiary households. Households incur opportunity costs in enrolling in a CCT program and fulfilling its conditions. For example, choosing to send children to school implies the loss of income were the child employed. If CCT grants are too small, targeted households may opt out, thereby undermining achievement of program goals. Conversely, when grant amounts are too high, dependency and labor market distortions may result (Standing, 2008).

These five elements highlight the need for programs to be socially desirable and politically acceptable, not just technically feasible. Previous studies demonstrate the connections between sociocultural attitudes toward poverty and the resulting institutional strategies toward poverty alleviation (Bullock et al., 2003; Lepianka et al., 2010). Many studies in Europe and the United States have shown that social legitimacy and the viability of social policies including welfare schemes are inversely related to the degree to which members of a target group are seen as being personally responsible for their neediness (Bullock et al., 2003; Oorschot and Halman, 2000). For example, reductions in welfare protections in the United States have been associated with the public's perception of the poor as being at fault for their poverty due to 'laziness' (Weiner et al., 2011). Conversely, in Brazil where poverty is largely blamed on a lack of state effort and political will, state-funded programs like CCT enjoy considerable support (Reis and Moore, 2005). Studies on sociocultural attitudes toward poverty are virtually non-existent in sub-Saharan Africa. Considering the cultural specificity of attitudes toward poverty (Shirazi and Biel, 2005), country-specific studies are essential as part of the process to design successful poverty reduction strategies. CCT program designs should reflect the values, attitudes, and preferences of relevant actors. Understanding and incorporating stakeholders' views and preferences can help program designers account for public concerns, embed initiatives into legitimate institutions and cultural values, and devise acceptable program rules, which in turn enhance performance (Cornwall, 2006).

Empirical studies exploring popular explanations of poverty typically employ multiple survey questions subsequently examined using factor analysis. A customary classification of the public's attribution of poverty uses the following belief categories: individualistic (blames the poor for their poverty), structural (blames external and economic forces in society), and fatalistic (blames events beyond the control of individuals and society; Bullock et al., 2003). Although this approach provides useful insights into popular beliefs about poverty, Lepianka et al. (2010) criticize it and its three-tiered typology of poverty attribution as being overly simplistic and unable to capture the complexity of beliefs about poverty. They suggest combining the use of surveys with other research methods that allow respondents to better express their ambiguity and enable researchers to detect the subtleties in public views regarding poverty. Accordingly, our study combines a traditional factor analytical approach with an in-depth qualitative research approach in an effort to shed light on the complexity of the public views of poverty in one West African context.

Ghana's livelihood empowerment against poverty program

LEAP is the flagship program of Ghana's National Social Protection Strategy aimed at combating extreme poverty and vulnerability (Ministry of Manpower, Youth and Employment, 2007). Like most CCT programs, LEAP transfers cash to extremely poor households aimed at achieving both short- and long-term poverty reduction goals. LEAP assists poor households with short-term basic livelihood security. It also enables them to access social services (especially in health and education), engage in productive activities to increase their incomes, and contribute to national development over the longer term. LEAP provides free health insurance to beneficiaries through a National Health Insurance Scheme. At the time of data collection for this study, participating households received Ghana cedis (GH¢) 8–15¹ per month depending on the number of eligible beneficiaries in the household, plus health insurance for the eligible household members.

LEAP selects beneficiaries using geographical, community-based, and categorical targeting techniques. Geographically, LEAP focuses on the country's poorest districts as indicated by a poverty map developed by the Ghana Statistical Service and National Development Planning Commission. At the district level, a District LEAP Implementation Committee (DLIC) selects beneficiary communities following locally identified poverty criteria. The DLIC contains representatives of relevant government agencies, religious and non-governmental organizations, and community leaders. At the community level, initial beneficiary selection is through a similar community-based process, involving community leaders known as Community LEAP Implementation Committees (CLICs). Eligible households must be extremely poor and have a member in at least one of three demographic groups: single parent with orphans and vulnerable children, elderly poor above 64 years old, and persons unable to work due to severe disability. The nominated participants are verified centrally with a proxy means test to determine the final list of beneficiaries. LEAP grants are unconditional to individuals with no productive capacity (e.g. the elderly poor and persons with severe disability), but otherwise conditional on beneficiary households enrolling and retaining their children in school; not allowing child labor; enrolling all household members in the National Health Insurance Scheme; registering the birth of all their children; and completing the Expanded Program on Immunization (Ministry of Manpower, Youth and Employment, 2007).

The program is funded from general revenues of the Government of Ghana (50%), donations from United Kingdom's Department For International Development (DFID), and a loan from the World Bank. LEAP cash transfers are channeled through the Ghana Postal Services. A payment team delivers cash to beneficiaries at designated pay points bimonthly. The payment team includes a postal agent in charge of the actual transfer, a Department of Social Welfare (DSW) representative for monitoring, and a police officer for security purposes. The primary caregiver or female head of the household or an appointed deputy receives the cash on behalf of the household.

