

Can social assistance (with a child lens) help in reducing urban poverty in Ghana? Evidence, challenges and the way forward

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CAN SOCIAL ASSISTANCE (WITH A CHILD LENS) HELP IN REDUCING URBAN POVERTY IN GHANA? EVIDENCE, CHALLENGES AND WAY FORWARD.

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ABSTRACT

Experience with urban social assistance programmes is still limited, and fewer poor households are reached by social protection in urban than in rural areas. Many urban programmes are extensions or duplicates of rural programmes, but urban-sensitive social protection needs to reflect the distinct vulnerabilities of the urban poor. Applying a child lens requires identifying and addressing the specific risks and multiple deprivations that are experienced by half of urban children in developing countries (e.g. child labour, streetism, crime). The New Urban Agenda emphasizes a need for social protection to reach informal workers, to facilitate access to essential public services, and to realise the right to adequate housing for all. Costs of living are higher in urban areas, where the poor must pay for utilities and services, such as rent, transport and water, that are cheaper or free in rural villages. Instead of producing food for home consumption, urban residents depend on market purchases and are vulnerable to price inflation.

Designing social assistance for urban contexts faces challenges such as accurately targeting the poor (given the spatial geography of urban poverty) and setting appropriate payment levels (given the high and variable costs of urban living). Geographic targeting (e.g. informal settlements), proxy means testing (if urban-sensitive) and categorical targeting (e.g. street children) are popular mechanisms in urban areas, but community-based targeting is often inappropriate (because of urban social fragmentation) while self-targeting can be unethical (e.g. where wages below market rates are paid in public works projects) and might contradict rights-based approaches. As for payments, programmes such as the Minimum Living Standard Guarantee in China pay benefits that are higher in urban areas, where needs and resources are greater. To avoid perceptions of inequity, a different approach is to pay the same cash transfer amount throughout the country, but to add subsidies or vouchers for the urban poor to allow them to access transport and other services.

Ghana is a relevant case study because it is growing and urbanizing rapidly. Yet urban poverty and deprivations are rising even though national poverty rates have halved. Moreover, anti-poverty policies and social protection interventions remain biased towards the rural poor. Child poverty is higher in rural areas than in urban centres, but averages conceal pockets of poverty and severe deprivation within Accra and other cities. The ‘urbanization of poverty’ in Ghana has created problems such as overcrowded housing, limited access to sanitation, and outbreaks of communicable diseases.

Ghana's Shared Growth and Development Agenda (GSGDA) sets out a vision of social development anchored in social protection, social integration and redistribution. Child-focused programmes such as school feeding and free primary education have national scope in Ghana but the flagship social protection programme, Livelihood Empowerment Against Poverty (LEAP), began as a rural programme – focused on households, not children – and has only expanded its operations in urban areas since 2014. Many lessons on how to design and deliver urban-sensitive social protection from countries as diverse as Chad, China, Mexico and Mozambique could be applied in Ghana. Conversely, there are lessons from Ghana that could be applied in other countries.

KEYWORDS

Social protection, urban settings, poverty, child well-being, Ghana

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CONTENTS

1. INTRODUCTION	8
2. CONCEPTS AND FRAMEWORKS	9
2.1. Urban contexts in standard social protection approaches	9
2.2. Social protection and inclusive urbanization: the New Urban Agenda	11
2.2.1. Social protection for informal workers	12
2.2.2. Access to essential public services	12
2.2.3. Adequate urban housing for all	13
3. WHY A CHILD FOCUS ON URBAN SOCIAL PROTECTION?	13
3.1. Urban child poverty	13
3.2. A child lens to social protection	15
4. KEY ELEMENTS IN DESIGNING SOCIAL ASSISTANCE IN URBAN CONTEXTS WITH A CHILD LENS	16
4.1. Urban vulnerabilities	16
4.2. Targeting	17
4.3. Payment levels	19
4.4. Designing urban social protection for children	19
5. CROSS-COUNTRY EXPERIENCES OF URBAN SOCIAL PROTECTION	20
5.1. China	21
5.2. El Salvador	22
5.3. Chad	22
5.4. Kenya	22
5.5. Mozambique	22
5.6. Mexico	23

6. POVERTY AND SOCIAL PROTECTION IN GHANA	23
6.1. Poverty in Ghana	24
6.2. Is poverty in Ghana still a rural phenomenon?	25
6.3. Poverty reduction policies in Ghana	26
6.4. Social protection in Ghana	26
7. MOVING FORWARD: ADJUSTING SOCIAL ASSISTANCE FOR URBAN GHANA	28
7.1. Communications	28
7.2. Targeting and registration	28
7.3. Benefit package	29
8. CONCLUSIONS	30
REFERENCES	32

1. INTRODUCTION

More than half of the world's population lives in urban areas, but most social protection programmes that are sub-national in scope are implemented in rural areas—at least, in terms of social assistance. This is partly a result of the plethora of cash transfer programmes that spread across Latin America – and more recently, Africa and parts of Asia – after the pioneering rural programmes in Mexico and Brazil in the early 1990s. Fewer of the poorest quintile (20 per cent) of households have access to social protection in urban areas (16.6 per cent) than in rural areas (23.4 per cent) (World Bank 2018). Although income poverty rates are generally lower in urban areas, poverty is more complex and multidimensional than in rural areas, and the numbers of poor urban households are rising constantly, along with urbanization rates. Furthermore, children are disproportionately affected by poverty: they represent a third of the global population but half of the global poor population (Newhouse, Evans and Suarez 2016). According to ILO (2017), only 35 per cent of children worldwide enjoy effective access to social protection, with almost 1.3 billion children not covered, most of whom live in Africa and Asia. This implies that the need for tailored social protection for the urban poor is increasing and that the introduction of a child lens to urban social protection is also required.

The assumption that urban families are more likely to be covered by social security arrangements (that is, formal contributory social protection), and therefore do not need social assistance, overlooks the reality that most low-income urban workers earn their livelihood in the informal sector. Since informal workers face challenges in accessing social assistance and are rarely reached by social security, the challenge of urban social protection overlaps strongly with the challenge of extending social protection to informal workers. It also overlaps with protecting disproportionately vulnerable groups, such as children, migrants or people living with disabilities (ILO 2017).

In light of this, a relevant question is whether the conventional toolkit of social protection instruments – especially social assistance and social insurance – reaches poor urban people. A related question is whether this toolkit is appropriate for urban residents – that is, whether social assistance meets specific urban needs such as housing, transport, electricity and water. With this in mind, this paper addresses two research questions:

- 1) What is the current evidence on effective social assistance programmes in urban contexts around the world?
- 2) How can such programmes be designed and implemented in urban Ghana, with special reference to children?

In addressing these questions, this paper uses existing evidence on best practices to inform decisions of policymakers in Ghana. This country is an ideal case study because it epitomizes countries delivering rapid economic growth, overall poverty reduction and expansive social protection strategies. Yet, the number of urban poor is increasing in Ghana, creating a need to deliver more effective social protection for urban residents. Consequently, the target audience of this study are policymakers in Ghana tasked with designing social protection programmes—either on the basis of already existing rural programmes or from scratch. The paper is structured as follows. Section 2 introduces the concepts of social protection as well as the New Urban Agenda—the dominant consensus guiding the development of urban social protection globally. Section 3 discusses urban child poverty and argues for the application of a child lens to social protection. Section 4 discusses selected design issues in urban social protection—targeting, payment levels and how to design social protection for urban children. Section 5 reviews lessons learned from case studies of urban social

protection in Asia, Latin America and Africa. The aim of these four sections is not to provide an exhaustive analysis of concepts and evidence but to selectively identify, discuss and present widely accepted notions including their implications for, and relevance (or lack thereof) to, urban child poverty reduction. These are instrumental inputs for evidence-based policymaking in Ghana. Section 6 focuses on Ghana’s poverty trajectories as well as poverty reduction and social protection policies. Section 7 identifies changes that should be made when extending social assistance to urban Ghana. Section 8 outlines the conclusions.

2. CONCEPTS AND FRAMEWORKS

There is no consensus on the definition of social protection, and many organizing frameworks exist, most of which are complementary rather than contradictory. This section introduces the approaches favoured by UNICEF, the World Bank and ILO, the largest international organizations investing in social protection globally. This is followed by a discussion of the New Urban Agenda, with a specific focus on its implications for access to social protection, public services and housing.

2.1. Urban contexts in standard social protection approaches

UNICEF defines social protection as “the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation” (UNICEF 2012:14). Vulnerabilities refer to individual or household exposure to risks as well as the capacity to respond to them. The ‘social risk management’ approach developed by the World Bank (2000) also focuses on risks, differentiating between idiosyncratic risks (affecting individuals or households) and covariant risks (affecting entire communities or countries). Gender, ethnicity, economic disadvantage, disability, displacement and invisibility typically drive these vulnerabilities (CIER and UNICEF 2009).

