

**UNIVERSITY FOR DEVELOPMENT STUDIES (UDS)**



**SOCIAL PROTECTION AND VULNERABILITY REDUCTION: AN  
ASSESSMENT OF THE IMPACT OF THE LIVELIHOOD EMPOWERMENT  
AGAINST POVERTY PROGRAMME IN THE LAWRA DISTRICT**

UNIVERSITY FOR DEVELOPMENT STUDIES

**EMMANUEL TAMBILE DER**



**2018**

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**UDS/MSA/0035/12**

**THESIS SUBMITTED TO THE DEPARTMENT OF SOCIAL, POLITICAL AND  
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## DECLARATION

### Candidate's Declaration

I hereby declare that this thesis is my original research whose findings have not been presented for another degree in this university or elsewhere and that all citations in the work have been duly acknowledged.

Candidate's Name

Candidate's

Signature: EMMANUEL TAMBILE DER

Date .....

### Supervisor's Declaration

I hereby declare that I supervised the preparation and presentation of this thesis in accordance with the rules and regulations of the University for Development Studies (UDS).

Supervisor's Name

Supervisor's

Signature M. H. A. BOLAJI, PhD

Date .....



## **DEDICATION**

This work is dedicated to Mr. & Mrs. Tambile Der Alfred (my parents), Ms. Elizabeth Dakurah (my wife) and Bright Mwinfang Tambile Der (my beloved son).



## ACKNOWLEDGEMENT

This study owes much to other people. Thus, I thank the various writers whose work supplemented this study. I am most grateful to my supervisor, Dr. M.H.A. Bolaji, for his constructive criticisms and guidance throughout the study.

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## LIST OF ACRONYMS

AIDS	Acquire Immune Deficiency Syndrome
CT	Cash Transfer
CTP	Cash Transfer Programme
CPRC	Chronic Poverty Research Centre
CLIC	Community LEAP Implementation Committee
DLIC	District LEAP Implementation Committee
DSW	Department of Social Welfare
EPI	Expanded Programme on Immunisation
FAO	Food and Agriculture Organisation
GLSS	Ghana Living Standard Survey
GSFP	Ghana School Feeding Programme
GSS	Ghana Statistical Service
GoG	Government of Ghana
HIV	Human Immune Virus
IFAD	International Fund for Agricultural Development
LEAP	Livelihood Empowerment Against Poverty
MDGs	Millennium Development Goals
MMYE	Ministry of Manpower, Youth and Employment
NHIS	National Health Insurance Scheme
NSPS	National Social Protection Strategy
NORIP	Northern Rural Irrigation Project
NYEP	National Youth Employment Programme



ODI	Overseas Development Institute
OECD	Organisation for Economic Cooperation and Development
OVCs	Orphan Vulnerable Children
PWD	Person with Disability
PLWHAs	Persons Living with HIV/AIDS
PHC	Population and Housing Census
PAMSCAD	Programme of Action to Mitigate the Social Cost of Adjustment
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme



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## ABSTRACT

Over the past decade, there has been a somewhat convergence in thinking regarding the contributions of cash transfers to social protection and vulnerability reduction. As a result, governments of most developing countries in Asia and Africa have begun embracing the idea of cash transfer through a rollout of various schemes all in a bid to address issues of poverty, vulnerability and social exclusion. This study analyses the contributions so far made by the Livelihood Empowerment Against Poverty (LEAP) programme to social protection and vulnerability reduction in the Lawra District of the Upper West Region. A multi-stage sampling procedure involving the use of simple random sampling and purposive sampling techniques was employed in selecting household level respondents, the District Social Welfare Officer and four focused group participants for the study. The study used semi-structured questionnaire, interview guide and focus group guide to collect data from respondents. The data collected was then used to determine the socio-economic impacts of the LEAP programme on recipient households, the challenges faced by the LEAP recipient households and the Lawra District Department of Social Welfare in the implementation of the programme, and the institutional mechanisms instituted to check arbitrary abuses in the implementation of the programme. Using data from structured questionnaires, focus group discussions and desk interviews, the study found positive impacts of the LEAP programme on recipient households in the area of access to healthcare services, school enrolment and retention of children of schooling age, food consumption and nutrition, production activities and social networks. The study observed that though children were engaged in farming activities, this was perceived as a form of socialisation and skill training and therefore do



not constitute child labour. In all, the study recommends that discrete social intervention programmes should be sufficiently linked together in the district. It also recommends that the inactive District LEAP Implementation Committee found during the study should be reactivated and logistically supported to perform its function. The study further recommends that the DSW should be adequately resourced to effectively and efficiently carry out its mandate.



## CHAPTER ONE

### BACKGROUND TO THE STUDY

#### 1.0 Introduction

Social protection plays an important role in providing income support and services to the poor and marginalised in society, redistributing resources, and promoting inclusive growth in countries across the world. It has both direct and indirect impact on poverty in view of how it protects people from falling below certain critical poverty levels; and since poor people are often the most vulnerable, it helps them mitigate and cope with the exigencies of social and economic risks.

Social protection and vulnerability reduction schemes have been adopted by both developed and developing countries as a way to ensure social justice, promote social integration, cooperation and safety of all societal members. In developed countries, the emphasis has been on income maintenance and protection of living standards for all especially workers whereas in developing countries the concern has been on addressing issues of extreme poverty conditions faced by people.

Devereux and Sabates-Wheeler (2007) defined social protection as all initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of socially excluded and marginalised people. This definition recognises that people differ in terms of the level of poverty and susceptibility to vulnerability conditions and therefore would require different forms of social protection. These forms of social protection include social transfers such as the Livelihood Empowerment Against Poverty cash transfer programme





in Ghana; social services such as the Ghana National Health Insurance Scheme; and social transformation such as the Intestate Succession Law (PNDCL 111).

Cash transfer to the poor and vulnerable segment of the population has over the past two decades been recognised as one of the essential approaches to providing social protection. This response to tackling the poverty conditions and the vulnerability people face has been informed by the underpinning assumption that the poor and vulnerable in society would be socially and economically empowered to move out of extreme poverty if given cash transfers to cushion them against the vagaries of life.

Moreover, that cash transfer to the poor and vulnerable in society would help recipient households move out of poverty and vulnerability as well as break the intergenerational transmission of poverty in the long run (Arnold et al., 2011). This, therefore, suggests that the returns on cash transfers to social protection and vulnerability reduction regarding economic and social benefits are very high not just in terms of social policy and equality, but also in growth and multidimensional poverty reduction.

As a result of the benefits associated with cash transfer schemes, various national governments especially in the developing world have either on their own or with support from other development partners started the implementation of social protection and vulnerability reduction schemes in the form of cash transfers for the extremely poor and vulnerable segments of their population (Barrientos, 2013). Notable among such cash transfers include the Brazillian Bolsa Familia and the Mexican Oportunidades which have assisted over millions of households. In addition to these include the conditional



cash transfer programmes of Turkey, Chile, Bangladesh and Cambodia that focused more narrowly on the extremely poor and the socially excluded (Fiszbein & Schady, 2009).

It is also in line with the benefits associated with cash transfer programmes that the Government of Ghana in 2008 commenced the implementation of the Livelihood Empowerment Against Poverty (LEAP) programme, a key component of its National Social Protection Strategy (NSPS). Ghana's LEAP programme is an innovative and context-specific initiative aimed at helping targeted population provide for their needs, assist them to access existing government interventions, provide them with a "spring board" to help them "leap" themselves out of the quagmire of extreme poverty, and ultimately empower them to contribute to the socioeconomic development of the Ghanaian society (MMYE, 2007:36). In spite of the various cash transfer schemes and other social intervention programmes implemented by various national governments and development partners, poverty and inadequate access to basic social services remain on the high side.



### **1.1 Problem Statement**

Poverty and inadequate access to basic social services are often identified as major contributory factors to the vulnerabilities people face in most human societies (Damas, P. & Md. Israt, R, 2004:8). Over decades, various social intervention schemes including cash transfers schemes have been implemented by national governments and other development agencies aimed at reducing poverty and improving access to social services. Despite the global efforts aimed at stemming the tide, poverty and inadequate access to basic social services continue to persist with deepest manifestations in the lives of low-

income earners and vulnerable groups in the developing world (Garcia & Moore, 2012). For instance, it is globally estimated that 1.4 billion people in developing countries live in extreme poverty (World Bank, 2008). In the Sub-Saharan Africa region, it has been observed by the United Nations that the region witnessed a steady rise in the number of persons living under extreme poverty from 290 million in 1990 to 414 million in 2010 (United Nations, 2014).