Since LEAP was piloted in March 2008, the program has expanded across Ghana. As of 2012, over 68,502 households in 94 districts had received payments from the LEAP program and up to about 200,000 households are predicted to enroll by 2015. As LEAP expands across the country, questions remain over how well the program is working and about its appropriateness to the Ghanaian sociocultural context.

Methods

Research setting

Study participants were drawn from Kintampo Municipality in Ghana's Brong Ahafo region, one of LEAP's pilot districts. Located in central Ghana, Kintampo is a major transit point and home to a vibrant marketing center where traders from the North and South meet. Kintampo Municipality is known for its vast fertile agricultural lands. With about 140,000 people occupying about 5108 km² of land, the Municipality's low population density (about 27.4 persons per km²) suggests the availability of land for farming and other purposes. The relative ease of acquiring land makes Kintampo an important destination for migrant farmers from different parts of Ghana (Kintampo Municipal Assembly, 2010). It is thus one of the most ethnically diverse areas in Ghana.

Despite Kintampo Municipality's fertile land, problems associated with poverty, disease, illiteracy, and deprivation are commonplace, especially in its rural areas where about 73% of the population lives. Most residents are poor farmers depending on rainfed agriculture and lacking access to electricity, sanitation facilities, and other basic human needs. About 64% of the population relies on streams for drinking water (Kintampo Municipal Assembly, 2010). The general lack of access to credit, farm inputs, and markets for produce, and poor transportation infrastructure contribute to poverty. Kintampo Municipality is also a net receiver of immigrants from northern Ghana who come as settler farmers, in some cases fleeing recurring tribal conflict. These migrants typically do not have a strong social support system, which appears to exacerbate the incidence of poverty. Kintampo's status as one of Ghana's poorest municipalities led to its inclusion in the pilot LEAP program in 2010. As of June 2012, about 868 households in 11 communities within the municipality had enrolled in LEAP.

Mixed-method approach

To address our research questions, we used a two-phased mixed-method approach. Phase 1 employed qualitative methods to explore the views and experiences of relevant actors on poverty and CCT programming. Phase 1 involved multiple interviews and focus group discussions with LEAP program managers, beneficiaries, and community leaders. It also included direct observation (Patton, 2001) of the LEAP payment scheme in action. The flexibility and iterative nature of the qualitative approach allowed for exploration of the issues in great depth and detail (Maxwell, 2012). Interviews and focus groups yielded informative discussions in which participants expressed their views concerning the LEAP program, poverty, and other topics raised for discussion. In some cases, emerging themes were further explored in subsequent interviews and in some instances informed Phase 2 survey questions. Direct observation enabled the researchers to verify interview data and gain first-hand insights into beneficiary experiences.

Phase 2 consisted of a household survey to beneficiary and non-beneficiary households. The multiple methods complemented each other and facilitated better understanding of the issues. For instance, insights from qualitative interviews helped determine areas needing further inquiry through the household survey. The qualitative interviews were also helpful in adapting question wording to reflect local parlance and context. The

quantitative surveys provided data and analytical results that were triangulated with findings from the qualitative phase, an approach that improves the study's validity and generalizability (Maxwell, 2012; Rubin and Rubin, 2012).

Sampling

Phase 1 qualitative interviewees and focus group participants were selected using purposive and snowball sampling (Patton, 2001). Interviewees and focus group participants were screened to ensure they had some experience with LEAP programming. Program managers were drawn from employees in regional and district offices of the DSW, LEAP's implementing agency. Community leaders interviewed were predominantly CLIC members in beneficiary communities or assembly members with working knowledge of LEAP. These selected community leaders then referred researchers to program beneficiaries for subsequent qualitative interviews.

Phase 2 potential survey respondents were selected using a stratified random sample approach. The survey was administered to a stratified random sample of households in Kintampo Township representing the suburban setting and six rural communities in Kintampo Municipality. The six rural communities represented communities north, east, and west of Kintampo Township. Within Kintampo Township, respondents were randomly drawn from the 13 different communities as per the Kintampo Demographic Surveillance System. The number of completed surveys in each area was directly proportional to its population size.