UNICEF divides social protection programmes into four categories: social transfers; programmes to ensure access to economic and social services; social support and care services; and legislation promoting equity and non-discrimination (*see Table 1*).

Table 1: Categories of UNICEF’s social protection programmes

Social Protection Component	Examples
<p>Social Transfers</p> <p>Predictable direct transfers to individuals or households to protect from the impacts of shocks and support the accumulation of human, productive and financial assets</p>	<ul style="list-style-type: none"> ■ Cash transfers (including noncontributory pensions, child benefits) ■ Food transfers ■ Public works
<p>Programmes to ensure access to services</p> <p>Social protection interventions that reduce the financial and social barriers households face when accessing social services</p>	<ul style="list-style-type: none"> ■ Birth registration ■ User fee abolition ■ Health insurance ■ Exemptions, vouchers, subsidies ■ Specialized services to ensure equitable access for all

Social support and care services

Human resource-intensive services that help identify and reduce vulnerability and exclusion (particularly at the child and household level) by: strengthening individuals' and households' resilience; improving their capacity to overcome shocks and strains; and linking households to existing programmes and services

- Family support services
- Home-based care
- Childcare subsidies/support

Legislation and policy reform to ensure equity and non-discrimination

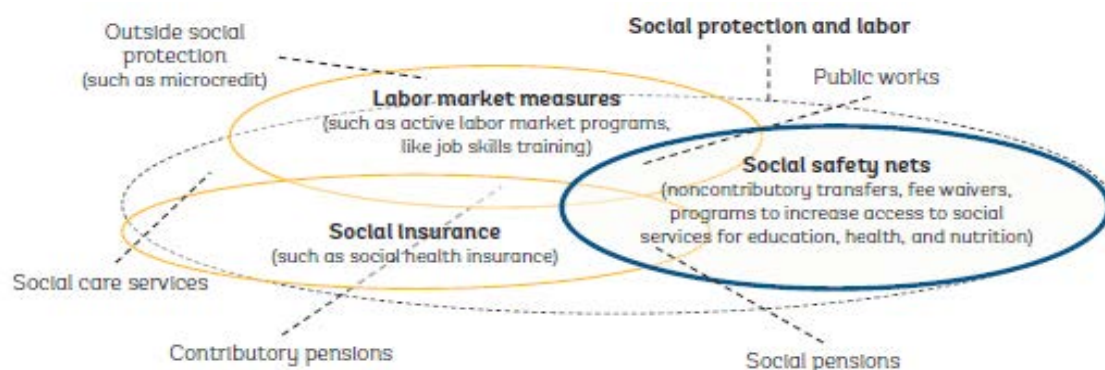
Changes to policies/legislation seeking to remove inequalities in access to services or livelihoods/ economic opportunities, thereby helping to address issues of discrimination and exclusion

- Minimum wage and equal pay legislation
- Employment guarantee schemes
- Childcare policy
- Maternity and paternity leave
- Removal of discriminatory legislation or policies affecting service provision or employment

Source: adapted from UNICEF (2012)

A complementary approach is the World Bank's 'social protection and labour' framework, which adds labour market measures to social safety nets and social insurance (see Figure 1), and aims at protecting all people against poverty, vulnerability and social exclusion throughout their life cycle, through instruments that improve resilience, equity and opportunity (World Bank 2012). The main addition to the UNICEF approach is active labour market interventions, such as skills-building and job matching.

Figure 1. Components of World Bank social protection and labour strategies



Source: World Bank (2015)

The ILO social protection framework shares most of the principles included in the UNICEF and World Bank approaches. However, ILO considers both social protection and social security as largely interchangeable concepts (ILO 2017:194–5). Interventions under social protection include child and

family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection (medical care), old age benefits, invalidity/disability benefits and survivors' benefits. Social security is a human right and it aims to reduce and prevent poverty, vulnerability and social exclusion throughout the life cycle. Social protection floors constitute the most innovative contribution of the ILO approach. They are nationally defined sets of basic social security guarantees – in terms of both essential health care and basic income security for children, adults and older persons – that ensure, as a minimum, that, over the life cycle, all in need have access to goods and services defined as necessary at the national level (ILO 2012).

The three frameworks acknowledge the importance of considering urban specificities, but none of them incorporates a specific urban focus. UNICEF's Social Protection Strategic Framework in 2012 identified urban settings and poverty as a key emerging area for social protection. The framework also outlines urban-specific vulnerabilities to be considered and identifies some key issues in urban areas such as targeting and transfer size. The World Bank's social protection strategy emphasizes its role in broadening productive opportunities. In the urban context, this also means protecting informal workers and responding to crises and shocks (such as food price hikes or natural disasters), which may have differing impacts across urban and rural contexts. The World Bank has also stressed the relevance of evidence generation and dissemination, investing in data platforms that document and simulate impacts of different social protection interventions across rural and urban contexts (World Bank 2012, 2018). Furthermore, the ILO's notion of social protection floors applies to both urban and rural settings, as does the need to provide essential health care and basic income security for all regardless of context. Although these frameworks do not specifically focus on urban issues, they can still be adapted to consider social protection in urban contexts, both conceptually and operationally.

2.2. Social protection and inclusive urbanization: the New Urban Agenda

The increasing concentration of population in cities (from 30 to 54 per cent of the global population between 1950 and 2014, UN 2014) poses challenges relating to sustainable development, inequalities, social and economic exclusion, and the delivery of basic services and social protection. The New Urban Agenda (NUA), is an outcome document that enshrines the agreement between nations, states, cities, civil society representatives and the international community that participated in Habitat III, the United Nations Conference on Housing and Sustainable Urban Development in 2016 (UN-Habitat 2016). It follows the 'Habitat Agenda' adopted in 1996 and is conceived as an instrumental guide to channel the efforts of all actors for the next 20 years. Moreover, it calls for action to rethink and implement a new agenda based on a stronger fostering of national urban planning and sustainable urbanization that effectively supports, among others, sustainable development goals globally as well as national development processes (UN Habitat 2016).

The NUA document begins with the 'Quito Declaration on Sustainable Cities and Human Settlements for All', which outlines the challenges and opportunities arising from the expected doubling of the world's urban population by 2050. The core of NUA comprises 135 points that cover transformative commitments for sustainable urban development. NUA provides a shared vision, based on the 'right to the city' agenda (Mayer 2009) that commits to equal rights, the right to adequate housing and fundamental freedoms, along with functional social and civic systems, with participatory access, gender equality, and accessible urban mobility for all. It provides a 'call for action' that brings special attention to developing countries, slum and informal settlement dwellers, migrants and refugees. This is important because significant numbers of urban residents in developing countries

are migrants and refugees who are at risk of being legally excluded from formal social protection provisions including social services.¹

NUA has direct links to the Sustainable Development Goals (SDGs): not only SDG11 (Make cities and human settlements inclusive, safe, resilient and sustainable), but also several others, notably SDG10 on inequalities between and within countries (Le Blanc 2015). Large cities have high levels of inequality in contrast with smaller towns. As Glaeser et al. (2009:617) assert, “the inequality of cities may be as important as the inequality of countries”. This is not, however, a new concept. More than twenty years before the launch of NUA, the global action-research-policy network, Women in Informal Employment: Globalizing and Organizing (WIEGO, 1997), had already underlined that informality constitutes the broad base of the urban economy but is also at great disadvantage in terms of access to public spaces and resources. Informal workers typically remain invisible and powerless; are kept at the periphery of cities at long distances from markets and customers; and usually remain excluded from city planning or local economic development.

There are several policy areas in which the scope of social protection potentially converges with the inclusive urbanization objectives of NUA. Three of these policy areas are briefly considered here.

2.2.1. Social protection for informal workers

If cities are to be engines of inclusive growth, then social protection and decent work should form two related policy elements of NUA. Social security schemes such as unemployment insurance and contributory pensions are the main source of social protection for formally employed workers. However, more than half of the urban workforce in most developing countries is informal—ranging from 51 per cent in Latin America to over 80 per cent in South Asia (Vanek et al. 2014). A major challenge, therefore, is to find and implement mechanisms for extending social protection access to informal workers, including the self-employed and jobseekers. Another challenge is the provision of essential basic services, such as adequate and affordable health care, that are accessible to informal workers, while implementing appropriate regulation and adequate monitoring to ensure occupational health and safety for all urban workers.

2.2.2. Access to essential public services

Among urban populations, access to essential public services such as water, sanitation, electricity, transport, waste management and public safety has a bigger impact on inequality and well-being than in rural areas. In some cases, existing informal and under-serviced settlements may be the result of deliberate policies to discourage migration from rural areas – examples include Brazil’s *favelas*, China’s *hukou* household registration system and apartheid in South Africa (McGranahan, Schensul, and Singh 2016). However, such exclusion and underinvestment may also be driven by affordability constraints. An ‘affirmative action’ approach plus a rights-based approach to address historical inequality and discrimination as well as current failures to provide essential services can be combined to hold local governments to account, while redefining social protection to incorporate pro-poor links to these services. This will make social protection more relevant to urban priorities.