In Ghana, some social intervention schemes have been implemented since the 1980s aimed at helping the poor and vulnerable 'leap out' of the quagmire of poverty. Notable among such interventions include the Programme of Action to Mitigate the Social Cost of Adjustment (PAMSCAD), the Community Water and Sanitation Project, the Health and Population Project, the Basic Education Sector Project, the Agricultural Sector Investment Project, the Village Infrastructure Project and the Livelihood Empowerment against Poverty (LEAP) programme (Sowa, 2002). In spite of the social intervention programmes targeted at reducing poverty among the vulnerable segments of the Ghanaian population, the incidence of poverty and inadequate access to basic social services remain a challenge. For instance, it has been estimated that 24.2 percent of Ghanaians are poor and that 78 percent of the poor population lives in rural areas. The Upper West region of Ghana is reported to be the poorest region with a poverty incidence of 70.7 percent. It is also estimated that out of the poor population in Ghana, 8.4 percent are extremely poor and hence are unable to provide for themselves their basic needs requirement and equally, barely have access to social services. Rural Ghana contributes 88.8 percent to extreme poverty with an extreme poverty incidence of 15 percent. In the



Upper West Region of Ghana, extreme poverty is estimated at 45.1 percent (GSS, 2014a).

The problem which therefore engages the attention of this research is the high incidence of poverty and its associated challenges to the well-being of poor and vulnerable households in the Lawra district. For example, it is reported in the 2015 Ghana Poverty Mapping Report that the Lawra district is the 13<sup>th</sup> poorest district in the country with a poverty incidence of 73.5 percent. Furthermore, the district is ranked 42<sup>nd</sup> out of 216 districts regarding inequality with a Gini Coefficient 43.7 percent. Also, it has been reported that about 63.2% of households in the district do not have toilet facilities and hence resort to defecating in the open. This evidence suggests that poverty incidence in the Lawra district is higher than the regional figure of 70.7 percent and the national figure of 24.2 percent (GSS, 2014a; GSS, 2015; UNDP, 2010:13).

## **1.2 Main Research Question**

What has been the impact of the LEAP programme in the reducing extreme poverty and vulnerability in the Lawra district?

### **1.2.1 Sub-Research Questions:**

The study intends to answer the following sub-questions:

1. What are the socio-economic impacts of the LEAP social grant scheme on recipient households in the Lawra district?
2. What institutional measures exist to check arbitrary abuses in the implementation of the LEAP social grant scheme?
3. What are the challenges faced by stakeholders in the implementation of the LEAP social grant in the study district?



### **1.3 Main Research Objective**

The main research objective of the study was to examine the impact of the LEAP programme in reducing extreme poverty and vulnerability in the Lawra District.

#### **1.3.1 Specific Objectives:**

The specific objectives of the study are:

1. To investigate the socio-economic impacts of the LEAP social grant on recipient households in the study district.
2. To examine the institutional measures put in place to check arbitrary abuses in the implementation of the LEAP programme in the Lawra district.
3. To determine the challenges faced by stakeholders in the implementation of the LEAP in the Lawra district.

### **1.4 Significance of the Study**

It is important to note that not much has been done to ascertain the contributions of the LEAP programme to social protection and vulnerability reduction especially in the Lawra District of the Upper West Region. This study, therefore, provides some empirical evidence that would be very useful to local policy makers and implementers such as the Lawra District Assembly and the District Office of the Department of Social Welfare. To the Lawra District Assembly, the evidence of the study would be helpful in taking policy decisions that would appropriately address the needs of the poor in the district.

Specifically, the evidence about the LEAP cash transfer programme would be useful to the Department of Social Welfare in enhancing its service delivery to the poor.



The findings of the study also serve as a reference point for future researchers especially those interested in undertaking similar studies in the subject area.

### **1.5 Scope of the study**

There are several dimensions to social protection and vulnerability reduction as well as the approaches to providing it in society. This study looks at social protection and vulnerability reduction for extremely poor households by focusing on the Livelihood Empowerment Against Poverty programme, a social protection scheme under the Ghana National Social Protection Strategy.

The Livelihood Empowerment Against Poverty Programme was commenced in March 2008 with 20 districts across the country. It is currently under implementation in about 203 districts in the country. However, this study is limited to the Lawra District in the Upper West Region. This district is chosen because of its high incidence of poverty and vulnerability despite the fact that it was part of the 20 districts with which the programme was commenced. The study examined the socioeconomic impacts of the programme on recipient households as well as its implementation challenges for key stakeholders in the district and the mechanisms for checking arbitrary abuses that often characterised such social intervention schemes.

### **1.6 The Limitations and Delimitations of the Study**

Although this study adds to the discourse on the contributions of cash transfer schemes to social protection and vulnerability reduction, it has noteworthy limitations and delimitations. One of the limitations of this study is that it was conducted in six selected LEAP beneficiary communities in the Lawra District of the Upper West Region which



could differ in terms of socio-cultural characteristics compared to other communities globally. Another limitation of this study is the unavailability of baseline data on the socioeconomic characteristics of the sampled recipient and non-recipient households in the Lawra district. Thus, the analysis of the socio-economic impact of the LEAP programme was restricted to what caregivers in recipient households perceived to be gains made by their respective households as a result of the LEAP programme.

Another limitation of this study is the use of a mixed methodological approach in assessing the impact of the programme on some recipient household welfare characteristics. Also, instead of a district-wide experimental survey of all LEAP recipient households to determine the socio-economic impact of the programme on recipient households, a non-experimental sample survey of some recipient and non-recipient households was carried out. As a result, some impact areas might have been left out based on the methodological approach used. This therefore suggests that though the results of the study could be generalized to cover all recipient households in the district, there could still be some hidden impacts not revealed since it was not a district-wide survey.

Time factor is another limitation for this study. Data collection for the study was within the months of September and October in 2014 during which period most participants were busy with their farm activities. As such data collection was scheduled and carried out in the afternoon session of the day during which participants had returned from their farms to take a rest.



### **1.7 Ethical Consideration**

Participation in this research was purely voluntary. The consent of research participants was sought before interview or any discussion could commence. This was done by briefing research participants on the purpose of the study as a purely academic work and that they could choose to participate in it or not. They were also briefed on the significance of this study to policymakers as well as beneficiaries of the programme. Research participants were assured of the confidentiality of their identity for participating in this study. Given this, each interview was conducted in a suitable atmosphere to avoid eavesdropping and interruption by other people outside the household.

### **1.8 Organisation of the Study Report**

This study is divided into five chapters. Chapter One, presents the background to the study as well as the statement of the research problem, the research questions and objectives of the study and the significance. It also highlights the limitations of the study and the ethical considerations recognised and adhered to by the study. In Chapter Two, a review of related literature that offers the discourses relating to the social protection and vulnerability reduction are presented. A detailed outlined of the research methodology adopted for this study is presented in Chapter Three. In Chapter Four, the results of the study are presented and discussed. Chapter Five presents a summary of the research findings, the conclusion of the study and the research recommendations for policy makers and future researchers.





## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This chapter provides a review of relevant literature on social protection and vulnerability reduction. Specifically, it discusses the concept of cash transfer and points out evidence of its developmental impact in society. The chapter concludes by highlighting the theoretical and conceptual framework that underpins the study to put it into perspective.

#### 2.1 Social Protection

Social protection has increasingly gained recognition in development discourse and social policy practice over the decades. It has been recognized for its safety-net benefits in meeting people's basic needs and in contributing to more "developmental" and "transformative" objectives. Its usage in development discourse and practice has been evolving. For instance, social protection in the 1980s was seen as a "safety net". That is to say, a "residual" and temporary instrument meant to provide subsistence support to individuals in extreme poverty (Mkandawire, 2001: 1). In the 1990s, the World Bank through its Social Risks Management enhanced the concept of social protection thus legitimizing it as a mainstream policy instrument for the economic protection of the poor and vulnerable. It also introduced the fluid and dynamic notion of vulnerability as a lens for the analysis of the characteristics and sources of human deprivation. However, in the mid-2000s, social protection discourse advanced broadly to include developmental benchmarks that extend beyond poverty relief and livelihood maintenance.

With the inclusion of other developmental benchmarks in the analysis of its scope, social protection has been differently defined by various scholars. For instance, it



has been conceived of as “a set of policies which governments can pursue in order to ensure protection both to the ‘economically active poor’, enabling them to participate more productively in economic activity, and to the less active poor, with considerable benefits for society as a whole (Shepherd, et al., 2004:5). Also, from a social risk management perspective, the World Bank perceived of it as a form of “public interventions to assist individuals, households, and communities better manage risks and to provide support to the critically poor” (Holzmann & Jørgensen, 2000:8; Barrientos, et al., 2005:9).