Data collection

For Phase 1, an interview/discussion guide (Rubin and Rubin, 2012) for the in-depth interviews and focus groups was designed to focus on core issues related to poverty, LEAP program design and implementation, size of the LEAP grant, and use of the payment. The interviews and focus groups were conducted at participants' offices and homes in May–June 2012. Overall, 22 individual interviews, 5 group interviews, and 2 focus groups were conducted. All interviews and focus group sessions were documented using handwritten notes and audio recorded with informants' permission. Recorded interviews/discussions were transcribed with those conducted in the local language translated into English. Direct observation of the LEAP payment scheme focused on understanding the payment process and beneficiary experiences at the pay points. During the observations, the researcher interacted informally with LEAP beneficiaries and CLIC members soliciting their views on the process. Direct observation was documented using handwritten notes and photos. The interview transcripts and expanded notes formed textual data for analysis.

For Phase 2, a household survey was designed using an iterative process following survey best practices (Dillman et al., 2008; Kaplowitz et al., 2004). Insights from the qualitative phase and pretesting were incorporated in the final design. The survey instrument consisted of multiple sections including Likert-like scale items exploring respondents' perceptions of income inequality, characterizations of poverty, perceived causes of poverty, and demographic characteristics. Five trained enumerators administered the

Table 1. Number of respondents by qualitative method.

Method	Number of respondents		
	Beneficiaries	Community leaders	Program managers
Individual interviews	12	6	4
Group interviews	6	5	0
Focus groups	0	19	0
Total	18	30	4

survey to the households using face-to-face survey methods (Fowler, 2008). Overall, 600 completed surveys were collected: 301 from the suburban sector and 299 from the rural sector. Seven out of 607 houses approached were replaced due to refusals and/or absence of households during the survey period resulting in interviews with 98.8% of the sampled houses, a rate that reflects both the cooperation engendered by having community leaders encourage participation and Ghanaian norms of friendly conversation.

Participant characteristics

Table 1 presents the number of respondents participating in each qualitative method used. Overall, 12 individual and 3 group interviews were conducted with beneficiaries or their officially recognized primary caregivers. Three of the individual interviews and two of the group interviews were conducted in the rural setting. All beneficiaries interviewed had been in the program for at least 1 year. A total of 18 beneficiaries and caregivers participated in Phase 1, and 50% were females. Participating community leaders were CLIC members from 7 out of the 11 beneficiary communities and included 3 females. The four participating program managers were drawn from the regional and district office of the DSW.

Phase 2 household survey respondents came from rural and suburban settings. A high proportion (66%) of survey respondents were females. This probably reflects the traditional role of many women in Ghana to work from home due to childcare responsibilities. On average, Phase 2 respondents had lived in their community for about 13 years. The vast majority (84.6%) reported having less than high school education and were at least 25 years old (85.6%), with a reported mean age of 40 years. On average, the sampled households consisted of six persons and reported a monthly household income from all sources of Gh¢342.20 (US\$167.11). While 34.2% of respondents reported being aware of a government program that provides financial assistance to the needy in the community, only 9.6% of them reported ever receiving such assistance.

Data analysis

Analysis of Phase 1 (qualitative) interview data followed a grounded-theory approach (Corbin and Strauss, 2008). Transcripts and expanded notes were reviewed repeatedly to identify key themes and concepts. Drawing on the existing literature and open coding of

a subset of transcripts, major recurring themes were identified. They were used for developing a coding scheme that was subsequently used to code all transcripts in NVivo (Rubin and Rubin, 2012). The coding scheme specified the concepts and themes, their definition, rules for applying codes, and examples of when they apply. As subsequent transcripts were coded, revisions to the coding scheme were made to clarify code descriptions, consolidate similar codes, and/or create new codes not yet represented in the scheme. During the coding process, recurring themes, insights, and noteworthy observations were documented. The resulting themes, codes, and insights were subsequently compared across the three main groups – beneficiaries, community leaders, and program managers – using a conceptually clustered matrix to identify areas of agreement/disagreement (Miles et al., 2013). Summary statements were also written for the resulting themes and insights.

The analysis of the Phase 2 (quantitative) data included descriptive statistics and statistical tests of differences in responses. Likert-type scale items exploring perceptions related to poverty were analyzed using principal component factor analysis to identify key factor groupings. The contribution of perceived causes of poverty to individuals' support for cash transfer was explored using regression (Wooldridge, 2012).

Results

This section presents and discusses results from Phases 1 and 2 and focuses on respondents' sociocultural attitudes toward poverty, knowledge, and perceptions of CCT as a poverty reduction strategy, and assessment of LEAP program implementation. Where applicable, the results of both qualitative and quantitative analysis are presented together.

Sociocultural attitudes toward poverty

Qualitative interviews explored perceptions of three groups – program beneficiaries, community leaders, and program managers – regarding who is considered poor, the category of poor they deem deserving of social assistance through cash transfer, and causes of poverty in their community. The household survey addressed the same issues. The qualitative analysis yielded a general consensus across the three respondent groups regarding these issues, which was reinforced by the findings from the quantitative analysis.