¹ For illustration purposes, the Thai system specifically states that domestic workers, who are usually migrants, are not included in the national formal social protection system. While in some other national legal codes, ineligibility derives from omission, in the case of Thailand, the law – the Social Security Act of 1990 and its amendment in 1999 – specifically states that domestic workers are not to be covered as they do not classify as employees (Thailaws.com 1990).

2.2.3. Adequate urban housing for all

Globally, over 860 million people live in informal settlements (UN-Habitat 2016). The quest to achieve adequate housing is not only a function of the financial resources needed, it also relates to legal claims on tenure and a political assertion over one's right to the city (Gupte 2010). Social protection systems have the potential to assist in the realization of the right to an adequate standard of living, including adequate shelter. As such, the right to social protection and the right to housing articulated in NUA can be viewed as mutually supportive. For instance, adequate housing (that provides proof of residence) can be a precondition for accessing social protection, health care and other services.

However, integrating inclusive urbanization and social protection requires effective governance. NUA recognizes that effective urban governance is not only desirable but essential for sustainable, inclusive economic growth (Buckley and Simet 2016). That said, there is a danger in pursuing a 'growth-first' strategy for urbanization, as "exclusion can become entrenched and difficult to reverse, even with increased prosperity" (McGranahan, Schensul, and Singh 2016:13). Ultimately, the effectiveness of NUA will be determined by its relevance to urban governments and urban dwellers, especially those whose needs are not currently being met (Satterthwaite 2016). In this context, the specific vulnerabilities of poor and excluded children in urban areas (such as child labour, domestic violence against children, and inadequate early childhood development (ECD) and water, sanitation and hygiene (WASH) services) are not specifically addressed by NUA and do need special attention.

A second source of concern is that NUA devolves much of the responsibility for delivering services such as social protection to local governments and municipalities, but social protection is usually implemented at a national level or in a centralized manner. The challenge lies in designing and delivering social protection policies and programmes that meet specific urban needs while being coordinated and portable within a national social protection system. This balance will ensure that cities do not attract a disproportionate share of migrants in search of benefits, nor subsidize those who migrate to cities over those who remain in rural areas (Gupte 2016).

In conclusion, NUA is instrumental to unequivocally advocate for urban social protection schemes and to identify singularities to be addressed by social protection in urban settings. It also highlights the practical challenges to be addressed (as outlined in the following section).

3. WHY A CHILD FOCUS ON URBAN SOCIAL PROTECTION?

This section reveals how comparatively lower rates of child poverty in urban areas and a failure to recognize the multidimensional nature of urban poverty have resulted in a relative neglect of poor urban children. Applying a child lens to social protection can help to address this neglect.

3.1. Urban child poverty

Among children living in extreme income poverty in 89 developing countries, it is estimated that, between 2009 and 2013, 9 per cent of all children in urban areas lived on less than \$1.90 per day (Newhouse, Evans and Suarez 2016; UNICEF and World Bank 2016). Although 9 per cent sounds like a small minority, in absolute numbers it amounts to millions of children across the world, and the numbers are rising rapidly due to population growth and urbanization. Moreover, multidimensional poverty is higher than monetary poverty: almost half of all children under five living in large cities in

26 low- and middle-income countries had 'unsatisfied basic needs' relating to housing conditions, sanitary facilities, economic dependency and household crowding (Rutstein et al. 2016). An exclusive focus on income poverty could lead to inadequate policy focus on the multiple deprivations that are experienced by almost half of urban children in developing countries.

Rural poverty rates are much higher than those in urban areas. One in four rural children under 18 experience extreme monetary poverty (UNICEF and World Bank 2016) and 8 out of 10 rural children under five do not have their basic needs met (Rutstein et al. 2016). Overall, urban children and rural children account for 19 per cent and 81 per cent of all extremely poor children, respectively. But the character of poverty and the nature of the deprivations that children face are quite different in urban and rural contexts, which is why disaggregated needs assessments and tailored policy responses are called for.

The lower poverty levels and share in poverty for children living in urban areas has led to a strong focus on rural child poverty and limited acknowledgement of the plight of children in cities (Bartlett 2011), and such acknowledgement has often focused very narrowly on street children (Bartlett 1999). However, there are strong reasons for paying more attention to child poverty in urban areas and for considering its specific characteristics.

Firstly, poverty estimates and measures are premised on indicators and thresholds that are primarily applicable to rural settings. Indicators reflecting housing conditions based on materials used for walls or roofing, for example, fail to reflect issues that are core to the predicament of urban children and their families, such as land ownership and informal settlement (UNICEF 2002; Bartlett 2011), or deprivations in areas of crowding, smoky fuels and lack of electricity (McGranahan 2016). Similarly, water sources and sanitation facilities that can be considered 'improved' in rural settings prove inadequate in densely populated urban settings, including hard-to-maintain pit latrines and water-points with long lines and irregular supply (Gupte 2013).

Secondly, costs of living are higher in urban areas, as reflected in expenditure profiles. Urban residents generally pay more for housing, transport and utilities (electricity or water, for example). Being more market-dependent for their food and basic needs, they are also more exposed to inflation and price spikes, but these differentiated cost and spending patterns are not captured in aggregated national poverty lines.

Thirdly, high levels of informality mean that marginalized urban populations are often invisible in official data and are therefore under-represented in poverty estimates (World Vision 2014).² Informal settlements that house many of the poorest urban dwellers tend to be excluded from sampling frames or under-sampled, leading to underestimates of urban (child) poverty (Gupte 2013).

Fourthly, a simple rural-urban dichotomy masks vast disparities between different groups and types of urban settlements. Dimensions along which experiences of children in urban areas will differ include size and location of the city/town, governance, and quality of infrastructure (Gupte 2013). Urban child poverty is often associated with – but not limited to – living in slums.

² This is also true for children. It is estimated that highly marginalized 'missing or invisible' children make up a substantive part of the 250 million extremely poor people not captured by national data or household surveys (UNICEF and the End Child Poverty Global Coalition, 2017).

Finally, while extreme deprivation rates decreased in rural areas and at country-aggregate levels, poverty rates have increased in urban areas (Rutstein et al. 2016). In conjunction with expanding urbanization, this suggests that the numbers of deprived children in urban areas will grow rapidly in years to come.

Several outcomes for children in urban areas raise concerns. Malnutrition levels among urban children are high. In sub-Saharan Africa, 41 per cent of children under five in urban areas do not receive adequate nutrition (de Milliano and Plavgo 2014). In South Asia, more than half of all children face malnutrition and the problem appears to be becoming increasingly urban, primarily as a consequence of poor hygiene and sanitation (Gupte 2013). Health risks include respiratory disease and physical injury, and many children are exposed to crime and violence (Bartlett 2011). Two in three children in urban areas in sub-Saharan Africa experience domestic violence (de Milliano and Plavgo 2014).

Various conditions specific to the urban context underpin these deprivations. A first set of issues refers to children's housing conditions and immediate environment. This includes: the adequacy of the dwelling they live in and whether it keeps them warm, dry and safe; access to sanitation facilities; availability of space inside and outside the house; and security of tenure. Poor ventilation of homes and overcrowding are common causes of respiratory disease for children in urban areas, while high population density also means that space for safe play, which is crucial for child development, is limited (Bartlett 1999). Finally, lack of secure tenure means that many families live with high levels of uncertainty and risk eviction at any time (UNICEF 2002).

Water and sanitation constitute another serious concern. One in three children in urban areas in sub-Saharan Africa do not have access to improved toilet facilities (de Milliano and Plavgo 2014). While most households in urban areas may be recorded as having access to safe water, experiences in Bangladesh show that the combination of distance to water sources, long queues and waiting times, irregular supply and inadequate storage facilities in the house mean that most children do not have access to safe drinking water (Bartlett 1999). Pollution, open sewerage and contamination all undermine children's health and nutrition (Mohiddin et al. 2012).

Greater dependence on the cash economy leads to monetary poverty hitting children and their families in urban areas hard. The inability to rely on subsistence farming or natural resources leads to a greater dependence on cash income and increased vulnerability to price fluctuations (UNICEF 2002). Vulnerability is further reinforced due to dependence on precarious informal work, which is also often hazardous, with high levels of insecurity and low levels of pay (Mohiddin et al. 2012).

3.2. A child lens to social protection

Children constitute a priority group for social protection. Child-specific vulnerabilities include child stunting, street children, unaccompanied child migrants, child labour, teenage pregnancy and forced child marriage. Addressing deprivations and gaps in access to services in early life protect children against risks and widening inequalities, and against negative consequences that could persist through childhood and adolescence into adulthood.