Similarly, the International Labour Organisation (ILO) recognized social protection as “the set of public measures that a society provides for its members to protect them against economic and social distress that would be caused by the absence or a substantial reduction of income from work as a result of various contingencies (sickness, maternity, employment injury, unemployment, invalidity, old age, and death of the breadwinner); the provision of health care; and, the provision of benefits for families with children” (ILO, 2000: 14). This view is supported by the Development Assistance Committee [DAC] of the Organisation for Economic Cooperation and Development [OECD], which perceives of social protection as “those public actions that enhance the capacity of the poor to participate in, contribute to and benefit from economic, social and political life of their communities and societies” (OECD, 2009:10). The views expressed by Shepherd et al., the World Bank, the ILO and the Development Assistance Committee of the OECD portrayed a narrow scope of social protection. This is because due concern has not been shown to include private and informal strategies that are mostly fundamental to the livelihoods of the poor in rural communities. These definitions also exclude legal



and other regulatory frameworks that enhance the well-being of not only the poor but every societal member. This, therefore, raises the question as to whether public actions are the only means by which society can tackle the issues of poverty and vulnerability (Devereux & Sabates-Wheeler, 2007).

Contrary to the narrow scope of social protection, it has been espoused that social protection encompasses a full range of interventions undertaken by public, private and voluntary organisations, and informal networks to support individuals, households and communities in their efforts to prevent, manage and overcome risks and vulnerabilities. It includes the set of public and private policies and programmes undertaken by societies in response to various contingencies in order to offset the absence or substantial reduction of income from work; provide assistance to families with children; and provide people with healthcare and housing” (De Conninck & Drani, 2010; Barrientos, et al., 2005:9; UN, 2000:13). Similarly, the Organisation for Economic Cooperation and Development (OECD) conceived of social protection as “policies and actions which enhance the capacity of the poor and vulnerable to escape from poverty and to enable them to better manage risks and shocks” (OECD, 2009:10).

From the above conceptualizations of social protection, it is deduced that in spite of the differences among scholars and development agencies, almost all definitions recognised vulnerability and risks as well as levels of unacceptable absolute deprivation and forms of response as areas of concern in the design and implementation of social protection programmes (Norton & Foster, 2001: 21-22).

In this study, the usage of the term social protection encompasses:



*“ all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups” (Devereux & Sabates-Wheeler, 2004).*

### 2.1.1 Types of Social Protection

1) **Social Assistance:** This is a non-contributory form of social protection whereby resources either in the form of cash or in-kind are transferred regularly and predictably to vulnerable individuals or households (Freeland, 2012)). They are tax-financed benefits, either cash or in-kind, not dependent on recipients' contributive capacity. They are mostly targeted at certain categories of people in need of social protection – the disabled, pregnant women or families with young children, who if not targeted may not be reached through labour or other market instruments. The eligibility for access to social assistance is usually determined by some form of means-testing (Norton & Foster, 2001). The benefits of social assistance are sometimes delivered with conditions attached to elicit particular behaviours from recipients. In some cases too, the assistance is offered to recipients without conditions. The benefits vary considerably ranging from material benefits to cash or in-kind benefits distributed to the poor and vulnerable in society. In developing countries such as Ghana, Bangladesh and Brazil, subsidies and fee exemptions have been common instruments of social assistance (Norton & Foster, 2001; Slater, 2011).

2) **Social Insurance:** This is a type of social protection where beneficiaries are required to make regular financial contributions to guarantee their access to benefits at a future





date. It is more appropriate for the better-off regarding protecting them from dropping into poverty. It encompasses contributory social pensions, unemployment insurance, health insurance, funeral assistance and disaster insurance. It is based on the principle of risk-sharing and involves the pooling of contributions by individuals to state or private providers in return for a payout if a setback or change in circumstances happens (such as ill-health or old age). The risks covered ranges from a fall in income or to an unexpected rise in expenditure such as in the case of a serious illness or death. In most developing countries, social insurance is mostly benefited by people within the formal employment sector where both employee and employer are required to offer regular payment into a scheme (Conway, et al., 2000; Norton & Foster, 2001; Marriott & Gooding, 2007; DFID, 2006).

**3) Labour Market Interventions:** This type of social protection seeks to provide protection for people who can work. It can be active or passive or both. For instance, it encompasses changes to policies and legislations to remove inequalities in access to services or livelihoods/economic opportunities in order to help address issues of discrimination and exclusion (Marriott & Gooding, 2007). Examples include income support and changes to labour regulations, training and skills development and employment counseling (Lund, 2009).

#### **4) Community-based Social Protection / Informal Social Protection**

This describes traditional or community-based social protection mechanisms that offer protection to people not covered by the formal social protection networks. It includes group activities that protect community members against risk through locally arranged

social protection measures that are predicated on people's cultural beliefs, norms and values. It is built on family and community networks with a strong element of reciprocity. Examples include migration and remittances, and mutual assistance such as gift-giving and labour (Wood & Gough, 2006; Browne, 2013; Coheur, et al., 2008).

### **2.1.2 Functions of Social Protection**

There are various schools of thought that sought to explain the role of social protection in society. For some, social protection seeks to do away with the constraints to human and economic development posed by social risk. Others too are of the view that social protection ensures the satisfaction of basic needs. Moreover, it is indicated that social protection serves as a means to satisfy the inalienable rights of the individual. All these to some extent demonstrates the competing perspectives on risks, needs or rights about what social protection seeks to achieve (Barrientos & Hulme, 2009).

In a more elaborate manner, Devereux and Sabates-Wheeler (2008) identified four functions of social protection. These include protection, prevention, promotion and transformation.

*The Protective function:* This encompasses measures that provide relief from deprivation and include traditional safety-net instruments, social assistance and social services for poor individuals or groups who need special care. With this function, social protection seeks to alleviate extreme poverty by raising the living standards of the chronically poor to a minimally acceptable standard.

*The Preventive function:* This includes measures that seek to prevent deprivation and deal directly with poverty alleviation. It includes social insurance for people who



have fallen, or might fall into poverty as well as formal systems and informal mechanisms such as savings clubs and funeral societies. This function seeks to prevent shocks from causing irreversible damage to the productive capacities and human development of vulnerable households.

*The Promotional function:* This encompasses measures that seek to enable longer-term enhancements to people's livelihood strategies. It seeks to improve the capabilities and opportunities of the economically poor and vulnerable households by enabling them to avoid low-risk and low productivity traps to work their way out of poverty.

*The transformative function:* This function describes measures designed to address the underlying social structures that are at the root of social vulnerabilities and which are exposed by the crisis. It seeks to change power relations that exclude certain social groups from economic opportunities and access to public services.

### **2.1.3 Vulnerability Reduction**

Reducing risks and vulnerability for the poor is a very crucial element for social protection. According to the World Bank (2000:139), vulnerability connotes a reduction in wellbeing. That is, a reduction in the material, cognitive and relational abilities of an individual or group. This suggests that vulnerability reduction is when there is stability and or an increase in the well-being status of the individual or group. The United Nations Development Programme (UNDP) also asserts that vulnerability is “a human condition or a process that results from physical, social, economic and environmental factors which determined the likelihood and scale of damage from the impact of a given hazard” (UNDP, 2004:11). This assertion indicates that vulnerability reduction is a continuous



process of minimizing the likelihood and scale of damage that an individual or group would experience from the impact of a hazard. It is also suggested that vulnerability is induced by either endogenous or exogenous factors rooted in the physical, social, economic, political, environmental and psychological state of the individual or group.

In this study, vulnerability reduction is when people's material and non-material abilities are enhanced by social protection measures. These may include increased access to basic services, improved incomes, food security, and improved social connectedness among others. The coping ability of vulnerable households is determined by their asset status and hence, those with a strong asset-base in terms of land, family labour, livestock, savings and other assets are more likely to withstand shocks without total livelihood collapse.

## **2.2 Social Protection and Vulnerability Reduction**

Globally, the issue of social protection and vulnerability reduction is not a novelty in human society. This is because society has always devised ways and means of meeting the needs of the poor and vulnerable. For instance, traditional African societies have in place measures to cater for the major contingencies of life through collective security and mutual help to one another prior to the advent of Europeans and the rise of modern states. The basic foundation of society, (i.e. the family) was the critical focus in the provision of support when members become old and are threatened by economic deprivation, disability, and social isolation. In other cases, where the vulnerable has no family, the community as a whole provided their social protection needs (Gockel & Kumado, 2003:2).