Perceptions of poverty. The qualitative analysis revealed that all three respondent groups characterized poverty as a lack of basic necessities of life such as food, clothing, health, education, and shelter. According to the participants in the qualitative interviews, poverty often is manifested in insufficient and low quality food, overcrowded and dilapidated shelter, illiteracy, and/or tattered clothing. Acknowledging the difficulty in establishing characteristics that exclusively define the poor, these respondents outlined additional essential features. First, poverty was associated with the inability to work and provide for one's self and dependents. All three groups associated poverty with persons who are unemployed or lack productive capacity to earn a living due to old age or severe

Table 2. Rating of perceived characteristics of the poor from household survey^a (1 – strongly disagree to 5 – strongly agree).

Perceived characteristics of the poor	Rural		Suburban	
	Mean	Rating	Mean	Rating
Widowed or single mothers with many children	3.71 (0.06)	First	3.33 (0.08)	Second
Often unemployed or do worst job in society	3.61 (0.60)	First	3.68 (0.06)	First
Live in uncompleted building, kiosks, etc.	3.32 (0.68)	Third	3.26 (0.08)	Second
Have families with large number of children	3.28 (0.07)	Third	3.06 (0.08)	Fifth
Unable to interact easily with others	3.23 (0.19)	Third and sixth	3.29 (0.08)	Second
Poor wear dirty and worn out clothing	3.11 (0.08)	Sixth	2.98 (0.08)	Fifth
No. of observations	299		301	

^aEach rank (First, Second, etc.) is significantly different, $p < 0.05$. Items not significantly different in their ranking are given the same rank. Standard deviation in parenthesis.

disability. Such individuals were seen to be at the mercy of others' benevolence and as such deemed poor.

Second, program beneficiaries, community leaders, and program managers articulated a view of poverty in terms of a loss of one's primary means of support. Given the patriarchal nature of the society, the loss of a husband or father implied the loss of a primary means of support for his dependents. In such circumstances, extended family members are often called upon to help cater for the surviving dependents. However, in recent times, such social safety nets have been weakened and are no longer reliable. As a result, individuals losing their primary breadwinner and without relatives to help them tend to be consigned to poverty. Respondents commonly associated poverty with widows, single-parenting women and their children, orphans, and older individuals without children or relatives to help them.

Third, participants described poverty in terms of social isolation that could result from the poor's inability to fulfill societal expectations. For example, the poor generally were described as unable to afford appropriate clothing for social events. Consequently, they may not attend relevant social events such as funerals, or they may show up in tattered clothing, a socially unacceptable behavior. The respondents went on to describe how these behaviors cause poor people to lose the respect of peers and become alienated from the community. This theme of poverty manifesting in social isolation and shame arising from the poor's inability to meet perceived personal and social expectations placed upon them has also been explored in cross-country studies on the perceptions and effects of poverty (Walker et al., 2013).

Survey results in Phase 2 supported the characterizations of poverty in Phase 1. Survey participants were presented with six characteristics and asked to rate them based on how well they describe the poor in their community. As shown in Table 2, while rating all six characteristics as indicative of poverty, the description of the poor as being unemployed, widowed or single mothers with many children, inhabiting dilapidated housing

Table 3. Ranking of perceived deservedness of government support for four categories of poor people from household survey^a (1 – most desirable, 4 – least desirable).

Poor group	Rural		Suburban	
	Mean	Rating	Mean	Rating
Persons with disability	1.74 (0.89)	First	1.82 (0.95)	First
Orphans and vulnerable children	1.98 (0.84)	Second	1.86 (0.79)	First
Elderly in need	2.10 (0.85)	Third	2.82 (0.95)	Third
Working poor	3.37 (0.92)	Fourth	3.46 (0.94)	Fourth
No. of observations	299		301	

^aFrom household survey. Each rank (first, second, etc.) is significantly different, $p < 0.05$. Items not significantly different in their ranking are given the same rank. Standard deviation in parenthesis.

structures, and unable to interact easily in society were rated highest in both rural and suburban settings.

Perceived deservedness of the poor. Across the three groups of Phase 1 study participants, qualitative interviewees expressed widespread support for government assistance through cash transfer to those poor without productive capacity such as the elderly and persons with disability. Almost all participants in the qualitative interviews did not deem those poor who are able to work as deserving of government support through cash transfer. They often cited the ability of working poor, unlike those without productive capacity, to engage in some labor allowing them to survive. Program managers and community leaders shared this view. However, the interviewees generally agreed that the working poor also need help and suggested support such as skill training and employment opportunities for the working poor, especially the youth.

The household survey results correspond with these perceptions concerning deservedness. Results from a ranking of four categories of the poor revealed the perception that the working poor are the least deserving of assistance through cash transfer (see Table 3). Survey respondents in both rural and suburban settings rated in descending order of perceived deservedness of support: (1) persons with disability, (2) orphans and vulnerable children, (3) elderly in need, and (4) working poor.