Children's access to services and social protection has long been recognized as a fundamental right. The 1989 UN Convention on the Rights of the Child acknowledges the need for social security and social insurance – with explicit references to nutrition, clothing and housing – to realize the right

of every child to a standard of living adequate for her physical, mental, spiritual, moral and social development (UN General Assembly 1989).³

More recently, many of the SDGs focus explicitly on children. The SDGs target risks to children that were not considered in the Millennium Development Goals (MDGs), such as ending abuse, exploitation, trafficking and all forms of violence against children; eliminating early and forced child marriage and female genital mutilation; and ensuring access for all girls and boys to quality early childhood development. The SDGs also highlight the critical role of social protection in addressing such risks, with a dedicated target on the implementation of national social protection floors which include guaranteed basic income security (ILO 2012) and access to nutrition, care, education and any other necessary goods and services for all children (UN 2017).

Applying a child lens to social protection requires identifying children's needs as part of the overall life cycle and ensuring that children do not adopt damaging coping mechanisms such as engaging in child labour, skipping meals, dropping out of school, begging or illicit sex work (Maxwell et al. 2012). Social protection interventions have been shown to reduce many child-specific vulnerabilities and to enhance children's well-being in several respects. For example, investing in infant nutrition during the first 1,000 days of life can prevent malnutrition among older children (Scaling Up Nutrition 2016). ECD interventions in Jamaica and the USA report higher earnings among participants vis-à-vis non-participants 25–40 years after receipt of the benefit (Agüero, Carter and Woolard 2006; Heckman et al. 2010; Gertler et al. 2014). Social cash transfers have been proved to reduce school dropout rates, child labour, adolescent stress and risky behaviours such as substance abuse, transactional sex and teenage pregnancy (Davis et al. 2016).

4. KEY ELEMENTS IN DESIGNING SOCIAL ASSISTANCE IN URBAN CONTEXTS WITH A CHILD LENS

This section considers the implications of designing social assistance for urban contexts, with a focus on specific design issues: targeting and payment levels. Most often, social assistance programmes are designed with rural poverty and vulnerabilities in mind. What do urban contexts imply for the design (adaptation or extension) of social assistance programmes, especially for urban children?

4.1. Urban vulnerabilities

Urban living and livelihoods pose some specific challenges for the design and implementation of social protection, as compared to rural areas (del Ninno and Mills, eds. 2015). A primary reason for this relates to the specific vulnerabilities of urban residents. Urban poverty is characterized by volatility in income, reliance on fully monetized means of exchange, insecurity of employment and income, insecure housing tenure, population mobility (including influxes of refugee populations), diverse populations groups with diverse needs, and weaker social networks to rely on in times of distress or shock. All these factors mean that designing social protection for the urban poor and vulnerable requires that programmes are tailored to these needs.

Gentilini (2015:8) reports a rural-urban gap of 7 percentage points, in favour of rural areas, in the coverage of poorest quintile households by safety net programmes: "Such difference soars to

³ Also, the UN's legal framework clearly states that children have the *right to social security*, as defined in Article 22 of the Universal Declaration of Human Rights (UDHR), UN General Assembly (1948).

nearly 24 percentage points in some middle-income countries". Why have most social protection interventions been focused and implemented in rural areas? One reason for this is the dominant perception that poverty and vulnerability are more widespread and felt more deeply in rural areas. Another reason relates to the assumption that, due to the vibrancy of labour markets in urban areas as compared to rural areas, a substantial part of the urban population has access to income security and social protection through employment. "Yet while the urban poor are covered by social insurance and labour market interventions for a rate double that of rural areas, those programmes only reach a fraction of the urban poor (i.e. 3–4 per cent)" (Gentilini 2015:8). A significant proportion of the working poor, especially in lower-income countries, work in the informal sector, with employment and wages characterized by irregularity and unpredictability. In this sector, employment-related social protection is not the norm. In fact, informality in labour markets is typically associated with high levels of vulnerability and exclusion from formal social security systems.

Migration is another source of urban vulnerability. Internal and international migrants moving to cities bring with them specific vulnerabilities, such as limited knowledge of local languages, uncertain rights to local services, and limited portability of social protection and other entitlements from their place of origin (Sabates-Wheeler and Feldman 2011). They face discrimination and xenophobia that excludes them from formal employment and threatens their informal livelihoods. At the same time, they have left behind their extended families and communities that are traditionally sources of informal support. These well-known challenges relating to refugees' and migrants' access to basic services must be considered in the design of social protection in urban areas.

4.2. Targeting

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

Social assistance programmes that are **universal** in terms of national coverage (such as a universal social pension for the elderly) avoid the difficulty of identifying the poor by being open equally to rural and urban residents. This might make them more accessible to urban residents, who are physically closer to government offices and more used to dealing with government services and officials. But a study of *Bolsa Familia* in Brazil concluded that the urban poor – especially those who are highly mobile, such as migrants or those without a fixed address – can be just as 'hard to reach' with social protection as the geographically isolated rural poor (Wong et al. 2016:19).

Geographic targeting can be challenged by the distinct spatial geographies of urban poverty. In some cities and towns, the poor are concentrated in specific areas. In others, the urban poor are dispersed throughout. In the Philippines' *Pantawid* conditional cash transfer programme, geographic targeting is appropriate because most cities have recognized 'pockets of poverty' or 'poverty hotspots' (Gentilini 2015:51).⁴ Many people are highly mobile across urban localities or between rural and urban locations, which presents challenges for programme registration, payment and monitoring. Children are often sent to live with wealthier relatives, or left behind with grandparents in the village when their parents move to town to look for work. Mobility and splitting of households raises questions about who should be the recipient of social transfers. For instance, if a child is named as beneficiary of a child grant the recipient is usually the child's primary caregiver.

⁴ Yet, the amount of the cash transfer may not fully offset the costs of schooling and there is evidence that child labour has gone up among beneficiary children to contribute to covering such costs (de Hoop et al, 2017).

Categorical targeting is a mechanism that uses simple personal characteristics to define eligibility, such as age, ethnicity or disability. For example, Nepal's Child Grant Programme targeted *Dalit* families with children, while Mongolia's Child Money Programme at some point provided benefits to all families with children under 18 years of age. Also, in Nepal, a universal social pension is paid to all citizens over 70 years old, but eligibility starts at 60 years for *Dalits* in recognition of their heightened vulnerability (Samson and Kenny 2016). Vulnerable categories may also be different in urban areas. For instance, many rural social protection programmes target smallholder farmers or agricultural labourers, but in urban areas the most vulnerable workers are those in the informal economy, such as street traders.

Means testing is often inappropriate for targeting the urban poor given the extent of informality in the labour market and the erratic and unpredictable earning of informal workers. Instead, **proxy means testing** (PMT) has become a common targeting mechanism for rural social protection programmes. In Addis Ababa, poverty prevalence is spread evenly across the city, and a PMT model based on easily observable household characteristics accurately identified three quarters of those living below the poverty line (Gentilini 2015). However, other country case studies show that the formula for rural populations may not adequately target the urban poor. This is because simple proxy indicators, such as floor or roofing material or access to electricity, do not satisfactorily differentiate the eligible urban population from the ineligible because of housing type and arrangements. Furthermore, housing indicators are not suitable to measure poverty when many urban dwellers are renters rather than owners. The *Oportunidades/Prospera* programme in Mexico caters for these rural-urban differences in the calculation of PMT, for instance by giving renting a living space twice the weight in urban areas to reflect the higher share of expenditure devoted to urban housing. By contrast, the information on which PMT is built may at times not be sufficiently reliable or updated to allow for such differentiation (del Ninno and Mills, eds. 2015).

Self-targeting is a mechanism that avoids having to identify poor members within a population by raising access costs of reducing benefits such that only poor people will apply. The PATI programme in El Salvador, for instance, self-targets unemployed youth by offering unskilled work opportunities at wages below market rates (Gentilini 2015). However, self-targeting is increasingly considered by many to be unethical and contrary to rights-based approaches to social protection.

In the case of **community-based targeting** (CBT), the diversity of population groups living in urban localities, along with limited social connectedness between households, can undermine any targeting mechanisms that rely on thick social networks, personal knowledge among neighbours and trust. Any social provision that relies on social capital (such as the use of CBT, burial societies and rotating savings groups) may be harder to establish and sustain than in rural areas. In some cases, including in Ghana, the performance of CBT has been shown to vary considerably across communities (Pop 2015).

Finally, many programmes apply **multi-level targeting**, for example by combining geographic and CBT with PMT. The coverage of the programme is first defined geographically (e.g. informal settlements in Nairobi), then a proxy means test formula is devised and applied, and, finally, community members are invited to validate households identified by PMT.

4.3. Payment levels

Typically, social assistance benefit levels either reflect national budget constraints or are set as a proportion of a poverty line or of the cost of a basic food basket, sometimes adjusted for family size and composition. Rarely are they adjusted for differences in living costs between urban and rural areas, even though urban living costs are considerably higher. In Botswana, for instance, a uniform national payment for social pensions resulted in payments for urban residents being very inadequate: “the payment level in Botswana fell 20 per cent short of meeting basic subsistence costs in rural areas, and 80 per cent short in urban centres” (Devereux 2007:555).