In Britain, it has been stated that the Elizabethan Poor Law was passed in the 17<sup>th</sup> century to provide a legal impetus when the British society was faced with the problem of what to do with the poor. This Law set forth ways and means of dealing with three categories of the poor (i.e. the aged poor, the disabled poor, & the able-bodied poor) in the Britain society. It established the parish (i.e. local government) which executed the law through an overseer appointed by local officials. The law also granted the local government the power to raise taxes needed to provide services to the poor who were aged or disabled. However, the able-bodied poor were provided work to help them meet their needs and those who refused work were punished and kept in correctional homes (Hansan, 2011).

In traditional Ghanaian society, the extended family system provided care and protection to all its members. The care and protection it gives goes beyond socioeconomic protection to include psychological stability and moral upliftment. The extended family provided care, food, shelter and protection for those who were unable to fend for themselves and was the transmitter of traditional social values and education. Social protection was simple, collective and was based on two principles - solidarity and reciprocity (Gockel & Kumado, 2003; Sarpong, 1974).

However, in the wake of globalisation, the extended family became weakened and the level of social protection was negatively affected by the new economic order of the 1980s which emphasises minimalist state intervention in economic activity, structural adjustment policies, liberalisation of both domestic and foreign trade, and removal of subsidies among others (Gockel & Kumado, 2003). These together with other factors

contributed to the rise in social protection up the policy agenda of national governments and international development organisations (Cook & Kabeer, 2009).

In contemporary Ghanaian society, modern forms of social protection commenced after the Second World War with the introduction of pension schemes for formal sector employees and their families. These forms of social protection covered only a small proportion of the Ghanaian population leaving a greater proportion of the poor who rely on subsistence agriculture and the informal sector unprotected (Gockel & Kumado, 2003). As a response measure towards the unprotected poor, successive governments in Ghana over the years embarked on the implementation of a broad range of social intervention programmes (e.g. the Livelihood Empowerment against Poverty (LEAP), Ghana School Feeding Programme (GSFP), National Youth Employment Programme (NYEP) and the National Health Insurance Scheme (NHIS) all in a bid to offer a more comprehensive social protection system that would address vulnerabilities. This culminated in the coming into existence of the Ghana National Social Protection Strategy, a policy which seeks among other things to accelerate poverty reduction and protect the vulnerable and excluded through social intervention programmes directed at extreme poverty reduction (Jones, et al. 2009; MMYE, 2007).

### **2.3 Cash Transfers**

Cash transfers have been recognised by both national governments and the international development partners as crucial in meeting broader development goals and in tackling income poverty, especially in developing countries. This has been endorsed by the World Bank's World Development Report for 2006 which recognises their potential impact on



poverty and inequality as well as their contribution to promoting and distributing growth (Samson et al., 2006:1). In developing countries, recipients of cash transfers spend primarily on food to improve their nutritional status. In most of these countries, transfers are distributed largely to women to promote empowerment and more balanced gender relations. Cash transfers provide a role in the protection strategy of the extremely poor and vulnerable populations especially those affected by HIV/AIDS, malaria and other debilitating diseases (Samson, 2007:3). Despite the consensus, it is believed that the design and objectives of cash transfer programmes influence their impacts on poverty and vulnerability reduction. The key theoretical debates surrounding cash transfers mostly centre around conditional versus unconditional; targeted versus universal transfers and the impact on health, education consumption, human development, nutrition and income. These debates led to the hypothesis by Devereux that “social safety nets can have both protection and promotion effects (Devereux, 2002:657).

### **2.3.1 Conditional Cash Transfers**

These are “regular payments of money by government or non-governmental organisations to individuals or households in exchange for active compliance with human capital conditionalities, with the objective of decreasing chronic or shock-induced poverty, providing social protection, addressing social risk or reducing economic vulnerability, while at the same time also promoting human capital development” (Samson et al., 2006:10). Other human capital conditionalities often associated with Conditional Cash Transfers (CCTs) include school enrolment and attendance by children, visiting clinic for medical check-ups, and others. According to Fiszbein et al. (2009:1), CCTs have become the largest social assistance programme that cover millions of



households in countries such as Brazil and Mexico. They are recognised as the best instruments for social risk management but not for transient poverty (Fiszbein et al., 2009:26). They are established based on the assumption that increasing household income or providing public funding to human capital development using various forms of compliance would inure to poverty reduction and enhance social wellbeing of beneficiaries (Samson et al., 2006:83). There are three main arguments for conditioning cash transfer programmes. First, that agents or recipient households do not always behave exactly as one would expect from an informed and rational people. Secondly, that government typically do not behave like benevolent textbooks dictators. This is because policy decisions generally involve taking decisions within a political economy where conditionalities may lead to increase public support. The third argument is that investment in human capital by the poor are usually at private optimal levels which might not be socially optimal as a result of market failures (Fiszbein et al., 2009:50).

It is also asserted by some scholars that CCTs constitute a new form of social contract between citizens and state. This leads to co-responsibilities where both see each other as partners in the development process. However, the state often sees the citizens as people suffering from self-control problems and excessive procrastination that are inconsistent with long-term future attitudes (Fiszbein et al., 2009). A case in point is where parental decisions may not be fully consistent with children's welfare, and therefore there is a need for governmental or non-governmental push such parents into choosing what is in their best interest.

The social risk management framework also argued that risk management related rules that compel recipients to mitigate risk before their occurrence could serve as

conditionalities to cash transfer programmes. Accordingly, this has the greater possibility of a more direct impact on poverty and vulnerability reduction since households would be required to reduce the risk of being affected by shocks (Saudoulet et al. 2004:28). This approach recognises the poor capacity to mitigate the impacts of risk before their occurrence. The limitation as regard this approach is the inclusion of risks as determinants for eligibility for the transfers. CCTs has been criticised for its inappropriateness to countries with inadequate resources and administrative capacity. It is also stated that CCTs may not result to improved outcomes in education and health particularly where the supply of such social services is constrained by inadequate resources, capacity and infrastructure (Handa & Davis, 2006:514). In this case, conditionalities become a cost for both the caregivers and the agency delivering cash transfers, where for instance the caregiver would only be struggling to comply with terms and the service provider has to ensure service availability to monitor and implement punishment for non-compliant clients.

### **2.3.2 Unconditional Cash Transfer (UCT)**

Unconditional cash transfers are regular non-contributory payments of money provided without active conditionalities by the government (or non-governmental organisations) to individuals or households, with the objective of decreasing chronic or shock-induced poverty, providing social protection, addressing social risk or reducing economic vulnerability (Samson et al. 2006:8). In other words, these are recognised as unconditional in the sense that no one in the household is required to fulfil certain requirements in exchange for the transfer. Though administrative requirements such as

providing one's ID card may be demanded; this does not constitute conditionality. They include social pensions, widows' allowances and grants for persons with disabilities.

The underpinning theory for UCTs is that the poor are rational actors and that easing cash constraints will result in increased use of public services without the need for conditions. UCTs, unlike CCTs, do not require governments to monitor and enforce conditions with the additional strain that such action would place on severely constrained government capacity.

The unconditional cash transfers may include universal pensions, child care grants, and disability grants. These transfers often have the least transaction costs, no influence on market prices and receivers keep their decision making autonomy e.g. decide themselves in what way to use the cash resources. However, information about the social and economic advantages is not easy to generate.

### **2.3.3 Targeting and Universalism**

Universalistic transfer programmes are those that provide benefits to everyone while in the case of targeted transfers, some category of people especially the extremely in communities are identified using means-testing to determine eligibility for benefits. The rationale for the adoption of a targeted approach to transfers is based on the assumption that resources are scarce and cannot satisfy everyone. Hence, applying a targeted approach allows resources to be saved by excluding people who are considered not poor. This is supported by Samson et al. (2006:34) that "effective targeting ensures that resources go to those in need of them most". It is also justified that targeting promotes



political will by reducing the number of beneficiaries while improving programme impacts.

In contrast, Standing asserts that as globalisation and economic informalisation render economic insecurity more pervasive, universal transfer schemes are more necessary. In his view, conditionalities and targeting are counterproductive since UCTs provide freedom of choice that ensures cash transfer contributes to a rebuilding and sustaining livelihoods (Standing, 2007:1). It is also indicated by Pinto that targeting has both direct and indirect costs. These costs include the administrative cost; the eligibility cost often incurred by potential beneficiaries and another social cost such as stigma, erosion of traditional support networks and deteriorating community cohesiveness (Pinto, 2003).