Perceived causes of poverty and support for cash transfer. Phase 1 respondents provided multifaceted views of the reasons underlying poverty in their community, acknowledging both external and personal causes. External factors reflect the notion that people become poor due to structural and supernatural factors beyond their control, such as disability and lack of state effort to provide viable economic opportunities. Conversely, personal factors consist of blaming the poor for their neediness due to laziness and mismanagement of their resources. From the qualitative analysis, a comparison of responses from the three groups of respondents – program managers, community leaders, and beneficiaries – revealed no substantial differences in terms of which factor they emphasized as the cause of poverty in the community. They all acknowledged some role of personal factors, but largely cited external factors as the dominant cause of poverty. Beneficiaries

were less likely to cite personal factors as reasons for poverty relative to program managers and community leaders even when prompted. As one beneficiary explained,

The people here are not lazy. Given the opportunity, they will work but the jobs are not available and the money to begin their personal businesses is hard to get. That is why they are suffering. (B4)

When further probed, community leaders and program managers citing personal factors such as laziness as a cause of poverty often estimated their contribution to poverty to be less than 20%. In instances where personal factors were cited as a cause of poverty, the examples given related mostly to the poor youth who they considered generally uninterested in farming. Participants frequently mentioned a number of external causes of poverty as highlighted in the following quotes:

The predominant occupation here is farming so if a farmer does not get market for his produce, everything goes bad and they have to wait for the next year's harvest. Also, traders need money to buy goods for sale, but they cannot get money to expand their businesses. The bank requires them to give collateral, which they cannot do so they are denied loans. (C1)

The extended family system is also losing its potency. Gone are the days that children were taken care of by their relatives to get education. Now, it's like 'everyone for himself, God for us all'. (C8)

The notion that the poor are stuck in a vicious cycle of poverty was commonly shared among respondents. As one beneficiary remarked,

Poverty here is a generational problem. If your parents are poor, it is only by a miracle that you will succeed in life. (B2)

Poverty was also attributed to certain cultural practices and beliefs. For instance, one community leader noted the presence of some traditional beliefs that implicate women for the death of their children or husbands. Victims of such beliefs, widows and their children, are often alienated from social support systems causing them to remain poor. Other cultural practices such as polygamy and attendant high birth rates were also mentioned as a contributing factor to poverty, as reflected in the response below from a program manager:

In Ghana, especially in the Northern sector, they like marrying two, four wives. When you give birth to so many children, you cannot take care of them. (G4)

Household survey participants were asked to indicate their level of agreement with 15 statements reflecting possible causes of poverty. These statements included individualistic, structural, and fatalistic attributions of poverty commonly used in previous studies (Bullock et al., 2003; Lepianka et al., 2010). Principal component factor analysis (varimax rotation) was conducted on these items to determine factor groupings (Brown, 2012). From the analysis, a four-factor solution accounted for the greatest amount of

Table 4. Factor loading of perceived cause of poverty from household survey.

Survey items	Factors and their loadings			
	1 FC	2 SI	3 S	4 I
They have too many children	.63			
They often are victims of natural disasters	.83			
They are too sick or physically handicapped	.68			
They do not save	.54			
They are lazy and lack motivation to work		.57		
They do not want to change old ways and customs		.60		
Government programs work against the poor		.74		
They are taken advantage of by the rich people		.49		
The government does not provide enough good jobs			.59	
Their employers pay them low wages			.59	
They have limited opportunities for education			.62	
The extended family system has broken down			.49	
They waste resources				.59
They lack the talent and ability to succeed				.71
They have loose morals and character				.64
Cronbach's alpha	0.67	0.56	0.45	0.58

variance (50% of the variance). Table 4 presents the items in each factor and loadings above 0.4.

The first factor consisted of 'fatalistic' (e.g. natural disaster) and 'culture of poverty' attributions and accounted for about 23.5% of the variance. The second factor, which reflected 'structural' (e.g. government programs working against the poor) and 'individualistic' (e.g. laziness) attributions of poverty, accounted for about 10.4% of the variance. The third and fourth factors largely reflected combinations of specific structural and individualistic factors and accounted for about 8.7% and 7.3% of the variance, respectively. The tendency of some poverty attribution items to load together onto the same factor is commonly reported by previous studies (Bullock et al., 2003). Scholars attribute this to the multifaceted nature of some causal explanations. For example, the poor's lack of savings could be perceived as a personal choice or as a result of their inability to have something to save due to external factors such as natural disasters. All the same, the results highlight the relative importance participants place on external factors as causes of poverty.