In poor rural areas, houses are often constructed using mud, wood and thatch, water is collected from rivers and ponds, energy comes from fuelwood and charcoal, donkey carts are used for transport, and farmers grow their own food. This access to natural resources allows rural households to avoid or minimize many of the costs associated with urban living, where cash is needed daily to pay for rent, water, electricity, transport and food.

One notable exception to the rule of uniform transfer payments across the country is China’s flagship Minimum Living Standard Guarantee Program, which started in urban areas in the 1990s but gradually expanded and, by 2014, delivered income transfers to 52 million poor rural individuals and 19 million poor urban individuals. Eligibility is means tested, but both the income threshold and the amount paid are determined at provincial and municipal levels according to local needs and available resources. Despite questions around the effective implementation of the programme (Gubrium, Pellissery and Ledemel eds, 2014), this resulted in higher benefits being paid in urban areas (US\$45/month) than in rural areas (US\$20/month) in 2014 (Zhang and Wu 2016).

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

4.4. Designing urban social protection for children

Adding a child lens to social protection in urban areas requires intersecting the fundamental features of social protection for children with specific issues affecting urban social protection. For instance:

- As urbanization takes place, the number, incidence and share of the urban poor, including children, all rise.
- An increasing share of children and adults live in densely populated areas, including in slums, with severe challenges in terms of housing, public services and security.
- Urban settings are diverse, from peri-urban small towns to large cities and megacities, each with distinctive capacity and governance challenges.
- Urban populations tend to be more mobile than rural populations: the former increasingly include international refugees, national migrants, workers on the move and homeless people.
- Urban settings are becoming more prone to natural disasters and man-made crises, with the ensuing influx of refugees and internally displaced populations.

Aligning the specific social protection challenges in urban settings with children's needs alongside a life cycle approach has a series of concrete practical implications, including the following:

- Specific **vulnerabilities** facing children in urban areas, such as migration, streetism and child-headed households, must be included among the explicit objectives of urban social protection.
- Approaches to **design** must be reassessed across different types of cities and in slums. This implies addressing, for example, how to find eligible beneficiaries in densely populated slums; whether benefit levels need to be adjusted to reflect higher living costs in urban settings; how to adjust, update and make targeting mechanisms like PMT functional to account for urban conditions; or how to mobilize community leadership and reflect children's voices in urban settings.
- Social protection has more potential to **coordinate** with other social and economic investments in urban areas, given the better availability and accessibility of services. This implies a context-specific integration of programmes addressing mother and child care; child protection services; early childhood development; primary, secondary and tertiary education; school feeding schemes; adolescent risky behaviour; and youth training.

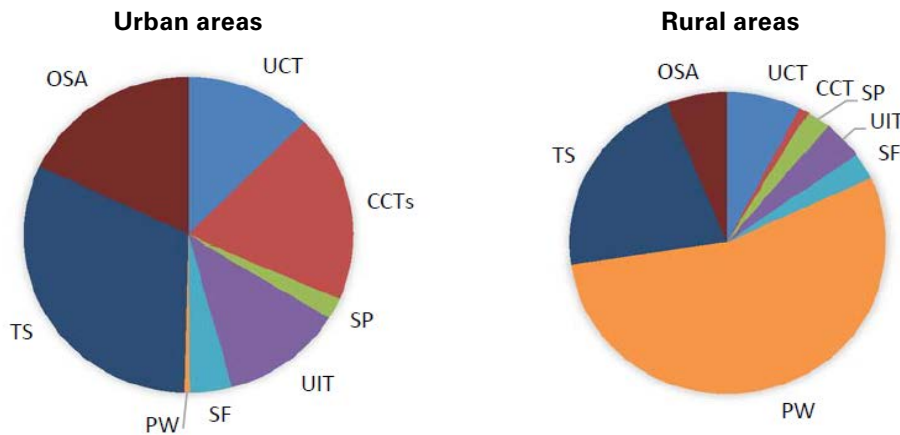
Simply expanding social protection programmes from rural to urban areas and increasing benefits to account for the presence of children in beneficiary households is not adequate. Designing an urban social protection programme with a child lens requires addressing several fundamental questions:

- Was there a specific assessment of children's multidimensional poverty and vulnerabilities?
- Is the intervention respectful of children's rights?
- Are issues affecting children, exclusively or primarily, adequately identified and addressed?
- Are issues affecting populations collectively, including children, identified and addressed?
- Does the programme follow a life cycle approach that integrates interventions coherently across childhood, adulthood and old age?
- Are specific features of urban settings considered, in terms of both opportunities and obstacles, for an effective social protection strategy?

5. CROSS-COUNTRY EXPERIENCES OF URBAN SOCIAL PROTECTION

Social assistance programmes in low-income countries tend to be either national in coverage or predominantly rural. Some impetus to extend coverage to urban areas or to introduce specific urban programmes followed the 'triple F' (food, fuel and financial) crisis of 2007–2008, which raised food and transport prices across the world and affected the urban poor disproportionately. Many governments responded by introducing social assistance programmes for urban residents. Although these programmes tended to target the poor, as rural programmes also do, their design often had to be adapted to urban contexts. Figure 2 illustrates how social assistance in lower-middle-income countries is dominated by targeted subsidies and unconditional cash transfers in urban areas and by public works in rural areas.

Figure 2: Social assistance programmes in lower-middle-income countries, 2015



Source: Gentilini (2015: 44)

Notes: TS = targeted subsidies
CCTs = conditional cash transfers
UCT = unconditional cash transfers
UIT = unconditional in-kind transfers

SF = school feeding
SP = social pensions
PW = public works
OSA = other social assistance

Of course, many countries already deliver social assistance in urban areas and this experience can generate useful lessons for others. Two pathways can be followed: one, tailored programmes are introduced to urban areas only (e.g. China, El Salvador, Chad, Kenya, Mozambique); or, two, programmes start in rural areas and are later extended to urban areas (e.g. Mexico, Ghana). There are also national programmes that cover both urban and rural residents, but these do not offer lessons for countries planning to develop urban-sensitive social assistance programmes. Six of the seven countries named against these two pathways are discussed here. These vignettes are summarized from Gentilini (2015), except for that on Chad, which is based on Watson et al. (2016). The seventh country – Ghana – will be explored as a detailed case study in the next section.

5.1. China

In response to rapid urbanization and the restructuring of state-owned enterprises that cost millions of public sector workers their jobs in the 1990s, the Chinese government introduced the urban minimum living guarantee system, *Dibao*, in 1999 (after a few years of experimentation in several cities), which by 2013 was reaching 21 million (urban) beneficiaries. The urban *Dibao* has become a formal poverty-oriented measure to support low-income urban working households and the elderly with local residence or *hukou* (thus effectively excluding migrant workers and their families). *Dibao* benefit levels are set by provinces and cities, initially based on estimated minimum living costs (for food, clothing, housing, utilities, health care and education fees); and later as a proportion (e.g. 65 per cent) of the local minimum wage. In addition to *Dibao*, China's urban social protection system includes a number of other programmes directed to the *tekun* people (those in extreme difficulty or poverty) – urban residents with no labour capacity, no income and no legal guardian – and support programmes on education, health, employment, housing, disaster relief and temporary assistance. Two lessons learned are: the need to set consistent thresholds across the country for means-testing purposes, and the need for standardized benefit levels (i.e. a uniform national payment) or standard rules for benefit levels (e.g. a fixed 65 per cent of the different local minimum wage in each province or municipality).

5.2. El Salvador

In response to the 'triple F' crisis of 2008, a social protection system was introduced in El Salvador in 2009, with a rural component (*Comunidades Solidarias Rurales*), and a specific urban component (*Comunidades Solidarias Urbanas* (CSU)). A Temporary Income Support Program was implemented under the CSU, which targeted urban youth, especially unemployed men in their twenties. That programme aimed at counteracting crime in highly insecure urban areas. Alongside income transfers (for six months only), a package of employment-related support was provided, including youth mentoring, employment counselling, workplace linkages, job skills training and seed capital for self-employment. An impact evaluation (Beneke and Acosta 2014) found positive impacts – especially for urban youth and women – on poverty and labour market participation, both immediately after programme participation and in the medium term.

5.3. Chad

N'Djamena Nadif was implemented by the mayor's office in N'Djamena, Chad as an initiative to create employment opportunities for poor urban women. The plan was to recruit 10,000 women as street sweepers and market cleaners for this 'urban sanitation' programme; however, it only employed 850, reflecting the difficulty of generating labour-intensive public employment at scale in urban contexts. On the other hand, as a repetitive activity, cleaning streets and markets can generate continuous long-term employment. A concern is whether employing women as cleaners reinforces gender stereotypes, as is reflected in this remark by the mayor of N'Djamena: "There is no-one who appreciates cleanliness more than women, who in any case do all the work of maintaining cleanliness in their own homes." Nonetheless, women participants affirmed the vital contribution that the income earned through *N'Djamena Nadif* has made to their households' food security, education and housing costs (Watson et al. 2016).