Since cash transfer seeks to promote human capital development, some scholars questioned whether cash transfers are the most effective ways to reducing poverty and vulnerability. A report on CCT programmes indicates considerable improvement in the lives of the poor. Also, transfers that have been well targeted to poor households have raised consumption levels and have reduced poverty in some countries by a substantial amount. Nevertheless, the evidence on improvements in outcomes in education and health is more mixed (Fiszbein et al., 2009:30). It could be argued that giving money only will not reduce vulnerability because transfers are mainly spent on consumption. Also, the poor households may consider the transfer as extra income and hence, may adopt the spending habits of rich people instead of engaging in capital accumulative ventures.

It could be asserted that cash transfers have the potential to bring about desired socio-economic change if they are well linked to livelihood strategies. The arguments



reviewed have not fully accounted for the fact poor households have livelihood priorities. Therefore, it could be argued that in order to realize the socio-economic impacts of cash transfer programmes that would empower beneficiaries, there is the need to incorporate livelihood strategies and assets.

#### **2.4 The Livelihood Empowerment Against Poverty (LEAP) Programme**

The Livelihood Empowerment against Poverty (LEAP) programme is an innovative and context-specific initiative commenced in March 2008 to provide both conditional and unconditional cash transfer to extremely poor targeted populations in Ghana. It is a flagship programme under the National Social Protection Strategy (NSPS) implemented by the Department of Social Welfare under the Ministry of Manpower, Youth and Employment now Ministry of Gender, Children and Social Protection. The programme seeks among other things to empower and help targeted population provide for their basic needs, poise them to access existing government interventions, provide a springboard to help them leap out of the malaise of poverty, and ultimately to empower them to contribute to the socioeconomic development of the country. The targeted population under the LEAP cash transfer programme include the extremely poor aged who are 65 years and above, Orphaned Vulnerable Children (OVCs) who are 15 years and below, Persons with Disabilities without productive capacity, subsistence farmers and fisher folk, the incapacitated persons living with HIV/AIDS, and Pregnant women/lactating mothers with HIV/AIDS (MMYE, 2007).

The LEAP cash transfer programme is a time-bound cash transfer programme and therefore has exit strategies for graduating different categories of beneficiaries. For







example, the policy requires that terminal beneficiaries of the programme with productive capacities such as subsistence farmers and fisher folk be graduated and linked up with other complementary programmes after receiving the transfer for three years. Furthermore, it requires that the extremely poor aged without any potential for support in the future should be continuously offered the cash transfer till death, while those with potential for support in the future exit the programme after receiving the transfer grants for two years. For lactating mothers with HIV/AIDS, the policy requires that they are given the cash transfer till the child is six months old and can eat alternative food. In the case of caregivers of incapacitated Persons with Disabilities and Persons Living with HIV/AIDSs, the policy emphasised that they can only exit after a period of two years during which an assessment result might have determined their stay or exit on the programme. The transfer for the elderly and the incapacitated persons with disability are unconditional. With that of caregivers of OVCs, the policy advocates that they be provided with transfers till the OVC attains 15 years. The transfer to caregivers of OVC is conditional on enrolment and retention of all children of schooling-age in public basic schools, birth registration of all children, attendance at post-natal clinics, full vaccination of children up to the age of five, non-trafficking of children and no involvement of children in the 'worst forms of child labour' in recipient households (MMYE. 2007; ODI & UNICEF, 2009).

The LEAP programme at its commencement targeted the bottom 20% of the extremely poor in Ghana estimated at 164,370 households with a total population of 821,845 as shown in Table A. The targeted recipient households of the LEAP programme are selected using a quasi-survey approach. This approach involves the collection of data

on specific households and individuals, house visits and interviews, putting collected data into a unified household registry, comparing household characteristics with pre-established eligibility criteria, and establishing a programme specific beneficiary list (MMYE, 2007).

**Table A: Targeted Extremely Poor Population**

Extremely Poor Category	Number of households with extremely poor dependants				
	1 Member	2 Member	3 Member	4 or more Members	Total
Subsistence Farmers	3,973	7,946	11,919	15,892	39,731
Subsistence Fisher folk	795	1,589	2,384	3,178	7,946
The aged poor above 65yrs	3,319	6,637	9,956	13,275	33,187
PWDs (without productive capacity)	4,383	8,766	13,149	17,532	43,831
OVC (Caregivers Scheme)	2,560	5,120	7,680	10,240	25,600
PLWHA (Care Givers Scheme)	1,217	2,435	3,652	4,870	12,174
Pregnant Women with HIV/AIDs	190	380	570	760	1,901
<b>TOTAL</b>	<b>16,437</b>	<b>32,874</b>	<b>49,311</b>	<b>65,748</b>	<b>164,370</b>

Source: MMYE, 2007



The implementation of the LEAP programme was motivated by the results of the Ghana Living Standard Survey 5 conducted by the Ghana Statistical Service. The result of this survey posited that 18.2 percent of Ghanaians were extremely poor. This percentage of Ghanaians described as extremely poor are those who accordingly could not meet their nutritional requirements even if they were to spend their entire incomes on food alone. Moreover, they did not have access to socioeconomic development programmes within or outside their communities and hence could not benefit from such programmes (GSS, 2008).



The Livelihood Empowerment Against Poverty programme is funded by the government of Ghana with support from the donor community. The recipient households of the programme are paid on a bi-monthly basis using a “Pull” Payment Approach. With this approach, caregivers of recipient households converged at a designated point for their cash. The payment is done through the Ghana Post and monitored by the Department of Social Welfare, the principal implementing agency at the district level. At the maiden payments for the programme, recipient households were paid between GH¢ 16.00 and GH¢30.00 dependent on the number of dependants in the household. Households with only one dependant received GH¢16.00 while those with two, three and four or above dependants were paid GH¢20.00, GH¢24.00 and GH¢30.00 respectively. As at June 2013, the transfer value to recipient households ranged from a minimum of GH¢48.00 to a maximum of GH¢90.00 based on the number of dependants in the household (MMYE, 2007; MGCSP, 2013). Currently, a total of 212,848 beneficiary households throughout the country are on the LEAP programme. The bi-monthly payment for one eligible member household is GH64.00, two eligible member household receives GH76.00, three eligible member household receives GH88.00 and four and more eligible member household receives GH106.00 (MGCSP, 2016).

## **2.5 Developmental Impacts of Cash Transfers in Social Protection**

There have been widespread developmental impacts of cash transfer programmes empirically evidenced by research conducted in Latin America, Asia and some parts of Africa. The findings of such studies have revealed reduced income poverty and vulnerability, reduced hunger, improved nutrition and food consumption, stimulated enrolments in schools, improved access to and use of healthcare facilities, reduced child

labour and promoted enormous social and economic growth among other impacts in beneficiary households.

### **2.5.1 Impacts of Cash Transfers on Health**

It is generally stated that poor and vulnerable households often face significant barriers to healthcare in the form of direct and indirect cost such as travel expenses incurred to reach healthcare facilities and income foregone when taking time off work. However, empirical evidence has suggested that cash transfer has helped poor households to overcome such barriers and have resulted in an increase in the use of key public healthcare services. For instance, Chaudhury et al. (2013) studied the impact of the Philippine Pantawid Pamilya, conditional cash transfer programme launched in 2008 to provide cash transfers to poor households. The programme is conditioned on household's investments in child education and health as well as the use of maternal health services. They assessed the programme's impact by comparing outcomes in areas that received the transfer with outcomes in areas that did not receive the Pantawid Pamilya. They used two analytical methods (i.e. Randomized Control Trial (RCT) and a Regression Discontinuity design) to arrive at their findings. They found positive impacts of the programme on the health of younger children (6 – 36 months old) in beneficiary households. The impact was accordingly a ten percentage point reduction in severe stunting among the children in recipient households compared to non-recipients in areas not covered by the programme, where 24 percent of the children (6 -36 months old) were stunted. Agbaam and Dinbabo (2014) also assessed the impact of the Livelihood Empowerment Against Poverty programme in alleviating household poverty in rural Ghana. They used a combination of quantitative and qualitative methodological approaches to compare the frequency of the



utilisation of healthcare facilities by 30 beneficiaries and 30 non beneficiaries of the LEAP programme. The result of their study found that the beneficiary group had a higher mean frequency use of healthcare facilities than the non-beneficiary group.