Previous studies suggest a relationship between support for welfare programs such as CCT and the extent to which people blame the poor for their neediness. To test this hypothesis, further analysis was conducted to determine the extent to which these beliefs appear to influence views regarding cash transfer. Items in the four poverty groupings were used to calculate mean scores for each survey respondent. The resultant scores, reflective of respondents' attributions of poverty – fatalistic/culture of poverty ($M=3.69$, $SD=.80$), structural/individualistic ($M=3.68$, $SD=.76$), structural ($M=3.60$, $SD=.73$), and individualistic ($M=3.67$, $SD=.80$) – were then included as independent variables in

Table 5. Items in index for support for cash transfer from household survey (1 – strongly disagree to 5 – strongly agree).

Survey item	Mean	Standard deviation
I will support the CT program even if I have to pay higher transportation fares	4.12	1.04
I will never support a program that just gives money to the poor (R)	1.64	0.69
The poor must always work for the money (R)	2.97	1.23
Just giving money to the poor will only make them more lazy (R)	2.27	1.04
Government should give the poor food instead of cash (R)	2.14	1.00
I would not support the program even if it did not cost my household anything (R)	1.54	0.70
Giving money to the poor is unacceptable (R)	1.67	0.69

(R) item was reverse coded before included in the index.

Table 6. Regression of support for cash transfer on poverty attributions.

Perceived causes of poverty	Rural	Suburban
	Coefficient	Coefficient
Individualistic (I)	0.007 (0.04)	-0.11** (0.04)
Structural (S)	0.05 (0.04)	-0.01 (0.04)
Structural/Individual (SI)	0.13*** (0.04)	0.09** (0.04)
Fatalistic/culture (FC)	0.12*** (0.04)	0.11** (0.04)
Constant	2.74*** (0.17)	3.79*** (0.22)
Adjusted R ²	0.15	0.05
No. of observations	292	294

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$. Standard error in bracket.

a regression model explaining support for cash transfer in both rural and suburban settings. The dependent variable, an index of support for cash transfer, was created from six Likert-type scale items capturing respondents' views regarding cash transfer. Table 5 shows the scale items. These items demonstrated internal consistency in the reliability analysis ($\alpha = 0.52$).

The regression results (Table 6) indicate that respondents' perception of the causes of poverty contributes to their reported level of support for cash transfer. Beliefs that the poor are responsible for their poverty (individualistic) were found to significantly decrease support for cash transfer programs in the suburban setting. Conversely, where factors beyond the individual's control are seen as the cause of poverty, support for cash transfer increases. In both settings, individuals who blamed poverty on fate and a culture of poverty were significantly associated with increased support for cash transfer programs although structural attributions did not significantly influence support for cash transfer. Puzzlingly, the combined structural/individual attribution category was found to

increase support for cash transfer in both rural and suburban settings. This may signal the multifaceted nature of the causal explanation category and merits further inquiry.

Knowledge and perceptions of CCT as a poverty reduction strategy

The Phase 1 qualitative inquiries also explored informants' views concerning the use of cash transfer as a poverty reduction strategy. Generally, beneficiaries and community leaders were well informed about LEAP, typically describing it as '*the program that gives money to the aged, disabled, and orphans*'. Most informants who were beneficiaries seemed unclear about the role of program conditions. While aware of the requirement to enroll in the National Health Insurance Scheme and ensure regular school attendance of children, the beneficiaries did not perceive such activities as 'conditions' for their continual receipt of the grant. Rather, they reported viewing them as recommendations from program managers to help them make the most of their grant. They also reported that fulfillment of the 'conditions' is not monitored.

The qualitative interviews also revealed misunderstandings regarding the program selection process and payment amounts beneficiaries receive. The informants who were beneficiaries generally knew that LEAP targets persons with disability, elderly in need, and orphans. However, they were unaware of the proxy means test, which is the actual mechanism for selecting beneficiaries after their initial identification as potential participants. Some informants questioned why certain individuals who appear equally poor and in the same demographic category as current program beneficiaries are not presently enrolled in LEAP. The absence of clear selection information seems to have created misinformation that is spreading. For example, some claim the LEAP selection process is by random draw using a computer:

The truth is that the computer rejected some of the applicants because the government cannot support everybody. (B1)

Some community leaders reported being accused by non-beneficiaries of favoritism in the selection process:

Some of the non-beneficiaries think the selection is done along party lines so they become jealous and they accuse me of being biased. (C6)

Another source of misunderstanding relates to the LEAP payment amount. Beneficiaries commonly were not sure how much money they were entitled to receive given the irregularity of payments and the varying payment amounts they have received so far. Hence, some beneficiaries have become suspicious of their community leaders and the payment team:

There are LEAP beneficiaries who insult me because they think their colleagues are getting more than them. Meanwhile I have no hand in the distribution of the benefits. (C5)

Respondents in qualitative sessions repeatedly asked for increased education and information dissemination to shed more light on the program mechanics.