5.4. Kenya

Nairobi's slums are growing fast; they are densely settled, their residents are highly mobile – half have immigrated from rural Kenya – and unemployment, food insecurity and under-five mortality rates are all very high. In response, the Urban Safety Net Programme was launched in 2010. Beneficiaries received monthly unconditional cash transfers and livelihood support (skills training and business grants). Geographic targeting was considered politically unacceptable, so eligibility criteria included low income, food insecurity, taking care of orphans, and being a female (or child-headed) household. Because the income data was unreliable, this was replaced by a poverty scorecard using 18 indicators. Another challenge was the benefit level, which was set at the same level as the government's rural cash transfer programmes, even though the official food poverty line is 32 per cent higher in urban areas. Nonetheless, food security indicators such as meals per day and dietary diversity improved. By contrast, "other factors affecting malnutrition (hygiene, sanitation, and care) remained unsatisfactory due to the poor living conditions in the slums" (Gentilini 2015:128).

5.5. Mozambique

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

currently pays one third of the urban poverty line. In 2008, the 'triple F' crisis triggered rapid increases in living costs, which affected the market-dependent urban poor most severely. In Mozambique, this was aggravated by cuts in fuel subsidies and social spending, which provoked urban riots. The government responded by subsidising transport costs and introducing an urban food voucher programme called *Cesta Basica*. The National Strategy for Basic Social Protection was launched in 2010. In 2012, labour-intensive public works were implemented in Maputo, but on a much smaller scale than the rural public works programme. A new national social protection strategy was approved in 2016; however, it does not have a strong focus on urban areas.

5.6. Mexico

The expansion of the *Oportunidades/Prospera* conditional cash transfer programme into urban areas in Mexico required adaptations in design and delivery that were introduced over several years as lessons were learned. For example, instead of door-to-door visits to identify and register eligible households, the programme was advertised in the mass media and applicants had to queue at recruitment offices. Initially, payments were the same for rural and urban beneficiaries, but an urban-adjusted benefit was introduced in 2009. Urban beneficiaries were also given bank cards and collected their cash from ATMs. Urban-sensitive conditionalities were devised, notably co-developing a plan of action for beneficiary health, strengthened linkages to health services, and the promotion of good nutrition and self-care.

These six cases illustrate some important general points for urban-specific social assistance. Firstly, benefit levels should reflect the higher living costs in urban areas (e.g. for rent, utilities and transport), but without creating inequities between rural and urban areas. Secondly, given the dependence on markets of urban residents, benefit levels must be sensitive to price inflation and price spikes, especially for necessities such as food. Thirdly, in contexts of high rates of urban and youth unemployment, social assistance should focus on generating livelihood opportunities for urban youth—for example, by linking cash with income generation opportunities, as showcased by the new cash plus programme in Tanzania (Palermo and Kajula 2018). Fourthly, apart from delivering cash transfers, social assistance should link poor urban residents to basic services such as health care, through subsidies, vouchers or case management. Fifthly, urban contexts offer more opportunities to utilize new technologies, such as mobile phone networks and ATMs, to deliver social assistance. Finally, different targeting mechanisms have been used in urban contexts but compelling and comprehensive evidence on their impacts remains thin.

6. POVERTY AND SOCIAL PROTECTION IN GHANA

This section introduces the country case study of Ghana by outlining: the incidence, trends and distribution of poverty; poverty reduction policies; and social protection programmes. Ghana is an interesting case study for several reasons. It exemplifies a successful trajectory of rapid growth and poverty reduction, leading a group of countries that are moving from low-income to lower-middle-income country status. Economic growth has been accompanied by urbanization and a rise in the numbers of urban poor, but trends for urban and rural poverty have behaved differently with increasing numbers of urban poor and decreasing numbers of rural poor. Several social protection programmes are already in place and the Government of Ghana is committed to developing a coherent social protection strategy. However, there is a need to think about how to operationalize social protection for urban residents beyond simply expanding the coverage of existing programmes

from rural areas to urban contexts. While this analysis contributes to policy debates in Ghana, many countries in a similar phase of economic development and with comparable social protection systems can also learn from Ghana’s experience.

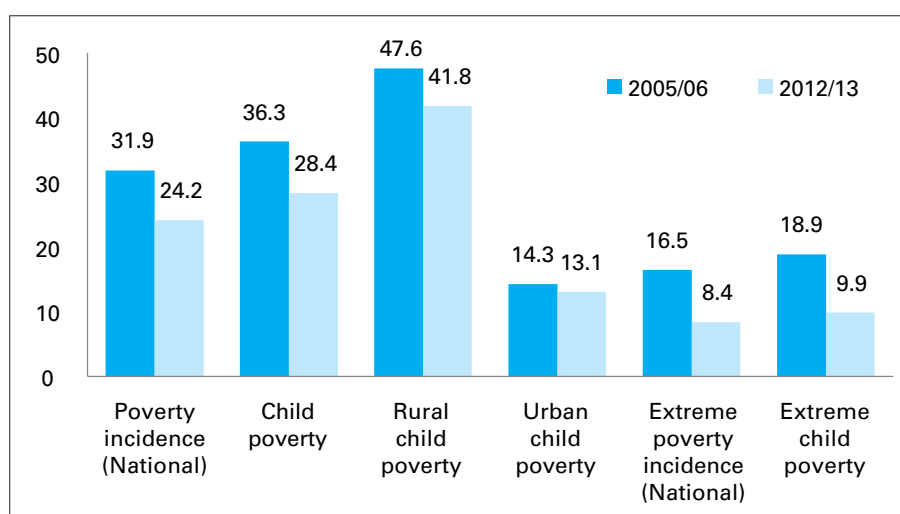
6.1. Poverty in Ghana

Ghana has made impressive progress in stimulating economic growth and reducing poverty in the past two decades. Growth picked up in the early 2000s and reached a steady rate of nearly 8 per cent per annum after 2006. Since 2008, Ghana’s economy has grown faster than those of most other African countries and, in 2010, it was declared by the World Bank to be a lower-middle-income economy (Molinari and Paci 2015). Rapid growth has translated into poverty reduction. The national poverty rate halved, from 52.7 per cent in 1991–1992 to 24.2 per cent in 2012–2013, and extreme poverty fell even faster, from 37.6 per cent to 8.4 per cent during the same period (Ghana Statistical Service 2014).

Ghana has also recorded substantial improvements in non-monetary indicators of poverty, including child malnutrition. The proportions of children who are stunted, wasted and underweight have all decreased since 2003. Especially significant is the fact that stunting has almost halved, from 35 per cent in 2003 to 28 per cent in 2008 and 19 per cent in 2014. Infant mortality has declined by 47 per cent since 1988, from 77 to 41 deaths per 1,000 live births by 2014, while under five mortality fell by 61 per cent, from 155 to 60 deaths per 1,000 live births in the same period (Ghana Statistical Service et al. 2015).

Nonetheless, poverty in Ghana remains disproportionately concentrated among children, not least because poorer families tend to have more children (Cooke et al. 2016). The incidence of poverty among children in Ghana was 37 per cent higher than for adults in 2013 (see Figure 3). An estimated 3.6 million children (28.3 per cent) lived in poverty and 1.2 million children (10 per cent) lived in extreme poverty, meaning they did not even have access to adequate food (ibid.).

Figure 3: Child versus adult poverty incidence in Ghana, 2005–2006 to 2012–2013



Source: Authors, based on GLSS V (2005–2006) and GLSS VI (2012–2013).

Child labour is a manifestation of multidimensional poverty. The Ghana Living Standards Survey (GLSS) VI (2012–2013) found that 22 per cent of children surveyed (those aged 5–17 years) engaged in child labour, while 14 per cent engaged in hazardous forms of child labour. The proportion of rural children engaged in labour was higher than that of urban children (30 per cent versus 12 per cent). Partly because of child labour, 6 per cent of children aged 5–17 years have never attended school, with this problem being more prevalent in rural (9 per cent) than in urban (2 per cent) areas. The 2012–2013 Ghana’s Demographic and Health Survey (GDHS) shows that whereas 18 per cent of urban females have no education, the corresponding figure for rural females is 35 per cent.

6.2. Is poverty in Ghana still a rural phenomenon?

Poverty in Ghana should no longer be viewed as a predominantly rural phenomenon. GLSS data shows that, between 2006 and 2013, the number of rural poor fell by over one million people (-7 percentage points in the share of total poverty), while the number of urban poor increased by over 360,000 (+7 percentage points, *see Table 2*). In line with national trends, child poverty remains considerably higher in rural areas (42 per cent) than in urban areas (13 per cent), and rural children are more likely to be stunted (22 per cent versus 15 per cent). However, while child poverty fell by 6 per cent in rural areas between 2005–2006 and 2012–2013, it only declined marginally, by 1.2 per cent, in urban areas.