### **2.5.2 Impact of Cash Transfers on Nutrition and Food Security**

Food security has been recognised as a weapon in the fight against poverty. Studies have revealed that food insecurity adversely affects the productive capacity and wellbeing of people. Evidence of impacts of cash transfer programmes by researchers have revealed minimal or no impact of cash transfers on the nutritional needs of poor households. For instance, using the propensity score matching technique in an experimental study, Andrade, Chein and Ribas (2007) compared the impact of the Bolsa Familia on nutritional needs of children in recipient families and non-recipient families. The findings of their study led to the conclusion that no impact on nutritional needs of households was observed.

However, in a randomised experimental study, Hoddinott et al. (2014) assessed the relative impacts of cash and food transfers on food security in Eastern Niger. They found that households randomised to receive food transfers experienced larger positive impacts on food consumption and diet quality than those receiving cash transfer. They revealed that food transfers cost 15 percent more to implement than cash transfers. Also, that recipients of food transfer sold less than 5 percent of their transfer in exchange for other goods. Meanwhile, those on cash transfer were found to have spent more of their cash on agricultural inputs. This, therefore, suggests that though food transfer may have short-term food security benefits than cash transfers the reverse may be the case in the long term.



Also, in an experimental study involving the use of randomised methods, Maluccio et al. (2005) evaluated the impact of the Nicaraguan Red de Proteccion Social on per capita food expenditures and diet in both treatment and controlled communities. The results of their study found an average increase of 640 Nicaraguan Cordoba in annual per capita food expenditures and improvement in the diet in the beneficiary households of the programme in treatment communities.

### **2.5.3 Impacts of Cash Transfers on Education**

Human capital development is critical for well-being. Education has been identified as the best tool for the development of human capital. Therefore, any investment in education is recognised as a way of enhancing the productive capacity, earnings and health status of the poor and vulnerable in society. It is in this context that some cash transfer programmes to beneficiary households have been conditioned on school enrolment and attendance of children of schooling age. An impact evaluation of some cash transfer programmes on the educational needs of children in poor households have yielded some results. For example, in an experimental study, Veras et al. (2007) evaluated the impact of the Brazilian Bolsa Familia and reported that participants of the programme are 20% less likely than comparable children in non-participant households to absent themselves a day from school in any given month. They also found that 63 percent of children in participating households are less likely to drop out of school and 24 percent more likely to advance an additional year.

Also, in a randomised quasi-experimental study, Schady and Araujo used instrumental variables to estimate the impact of the Bono de Desarrollo Humano (BDH)



on school enrolment of children 6 – 15 years among poorest households in Ecuador. The result of the study revealed that the BDH had a large, positive impact of 10 percentage points on school enrolment of poor Ecuadorean children and that the BDH effects were significantly larger among a minority of households that believed the transfers had a school-enrolment requirement (Schady & Araujo, 2008:73).

Moreover, assessing the impact of the PRAF II programme on educational outcomes for children age 6 -13 years in rural Honduras, Glewwe and Olinto looked at the demand side and the supply side of the intervention which provided cash to beneficiary families conditioned on enrolment and regular attendance, and assistance to schools attended by children from beneficiary families. The result of their study revealed that the PRAF II programme increased enrolment rates by 1- 2 percentage points, reduced dropout rates by 2 – 3 percentage points, increased school attendance by about 0.8 days per month, and increased annual promotion rates to the next grade by 2 – 4 percentage points (Glewwe & Olinto, 2004:48).



#### **2.5.4 Impacts of Cash Transfers on Child Labour**

It is hypothesised that poor households are more likely to postpone children's involvement in work and invest in their education if they have access to credits. This is based on the assumption that economic vulnerability is associated with child labour. To mitigate economic vulnerability associated with child labour, social protection programmes such as cash transfers have been found to have yielded some results. For instance, using the Brazilian 2000 Census and Propensity Score Matching technique to assess the impact of the Brazilian cash transfer programmes on school attendance and child labour, Cardoso and Souza found that the programmes had no significant impact on

child labour. That the cash transfer programmes did not reduce the incidence of poor children's engagement in labour activity. Rather, they found a change in time allocation between school and work. The children in poor households were found to have allocated time for school and work, an indication that the cash transfer programmes did not sufficient incentive for treatment households to forgo the labour income of their children (Cardo & Souza, 2004).

Also, in an assessment of the Bono de Desarrollo Humano cash transfer programme in Ecuador, Schady and Araujo found that the programme has contributed significantly to a reduction of child labour by 17% in participating households (Schady & Araujo, 2006). Also, in Cambodia, Filmer and Schady experimentally studied the impact of the Education Sector Support Project which administered cash transfer to pupils in the transition from primary to lower secondary school. The result of their study was that the programme had greatly reduced in paid work by 11% (Filmer & Schady, 2009).

### **2.5.5 Cash Transfer Impact on Social Relationships**

It is a truism that no human being and for that matter, the family survives completely alone. A network of relationships fundamental to the survival and well-being of people exists in every society. The network relationships are more critical especially in times of need or acute distress. These are often assumed to be positive, helpful or supportive of families and individuals in need, but they can also be weak or unhelpful, negative or even predatory. This suggests that households with weak or very few social networks are more vulnerable than those with strong and many social networks (Phyllis, 2008).







Poverty and vulnerability are not just about economic deprivation. They include issues of social deprivation (Devereux & Sabates-Wheeler, 2004). The lack of access to social networks or the availability of very few social networks to people poses some level of social deprivation. As such, any effort that seeks to reduce poverty and vulnerability has the potency to equally influence social networks of people. There are some available empirical evidence that demonstrate either positive or negative impact of cash transfers on social relationships. One of such evidence is the qualitative study conducted by Phyllis (2008) with six recipient families of the Kenya Government Cash Transfer Programme (CTP). In his study, Phyllis found that cash payments to beneficiary households appeared to have strengthened the social networks and social capital of recipient households. He also found that the CTP has enabled recipient households to participate in community events, share food and even empowered recipient households with the capacity to borrow when in need.

However, using qualitative research methods to study the impacts of Progress on community social relationships, Adato (2000) found both positive and negative effects on social relationships. The positive impact found was a strengthened social relationship between beneficiary women of the programme. The negative impact found was the existence of tensions within communities between beneficiaries and non-beneficiaries of the programme.

## **2.6 Theoretical Framework of the study**

The advocacy for the application of cash transfer programmes in the fight against extreme poverty and vulnerability conditions in human society have been motivated by

several pro-poor development theories. Some of these theories include the Capability Approach, Human Rights Approach, the Entitlement Theory and the Basic Needs Approach. Although these theories are still relevant, the Basic Needs Approach has been highlighted to serve the purpose of this study.

### **2.6.1 The Basic Needs Approach**

The advocacy for the application of cash transfer programmes in reducing extreme poverty and vulnerability among marginalized segments of the population has been underpinned by the Basic Needs Approach (BNA). The Basic Needs Approach appeared in the international development agenda in the 1970s as a reactionary measure with emphasis on economic growth and other macroeconomic development policies with the aim to refocus development through the provision of basic needs to all segments of the population. This approach outlines that basic needs include a list of those things which are required by human beings for bare survival, e.g. food, shelter, and clothing. The Basic Needs Approach further argued that politics, psychological state of being as well as physical needs of people are important in development and therefore constitute as part of the things human beings need for their bare survival. Basic needs in view of this approach are not only physical but psychological as well. Also, they are not absolute but relative to what is enjoyed by other people in society (ILO, 1977; Ghai et al., 1977). This theory is suitable for this study because the issue of basic needs has been the discussion of most governments in the developing world over the past decades. The provision of basic needs has been the concentration of most governments' activities, and mostly, such activities include the provision of health education, food, and affordable housing. The provision of these needs has a major aim of reducing poverty.