The qualitative data revealed a generally favorable view of CCT across beneficiaries, community leaders, and program managers. However, a consensus appeared that giving money to the poor might not be a viable poverty reduction strategy in the long term. While acknowledging the benefits of CCT grants as immediate help to support consumption in beneficiary households, respondents expressed concern that most recipients may be unable to invest the money into productive activities to help them escape poverty. When questioned about potential strategies that could help alleviate poverty in their community, no respondent cited cash transfer. When asked specifically about the use of cash transfer, respondents did not report seeing it as a way to alleviate poverty in the long run. Instead, providing employment opportunities especially for the youth was widely regarded as the most viable strategy to help break the cycle of poverty. As one respondent puts it,

I am against giving money to the poor, especially those who are fit to work. It will be better if we get them some employment. As for the money, they will spend it in no time. (C7)

Analysis of beneficiaries' usage of LEAP grants showed the bulk of them going toward fulfilling basic household consumption needs. Beneficiaries report spending their grant on food, cleaning detergents, clothing, and payment of insurance for other household members ineligible for free health insurance under LEAP. Some respondents emphasized how the grant allowed them to access more nutritious meals, including fruits and vegetables and high-quality protein. There were some reported instances where beneficiary households used their grant to support their children's educational needs and engage in productive ventures:

There is an old lady in my area that used her money to buy a bag of charcoal and is selling it. (C7)

Interestingly, there appears to be no social stigma associated with receiving LEAP funds. The LEAP grant is generally considered free money from the government. Hence, a number of people in the community desire to be beneficiaries. When asked how other people in the community view LEAP recipients, one beneficiary responded,

They sympathize with our plight. There are some who wish they were a part of it. When they see me on a payday, they start calling me names like 'osikani' [rich person]. I tell them the money is not much; they don't believe me. (B4)

Assessment of LEAP program implementation

To help gauge how well LEAP is being implemented, Phase 1 respondents were asked to assess key elements of the program. Analysis of interview responses and participant observation of the payment scheme revealed several challenges bedeviling the current payment system. First, obtaining the cash payment appears very time-consuming to beneficiaries and caregivers. Beneficiaries do not know the exact day and time payments will be made. CLIC members often have a day's notice to inform all beneficiaries to converge at the designated pay point. The time of day the payment team will arrive at the

pay point is also often unknown. Beneficiaries often wait at the pay points for several hours for the payment team. Once the payment team arrives, beneficiaries continue to queue for several hours to receive their money. Second, the current system routinely puts beneficiaries at risk of losing their grant for a pay period. As per the program manual, if a beneficiary or designated caregiver is absent at payment time, they should receive that payment at the next payment period. However, in practice, absentee beneficiaries or caregivers end up forfeiting their grant and are unable to recover it at the next pay period. In light of this risk, beneficiaries and their designated caregivers are forced to endure long hours of waiting. In assessing the payment scheme, some beneficiaries and community leaders complained about the payment team staff and their security personnel mishandling the payment process. The response below illustrates respondents' frustration with the payment scheme:

Most of us [caregivers] are workers and abandon our work to come and spend about six hours at the pay point because if you miss, there is no way to get the money again. If a caregiver should fall ill and cannot go for the money, the beneficiary will not get the money. That is unfair to them. (B9)

Community leaders and beneficiaries also expressed concern over the frequency of the payments and the size of the grant. Contrary to the bimonthly payment outlined in program guidelines, respondents describe payments as too low and routinely in arrears:

The money is too small. They give me GH¢16 and tell me it is for two months when they have not been here in about four months. (B4)

Program managers also shared in these sentiments, submitting that,

If the irregularity is addressed and the [grant] levels are raised commensurate with the trend of inflation, it will make big impact in the lives of people. (G1)

Beneficiaries appeared most frustrated by the fact that the payment team does not pay all the arrears from previous months they have missed. When probed on the frequency and size of the grant, most beneficiaries indicated a preference to receive an accumulated amount over time relative to regular bimonthly payments given the small size of the monthly grant and, presumably, the high transaction cost of collecting the payment. As one beneficiary explained,

If the government gives me an accumulated sum, I could use some of the money to start a small trading business to supplement what we get from the government. (B4)

When asked about alternative payment methods, most of the beneficiaries and community leaders interviewed suggested that the cash transfers should be paid through the rural bank system. The household survey interviews revealed a similar preference in both rural and suburban areas (see Table 7). A few beneficiaries in the qualitative interviews however were wary of the potential additional cost they may incur on transportation to travel to the nearest bank. Others were also concerned that they may not understand the banking system well due to illiteracy.

Table 7. Ranking of payment methods from household survey^a (1 – most desirable to 3 – least desirable).