Table 2: Distribution of the poor in Ghana by location, 2005–2006 to 2012–2013

Location	2005–2006	2012–2013	Change (absolute)
Urban	1,041,086 (14.7%)	1,402,091 (22%)	+361,005
Rural	6,050,606 (85.3%)	4,981,967 (78%)	-1,068,639
National	7,091,692 (100%)	6,384,058 (100%)	-707,634

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

The Ghana Statistical Service (GSS) defines the absolute poverty line as the value of food consumption necessary to satisfy minimum subsistence needs; however, specifying these needs is problematic, especially in urban contexts where self-provision is limited, and the nature of poverty is more heterogeneous. Owusu and Yankson (2007) argue that the income-based approach to estimating poverty in the GLSS tends to underestimate urban poverty because the food consumption expenditure set as the poverty line is likely to be too low in the context of urban households’ real costs of nutritional requirements.

In recent decades, all of Ghana’s 10 administrative regions have experienced steady urbanization. Between 1984 and 2013, Ghana’s urban population growth outpaced rural population growth, and the urbanization rate rose from 31 per cent to 51 per cent. Over this period, Ghana’s urban population more than tripled, rising from under four million to nearly 14 million people (World Bank 2015). The proportion of children under five living in rural areas decreased from 64 per cent to 57 per cent between the 2006 and 2011 Multiple Indicator Cluster Surveys (MICS), while the proportion living in urban areas increased from 36 per cent to 43 per cent.

Despite efforts to improve urban infrastructure, rapid migration and natural population growth have caused demand for urban services and infrastructure to outstrip supply, leading to unplanned urban

expansion and the creation of slums. As cities have grown in both population and area, they have been less successful at providing basic services to local residents. Recent years have witnessed a worrying trend towards diminished access to basic services in Ghana's major cities. In Accra, the proportion of households with access to piped water fell from 91 per cent in 2000 to 69 per cent in 2010, reflecting insufficient investment in emerging population centres (World Bank 2015). An increasing number of urban residents have no access to any toilet facilities. Solid waste disposal and sewerage is a major challenge in cities and urban centres, increasing health risks and environmental damages, and indirectly increasing health care costs due to diseases related to poor waste disposal and associated sanitary challenges.

6.3. Poverty reduction policies in Ghana

Ghana's National Urban Policy Framework draws attention to the fact that "many urban dwellers are falling into the poverty bracket" (Government of Ghana 2012:17). Nonetheless, poverty reduction in Ghana has consistently focused almost exclusively on rural poverty, and this tendency continues. After Ghana joined the 'Highly Indebted Poor Countries' (HIPC) initiative in 2002, a poverty reduction strategy paper was formulated to demonstrate how HIPC resources would be used to reduce poverty. Ghana's Poverty Reduction Strategy (GPRS) I (2003–2005) described poverty as a "rural phenomenon ... policies to reduce poverty must address the constraints on food crop farmers (predominantly rural, small scale) and the non-farm self-employed" (Government of Ghana 2003:15, 17). GPRS I implemented 'Special Programmes for the Poor and Vulnerable', with children and women identified as being among the most vulnerable.

While GPRS I focused on poverty reduction projects, GPRS II (2006–2009) emphasized "the implementation of growth-inducing policies and programmes which have the potential to support wealth creation" (Government of Ghana 2005:6). Despite this shift, GPRS II advocated for the development of a national social protection framework for mainstreaming the vulnerable and excluded, including early childhood development and child protection policies. GPRS II was followed by the Ghana Shared Growth and Development Agenda – GSGDA I (2010–2013) and GSGDA II (2014–2017) –which underscored the centrality of social protection within the government's poverty reduction agenda. GSGDA has a much stronger focus on inclusion than GPRS. For example, GSGDA I emphasized a vision of social development that is anchored in "redistribution, social protection, and social integration" (Government of Ghana 2010:95). GSGDA also identifies a range of challenges facing children in Ghana, including high levels of malnutrition, child poverty, streetism, child trafficking and child labour. Policy objectives for children include: promotion of effective child survival and development; protecting children from physical, emotional and psychological abuse and securing their rights; promoting child participation in decision making; and strengthening the policy, legal and institutional frameworks for child survival, development, protection and participation (Government of Ghana 2010). While this represents a significant advance on previous poverty reduction strategies with regards to the poor in general, neither GSGDA I nor GSGDA II explicitly recognizes or promotes interventions to address the unique challenges faced by families in urban areas.

6.4. Social protection in Ghana

In line with Ghana's policy bias towards rural poverty, most social protection interventions have not focused on addressing urban poverty. During the structural adjustment period of the 1980s, social safety nets were introduced in Ghana, notably the Programme of Action to Mitigate the Social Cost of Adjustment that targeted groups identified as being adversely affected by structural adjustment

reforms, such as non-export crop farmers and retrenched civil servants (World Bank 1992). From the mid-1990s, Ghana's national development strategy was anchored around Vision 2020, under which government was to develop a comprehensive, sustainable and cost-effective support system, especially for the disadvantaged and vulnerable (Government of Ghana 1995). Weak coordination between the lead institutions, combined with inadequate budgetary allocations, meant that the vision was not implemented and no social support system was developed (Al-Hassan and Poulton 2009).

Several social protection programmes have been introduced since the early 2000s, many with a strong focus on children. These include: a contributory National Health Insurance Scheme (NHIS) with exempt categories in 2003; a national School Feeding Programme (GSFP) in 2005; capitation grants to expand free primary education (CGE) in 2005; a cash transfer programme, Livelihood Empowerment Against Poverty (LEAP), in 2008; and the provision of free school uniforms and free textbooks to poorer school children since 2009. Some of these programmes also target urban centres and urban families.

NHIS incorporates urban poor families under the exempt category component, which waives registration and processing fees as well as the premium. Similarly, GSFP and the free uniform interventions targeted selected schools in areas considered to be deprived. In contrast, CGE is nationwide and covers all schools in the country. Beginning in 2014, LEAP also started incorporating urban areas. While this may be a positive trend, these programmes do not have a defined approach for working in urban areas or for providing benefits for the urban poor. This leads to under-coverage of the urban poor and inadequate programme implementation. For instance, LEAP and NHIS use the same targeting approach implemented in both rural and urban areas.

At the policy level, Ghana's social protection landscape has witnessed a tremendous transformation in the last decade. The National Social Protection Strategy of 2007 was followed by the National Social Protection Policy (NSPP) in 2016, the main goal of which is to "deliver a well-coordinated, inter-sectoral social protection system enabling people to live in dignity through income support, livelihoods empowerment and improved access to systems of basic services" (Government of Ghana 2015:15). NSPP defines a 'social protection floor' for Ghana with four components, one of which seeks to ensure "Minimum income security to access the basic needs of life for children" (Government of Ghana 2015:3). The policy acknowledges several weaknesses of social protection in Ghana, including limited efforts aimed at reducing vulnerabilities among school dropouts and the urban poor (*ibid.*:17).

The development of the national social protection system has been supported by the creation of a new Ministry of Gender, Children and Social Protection in 2013, the preparation of a social protection bill anchoring the major social protection programmes in law, as well as the launch of a National Household Registry – a single registry database to be used by all social protection programmes.⁵

Overall, Ghana has made substantial progress in designing and implementing social protection policies and programmes with a clear child focus. However, much still needs to be done, including tailoring programmes to the needs of the urban poor in a context where children and the wider population are increasingly concentrated in urban areas.

⁵ Beyond the national protection system, two new programmes were launched in 2017 that might affect the demand for urban social protection; namely, the Senior High School programme and the Fertilizer Subsidy under the Planting for Food and Job Creation Programme. However, their implementation is too recent to determine their impact on child poverty.

7. MOVING FORWARD: ADJUSTING SOCIAL ASSISTANCE FOR URBAN GHANA

Social assistance policies and programmes in Ghana can be made more effective as an instrument for reducing urban poverty, and specifically urban child poverty, by adjusting the design and implementation of social assistance interventions. LEAP is selected as a case study because it is the flagship social assistance programme in Ghana, enjoys high levels of popular and political support, and is operationally prepared for scale up in urban areas. Yet, it has no specific link to children poverty or well-being status apart from that of the household as a whole. This section identifies adjustments that might be needed for LEAP to be more effective in the urban context, looking at the areas of communication and outreach, targeting and registration, and benefit packages. The ideas and suggestions presented here emerge partly from assessments already conducted in Ghana and partly from the above review of experiences and lessons in other countries.

LEAP began as a rural programme, designed to reach out to the excluded and hard to reach rural poor. This is reflected in the use of social networks in rural communities for outreach initiatives, and the use of GLSS data to identify indicators for proxy means testing, which has resulted in underperformance of PMT in urban communities and low qualification rates. Also, benefits paid by LEAP do not reflect urban costs of living.