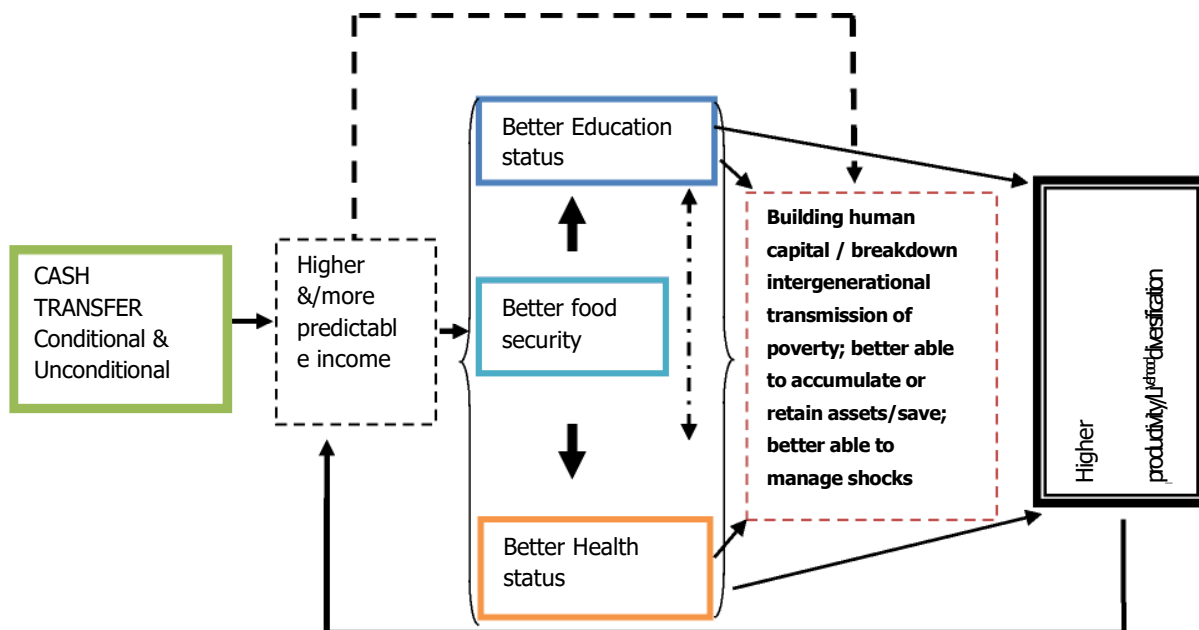
The Livelihood Empowerment Against Poverty programme, a context-specific cash transfer scheme targeted at the extremely poor and marginalized persons seeks to empower them to meet their basic needs necessary for bare survival. According to the Ghana statistical service (2014a), about 24.2 percent of Ghanaians are poor and that 8.4 percent of Ghanaians are extremely poor and hence cannot meet their nutritional requirement even if they are to spend all their yearly earnings on food. This, therefore, implies that any effort to help guarantee satisfaction of basic needs for the extremely poor would significantly impact on their livelihoods. Therefore, cash transfer schemes such as the LEAP cash transfer given to extremely poor to enable them to acquire food as well as access free health and send their children or close dependents to school could result in their socioeconomic empowerment and the breakdown of the intergenerational transmission of poverty in their households. Therefore, the implementation of this LEAP programme is informed by the ideological values of the Basic Needs Approach which argues that development must focus on the provision of basic needs for people and giving people the psychological and physical freedom to live a decent live comparable to lives in other societies.

## **2.7 Conceptual Framework**

A conceptual framework is a visual or written presentation that: “explains either graphically, or in narrative form, the main issues to be studied thus the key factors, variables or concepts and the presumed relationship among them” (Miles & Huberman, 1994:18). It is a theoretical structure of assumptions, principles, and rules that holds together the ideas comprising a broad concept. The conceptual framework of this study is underpinned by the assumption that “individuals can be trusted and empowered to make

effective use of resources available to them to improve their living standards” DFID (2011:5). The conceptual model is depicted in Figure A.

**Figure A: Conceptual Framework of Cash Transfer Impacts on Household Welfare**



Source: Author’s Construct



The conceptual framework depicted highlights the impacts of cash transfers on household welfare. From the conceptual framework, it is assumed that modest but regular delivery of cash transfers to the poor and vulnerable in society may enable them to have a relatively higher and or predictable income. It is believed that this would enable them to smoothen their consumption of food and also better their expenditure on education and healthcare services without resorting to the use of extreme coping strategies such as the sale of individual and household assets during lean periods.

Moreover, the framework indicates that improvements in health and education would facilitate in building the human capital base of the recipients whom would thereby improve productivity and diversify their sources of livelihood and be better able to manage shocks of life-cycle events, accumulate productive assets, access financial services, and therefore build up their capacity to participate effectively in the market and income generation enterprises. This conceptual model recognises that cash transfers such as the LEAP programme and others are not substitutes for other important social services such as education and health but that they act as a complement to them.

Concerning the conceptual framework of the study, it is assumed that if extremely poor households such as LEAP recipient households are trusted and empowered by making available the LEAP cash grant on a regular basis to them, it will enable them to have predictable or higher income. It is believed that with predictable or higher income, recipient households would be better positioned to smoothen their consumption of food, improve their ability to afford healthcare and educational services without resorting to extreme coping strategies such as the sale of household assets and withdrawal of children from school. The above conceptual framework provides a sound basis for assessing the impact of the LEAP programme on households' social protection and vulnerability reduction among recipient households in the Lawra district of the Upper West Region.

## **2.8 Conclusion**

There is an overwhelming evidence of positive impacts of cash transfer programmes on beneficiary households. Also, there is evidence of challenges face by institutions responsible for the implementation of such cash transfers. However, little or no attention



has been given to the challenges face by beneficiary households in the implementation of such cash transfer programmes. Also, most of the researchers on cash transfers impact have not been non-experimentally conducted using a combination of qualitative and quantitative approaches. These are the gaps this study seeks to bridge by examining the impact of the LEAP programme on social protection and vulnerability reduction using a non-experimental approach.



## CHAPTER THREE

### METHODOLOGY OF THE STUDY

#### 3.0 Introduction

This chapter gives a brief description of the study district and discusses the study design, the sampling techniques employed in the study, the methods of data collection and how data collected for the study were analysed.

#### 3.1 Characteristics of the Study Area

The study was conducted in the Lawra District of the Upper West Region of Ghana. The Lawra District is one of the eleven districts that make up the Upper West Region and derives its legal existence from Legislative Instrument (L.I) 1434 of 1988 (PNDCL 207, Act 462) (GSS, 2012; GoG, 2013:5). Lawra is the administrative capital of the district. The characteristics of the study area are hereby discussed as follows:

##### 3.1.1 Location and Size

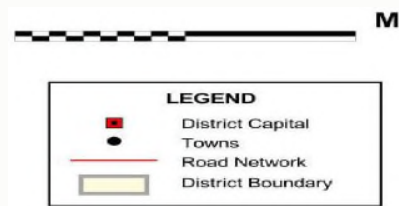
The Lawra district is located at the North Western corner of the Upper West Region of Ghana between Latitudes  $2^{\circ} 25' W$  and  $2^{\circ} 45' W$  and Longitudes  $10^{\circ} 20' N$  AND  $11^{\circ} 20' N$ . The district is bordered to the north by the Nandom District, to the south by the Jirapa District, to the west by the Republic of Ivory Coast and to the east by the Lambusie district.

The Lawra district constitutes about 2.8% of the Upper West Region total land total area with a land area of 527.37 square kilometres. Over 80.0% of inhabitants in the district live in rural areas. The population density of the district is 104.1 per square



kilometre (GSS, 2014b). Figure B represents the map of the Lawra District showing the district capital and major towns.

**Figure B: Map of the Lawra District**



Source: GSS, 2014b



### **3.1.2 Population**

According to the 2010 Population and Housing Census, the district's population stands at 54,889 representing 7.8 percent of the region's total population. The district's population is youthful. About 41% of the population is below 15 years with the elderly persons 60 years and above constituting 10.1%. The total age dependency ratio for the district stands at 93.6. The growth rate of the district is pegged at 1.7% per annum (GSS, 2014b; GSS, 2012). Though the district population growth rate is below the national population growth rate, there is intense pressure on natural resources particularly land for agricultural production as well as socio-economic infrastructure (GoG, 2013:7).

### **3.1.3 Climate**

The district is situated within the Tropical Continental Climatic Zone with a mean annual temperature ranging between 27<sup>0</sup>C and 36<sup>0</sup>C. The warmest period in the district is between February and April. It has two seasons, wet (rainy) season and dry season. The rainy season sets in between April and October while the dry season ranges between November and March. Farming is done during the rainy season with pockets of dry season farming done along the Black Volta during the dry season. The dry season is an off-farm season, and during this period most young ones in poor and vulnerable households migrate down south to get some income that would be used to supplement their livelihoods during difficult times (GoG, 2013; GSS, 2014b).

### **3.1.4 Vegetation**

The vegetation cover in the district is the Guinea Savannah type characterised by short grasses and few woody plants. The trees commonly found in the district include baobab,



dawadawa, shea trees and acacia. The vegetation in the district is congenial for livestock production. The district has a total of 127 hectares of forest reserves. The areas within which these reserves are located have experienced considerable degradation largely due to human activities with its resultant effects of dwindling vegetative cover and poorer soil fertility. The human activities range from the felling of trees for fuel wood and charcoal production, to overgrazing by livestock among others. These human activities that are injurious to the environment are linked to cultural beliefs and the search for sustainable livelihoods (GoG, 2013; GSS, 2014b).