Payment method	Rural		Suburban	
	Mean	Rating	Mean	Rating
Bank	1.49 (0.65)	First	1.25 (0.51)	First
Cash payment	2.03 (0.86)	Second	2.38 (0.60)	Second
Mobile money	2.48 (0.59)	Third	2.37 (0.74)	Second
No. of observations	299		301	

^aEach rank (first, second, etc.) is significantly different, $p < 0.05$.

Interviews with program managers and visits to implementing agencies' offices revealed a general lack of facilities (e.g. computers, photocopiers, vehicles, furniture) and personnel to effectively monitor fulfillment of conditions and ensure regular disbursement of funds. As one Municipal Director of the Department of Social Welfare puts it,

Look at our building and dilapidated furniture. It is even because of the LEAP that they brought us this new furniture. There is no computer. We are supposed to have 10 or 12 staff members here yet we don't have the staff.

Summary and conclusion

This study explored the alignment of a CCT program with public attitudes regarding poverty and social protection, focusing on the perspectives and experiences of key actors within a pilot site of Ghana's LEAP program. We focused on the elements of successful CCT programs suggested by Hanlon et al. (2010): that they should be (1) fair, (2) popular, (3) assured, (4) practical, and (5) 'not just pennies'.

We find that LEAP appears popular and relatively fair. It targets those poor with limited or no productive capacity (persons with severe disability, orphans, and vulnerable children), which our respondents deem as deserving of support through cash transfer. Likewise, our results revealed that respondents largely blame poverty on factors external to the poor. While acknowledging the role of personal factors such as laziness, respondents identified as the primary causes of poverty such factors as limited employment opportunities, overdependence on farming, limited access to credit and markets for farm produce, breakdown of community self-help structures (e.g. extended family system), lack of access to educational resources, and ill health or old age. Consequently, government assistance to the poor, especially those without productive capacity, appears to be socially acceptable. This is also apparent in that respondents did not associate LEAP grant receipt with any negative social stigma. LEAP appears to be well suited to the Ghanaian sociocultural context.

Nevertheless, our findings revealed several challenges in Ghana's LEAP program that undermine some of the recommended CCT program design elements advanced by Hanlon et al. (2010): being practical, assured, and 'not just pennies'. The data show that

LEAP grant payments are irregular and that beneficiaries incur high transaction costs to receive their grant. Also, the current size of the grant is widely deemed to be too small. At the time of data collection in summer 2012, the grant amount had not been adjusted for inflation since the program's introduction in 2008. Perhaps in anticipation of some political gains, the government adjusted the grant amount to about Ghana cedis (GH¢) 12–36 per household per month based on the number of eligible beneficiaries a few months before the general election in 2012. It also announced another adjustment of the grant amount in June 2015 to GH¢ 48–90 (US\$12–22; Ghana News Agency, 2015a). While such adjustments are commendable, it is essential that such increases be undertaken regularly to reflect prevailing cost of living to ensure that the amount of the grant payment is at least maintained, if not increased, to enable the grant to achieve its purpose for beneficiaries.

In addition, beneficiaries made it clear that they were unaware of the accurate amounts they were entitled to at each pay period. Such flaws undermine recipients' ability to adequately include the grant in their livelihood planning. Moreover, input from program managers and observations at implementing agencies' offices revealed a general lack of facilities and personnel to effectively administer the program. As LEAP expands, it is important that the government leverage the support of development partners to address the lapses in institutional capacity and related challenges to help the program achieve its poverty reduction goals. Given the previously discussed challenges associated with the LEAP payment system, the government should consider alternative payment schemes that are beneficiary-friendly and facilitate regular disbursement. In fact, the government recently launched a pilot program exploring the use of electronic payments including mobile money as an alternative payment method for the program (Ghana News Agency, 2015b).

Beyond Ghana's LEAP, this study suggests the need for an effective campaign to educate program beneficiaries and relevant actors on CCT programs. The analysis revealed some knowledge gaps regarding aspects of the program related to beneficiary selection and grant size. These knowledge gaps could potentially foster misinformation and associated social tension, which could undermine the program's popularity and eventually its sustenance. The study highlights the need for a comprehensive analysis of the institutional context of CCT programs in developing countries. The reported challenges with LEAP implementation illustrate some discrepancies that could arise between program design and implementation when institutional capacity is inadequate. The popularity of CCT especially within the international community may be driving its integration into Africa's development strategies. However, global popularity alone is not enough to yield desired poverty reduction outcomes, particularly in the presence of weak administrative capacity. Policymakers might consider incorporating an assessment of existing local administrative capacity as part of efforts to appropriately design CCT programs.

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Note

1. The exchange rate at the time of data collection was US\$1 = GH¢ 1.94.

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