7.1. Communications

LEAP relies on local-level engagement for communications in rural communities to: informing potential beneficiaries about the programme; provide notification of upcoming paydays; or receive complaints about the programme. Most of this work is done through community focal persons (CFPs), who were selected at the start of the programme, identified on the basis of their knowledge of local residents and in light of them being trusted community members. In urban settings, however, this communal familiarity and trust is often weaker. The notion of 'community' is less clearly defined in urban informal settlements than in rural villages. Many urban residents are more mobile (for example, migrants from rural areas) and usually do not know their neighbours. For these reasons, CFPs may not be appropriate as LEAP agents in urban areas. Conversely, urban areas offer opportunities to use multiple communication channels: advertising billboards or fliers; newspapers; radio; or even social media and direct text messaging given that cell phone ownership is higher in urban than in rural areas. Given the higher population density in urban areas, appointing a LEAP liaison office may improve the level of engagement between the programme and its clients.

7.2. Targeting and registration

An important shift occurred in 2016, when LEAP substantially expanded its targeting of urban areas across the country, from less than 1 per cent of all beneficiaries to 3.2 per cent (6,800 additional urban households). A new demand-driven approach to registration was used, which was the same for urban and rural areas. Families were required to visit a Mobile Targeting Unit to apply for LEAP by completing a PMT form, which was then processed and families with scores below a certain fixed threshold became eligible for LEAP. To ensure awareness of the targeting exercise, the outreach strategy included door-to-door visits, orientation of CFPs and community meetings. This strategy was found to be very effective in reducing exclusion errors in rural areas, thereby significantly improving the capacity to reach out to expected beneficiaries (World Bank, undated).

However, coverage of eligible households was much lower in urban communities. A review of administrative data found that the outreach strategy was arguably less effective in raising awareness among urban families because CFPs, door-to-door visits and community meetings are not well adapted to urban conditions of high mobility, absence at work during weekdays and minimal interaction among neighbours. Moreover, the PMT scorecard identified very few – or even no households in urban communities – because the indicators and cut-off thresholds were designed to identify the rural poor. A short-term fix was applied: the PMT scorecard was used to rank and register the poorest 20 per cent of urban families. However, this experience pointed to the need to review and modify the targeting approach in urban areas.

As mentioned previously, identification of eligible households using PMT is based on a national poverty line that does not consider variations in the characteristics of rural and urban poverty. Thus, key factors that are exclusive to urban poverty were overlooked. Urban centres tend to be more heterogeneous than rural communities. Pockets of extreme poverty in informal settlements or slums may be located alongside rich residential neighbourhoods. Mapping urban ‘poverty pockets’ is a good starting point for narrowing the focus of interventions to the most disadvantaged families in urban Ghana and elsewhere.

For improved **targeting**, an urban-specific PMT should be developed for urban communities in Ghana, incorporating different indicators to identify more accurately the circumstances of the urban poor, specifically including those of children in the household. Potential indicators could include residential status (owned, rented or temporary accommodation), population density, and access to sanitation, water and electricity, or incidence and depth of children’s poverty. Urban-specific poverty surveys should inform the selection of these indicators, including their weighting. Alternatively, geographic targeting might be appropriate in informal settlements where poverty is known to be highly concentrated. In some cases, categorical targeting of vulnerable groups such as children or older persons might be preferred, which requires the use of urban child grants or social pensions.

The **outreach** phase, which aims at ensuring that families are aware of the registration process for LEAP and other programmes, requires major adjustments. For instance, local government may identify trusted NGOs working in the selected areas, seeking their support in disseminating information and registration. Door-to-door visits or community meetings should take place in the evenings or at weekends, outside of working hours. Other modalities should also be used: community radio, mobile vans, and information points or boards at the entrances to health or education facilities, among others.

As for **registration**, Mobile Targeting Units can be used in rural areas and urban contexts, though their duration should be extended for several days and registration should be allowed during the evenings. Alternatives such as scheduled appointments could be offered to improve participation by poor households and self-selection into registering for available programmes.

7.3. Benefit package

As noted earlier, the urban poor face significantly higher costs for food, rent, transport and energy. They rely more on income earned from employment rather than self-production, so they are more vulnerable to unemployment and underemployment, low and erratic incomes in the informal economy, and rising prices. Thus, the purchasing power of a LEAP cash grant may be much lower in urban than in rural settings. One implication is that programme impacts will be diluted. Also, if the

value of cash transferred is not seen as outweighing the opportunity costs of registering (e.g. in terms of lost work time), urban households may not even be incentivized to participate in the targeting exercise.

Setting the appropriate payment level is important. One ‘rule of thumb’ is that cash transfers should be worth at least 20 per cent of the household’s pre-transfer consumption to achieve significant impacts (ILO 2016:51). Cash transfers are often intended to ‘fill the food gap’ in food insecure families, so their value is set at the cost of a basic food basket, adjusted for household size. Another option is to calibrate the transfer value against the cost of a basket of essential goods and services, including food but also utilities that might cost more in urban areas. The basic benefit level for LEAP should be adjusted to incorporate the different consumption needs of urban households, accounting for lower self-production, higher reliance on cash and higher costs associated with urban life. To account for the elevated vulnerability of urban households to price fluctuations, the transfer level should be reviewed regularly and adjusted in response to inflation. If adjustments between urban and rural basic payments are not possible, urban LEAP households could receive subsidies or top-ups for payment of utilities, transport or housing. This combination of cash plus subsidies is applied in New York City, where beneficiaries receive subsidized food, housing and medical care in addition to cash transfers (Human Resources Administration 2018). A political advantage is that cash transfers can be held constant across urban and rural areas for equity reasons, with top-ups to poor people living in higher cost urban areas.

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

8. CONCLUSIONS

Social assistance programmes have been concentrated in rural areas to date, especially in Latin America and Africa. Yet more than half the world’s population is now urbanized. The urbanization of poverty is a global phenomenon. It follows that introducing or expanding social assistance in urban contexts should be an urgent policy priority. The SDGs, NUA and the Social Protection Floor initiative offer useful guidelines for how to bring a rights-based perspective to social protection programming while respecting the imperative to leave no one behind. For example, urban-sensitive social protection should build on three NUA priorities: extending social security to informal workers, enhancing access to public services, and ensuring adequate housing for all.

Expanding coverage from rural to urban areas is not as simple as applying the same design and implementation modalities. Urban vulnerabilities are different from rural vulnerabilities—and so are children’s vulnerabilities in comparison to those of individuals at other stages of the life cycle. For example, a major driver of poverty in rural farming villages is harvest failure, whereas in urban settlements, rising food prices – which can be a consequence of rural harvest failure – are of more immediate concern. The nature of urban poverty is also quite different. Higher living costs, high levels of informality or unemployment, low and variable incomes, variable access and quality of

basic services, and high rates of crime and social problems, all make life in informal settlements complicated and difficult. Poor children in urban areas face multiple deprivations and risks to their well-being.

Social assistance programmes, which are intended to reduce poverty and manage risk and vulnerability, must be conceived for urban residents with urban poverty and urban vulnerabilities in mind. These programmes must be sensitive to variations in living conditions between rural and urban communities. This has implications for the design and implementation of urban-sensitive social protection. For example, targeting mechanisms that might be effective in rural areas – such as geographic targeting and CBT – are generally less applicable in urban communities. In contrast, PMT is sensitive to indicators selected, so the indicators and weights used must be adjusted for urban contexts. Given higher urban living costs and greater dependence on markets for subsistence needs, payment levels may need to be higher in urban areas. Alternatively, cash transfers could be complemented with subsidized access to housing, public transport, water and electricity. An urban social protection strategy should also reflect on how social protection can address the non-monetary dimensions of deprivation, for example, by building stronger linkages to services. This includes not only utilities such as sanitation or housing, but also psychosocial support and child protection services, as required; livelihood opportunities (e.g. vocational training for unemployed youth); and innovative approaches to link informal and self-employed workers into contributory social insurance schemes. This study also calls for a dedicated child lens when it comes to designing urban social protection programmes. Applying a child lens requires identifying and addressing the specific risks and multiple deprivations that are experienced by half of urban children in developing countries (e.g. child labour, streetism, violence, crime).

In Ghana, one of the main social assistance programmes is LEAP, which is predominantly rural but recently increased its outreach in urban centres. Adapting LEAP to the urban context requires using different modes of communication – advertising boards, radios, newspapers, radio and even text messages – rather than CFPs and meetings. If PMT is used for targeting, urban-specific poverty surveys should then be used to identify appropriate indicators and weights. Alternatively, geographic targeting ('poverty pockets' within cities) or categorical targeting (e.g. vulnerable groups of children) could be considered. Also, LEAP benefit levels should be raised and/or complemented with targeted subsidies for utilities, housing and transport, to account for higher costs of living in cities like Accra. Finally, designing a package of social assistance for poor urban children requires a holistic assessment of their specific needs, while recognizing that supporting poor children also requires supporting their families.

Ghana is one of many low- and middle-income countries around the world that are experiencing a combination of economic growth and urbanization. Its evolving social protection system does not yet have a strongly developed outreach effort in urban areas. Lessons can be drawn from experiences of other countries where social assistance programmes have either been extended from rural to urban areas, or new programmes have been designed and implemented for the urban poor. As such experiences start to build, opportunities for south-south learning on urban-sensitive social protection will likely increase.

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