The vegetation cover is very suitable for livestock rearing, an economic activity which contributes a lot to household incomes in the district. The biggest challenge to the vegetation is the long dry season during which period all grasses got dried up and subsequently burnt down leaving the vegetation bare.

### **3.1.5 Geology and Soils**

In the Lawra district of the Upper West Region, the rock formation is basically Birimian with dotted outcrops of granite. The mineral potential in the district is mainly unexplored. However, there are indications of the presence of minerals such as manganese, gold, diamond and iron ore in small quantities. There is high potential for ground water very suitable for all year-round farming (GoG, 2013:9; GSS, 2014b).

The soil in the district is mostly lateritic developed from the Birimian and granite rocks which underlie the area. There are also alluvial soils found along the floodplains of the Black Volta as well as sandy loamy along some of its tributaries. Generally, the nature of



the soils coupled with the erratic rainfall pattern and the application of traditional land use methods have negative impacts on food production in the area (GSS, 2014b).

### **3.1.6 Economy**

Agriculture is the chief economic activity of the majority of people in the district. It is estimated that 83% of the population are engaged in subsistence agriculture. However, food production in the district is relatively low due to the poor nature of the soil and unfavourable weather conditions. Livestock rearing especially poultry is a lucrative venture engaged by most households in the district. Fishing also goes on along the Black Volta and its tributaries to provide supplementary incomes to the meager incomes of households farming along the river. Suitable crops cultivated and animals reared in the district include maize, millet, groundnuts, sorghum, cowpea and soya beans, cattle, sheep, goats, pigs and poultry (GoG, 2013:9; GSS, 2014b).

Commercial and industrial activities also provide sources of livelihood to some people in the district. The industrial activities are closely linked to the agricultural sector and involve mainly processing of agricultural products such as shea butter extraction. Others include pito brewing, smock making and basket weaving. These industrial activities are small-scale and are able to absorb surplus labour in the district, help farm-based households to spread risks, offer more remunerative activities to supplement agricultural income, offer income potential during the off-farming season and also provide a means to cope when farming fails (GSS, 2014b).





### **3.2 Research Design**

A cross-sectional research design involving the use of both quantitative and qualitative data collection approaches was used in this study to assess the contributions of the LEAP programme to social protection and vulnerability reduction in the Lawra district of the Upper West Region. This design was deemed suitable because the study specifically sought among other things to investigate the socioeconomic impacts of the LEAP programme on recipient households in the district. The use of this design therefore is in conformity with Bryman and Bell (2007) assertion that cross-sectional design is suitable for the collection of data on more than one case at a single point in time in relation to two or more variables with the view to examining the variations, connections or pattern of association between such variables. The application of this research design in Kumar's (2011) view is appropriate if the researcher seeks to obtain the opinions and perception of respondents regarding a phenomenon of study at the time of the investigation. In this study, data was collected from the recipient and non-recipient households to establish whether there is a relationship between receiving the LEAP cash transfer and the socioeconomic characteristics of participants' households.

### **3.3 Sources of Data**

There are basically two sources in social research from which data can be obtained. These are primary and secondary sources of data. As noted by Sekaran (2003) and Bryman and Bell (2011), primary and secondary sources of data are the two main empirical sources of data in social research and that both sources could be relied upon for a study of a particular research topic. The use of a particular source of data depends on the availability of data, its format and its quality (Kumar, 2011). In assessing the

contributions of the LEAP programme to social protection and vulnerability reduction in the Lawra district, both sources of data were used.

The primary source of data provides first-hand information to be used by the researcher in solving his or her research problem. Primary sources of data involve direct personal contact or face-to-face interaction between the researcher and the study subjects. Primary sources provide facts and information not only for immediate use but for other purposes. As noted by Bryman and Bell (2011), primary sources can be relied upon alongside with secondary sources of data.

In this study, the primary sources of data for this study included selected recipient and non-recipient households' respondents, CLICs and the Lawra district Social Welfare Officer. These household respondents were reached out to at separate times at their homes, workplaces or at venues suitable to them and were each made to respond to a set of questions geared towards addressing the objectives of the study. The researcher administered the set of questions with support from field research assistants on one to one basis.

Secondary sources of data are often used to provide sufficient background knowledge of the subject matter. They include government official documents as well as private documents such as journals, articles, policy papers, and briefs which give a broad overview of the subject matter. For this study, government official documents as well as private documents obtained from electronic libraries, journals, articles, and other electronic materials which described the impact of cash transfer programmes were read and used. The secondary source of data was deemed relevant to this work because it



increased the validity and reliability of data obtained from the primary source as well as expands the scope of the study.

### **3.4 Sampling design and techniques**

According to Saunders et al. (2009), sampling design describes the definite plan used by the researcher in obtaining the study sample from the total population. It also refers to the method or the procedure adopted by the researcher in selecting items for the sample. It is a plan that indicates how units are to be selected for data collection and analysis. For this study, both probability and non-probability sampling designs were employed.

Probability sampling design as explained by Saunders et al. (2009) provides equal chance of being selected to all sample units. This sampling design considered to be more scientific and more acceptable but can be expensive. This sampling design was used to guide the selection of sampled LEAP beneficiary communities and sampled LEAP recipient households and non-recipient LEAP households in the study. The sampling technique used under the probability sampling design in this study is the Simple random sampling technique. This sampling technique was suitable because it made it easier and less sophisticated in selecting recipient and non-recipient households (potential beneficiary households) from the sampling frames obtained from the Department of Social Welfare as well as the LEAP beneficiary communities sampled for the study.

Non-probability sampling design in which some units of the population have zero chance of selection was also employed in this study. With this sampling design, some sample units (e.g. CLIC members & District Social Welfare Officer) were selected based on certain non-randomised criteria (Bhattacharjee, 2012). The type of sampling technique



under this sampling design that was used in this study was the purposive sampling technique. With this sampling technique units are chosen for a particular purpose (Leedy & Ormrod, 2010). In this study, the purposive sampling technique was used to select caregivers from the recipient and non-recipient households of the LEAP programme, the District Social Welfare Officer and CLIC members due to their depth of knowledge and experience about the implementation of the LEAP programme in the study area.

### 3.4.1 Sample Size Determination

The sample size is the number of items to be selected from the universe. It should be optimum. According to the Lawra District Office of the Department of Social Welfare, there are approximately 2000 households in the district living under extreme poverty conditions (Lawra DSW, 2014). In the determination of an appropriate sample size for a study, Saunders et al. (2009:582) suggest that where the total study population is less than 10,000, a smaller sample size can be used without affecting the accuracy of the study results using the adjusted minimum sample size formula. Since the total study population (i.e. 2000 households approximated as living under extreme poverty in the study district) was found to be less than 10,000, Saunders et al (2009) Adjusted Minimum Sample Size formula was adopted and used for the determination of the sample size for this study. The

formula is stated below:  $n' = \frac{n}{1 + (n/N)}$

Where

$n'$  is the adjusted minimum sample size

$N$  is the total population for the study (i.e. No. of extremely poor households)

$n$  is the minimum sample size required =  $\frac{p*q*z^2}{e^2}$  ;



Where  $p$  is assumed to be 50% belonging to a specified category and  $q$  denotes the proportion not belonging to that specified category (i.e.  $1 - p$ );  $z$  is the corresponding Z-value to the level of confidence required (i.e. 1.65); and  $e$  is the assumed margin of error required which is 10%.

Hence, minimum sample size required for the study ( $n$ ) is  $[(0.5) * (0.5) * (1.65)^2] / (0.1)^2 = 68.0625$ .

Therefore, the adjusted minimum sample size ( $n'$ ) for this study is derived as follows:

$$= \frac{68.0625}{1 + (68.0625/2000)} = 62.5 = 63$$

Therefore, the sample size for this study is 63.

According to Bryman and Bell (2007:197), the choice of a particular sample size for a study represents a compromise between the constraints of time, cost and the availability of other resources at the disposal of the researcher. The choice of the above sample size for this study was thus based on the constraints of time and unavailability of resources to the researcher as well as the homogenous socioeconomic characteristics shared by the study population.

In addition to the above sample size used to obtain respondents for household level investigation, four focused group discussions with each group ranging between 8 to 9 persons were organized and held. Also, an in-depth interview was held with the Lawra District Social Welfare Officer.





### 3.4.2 Sampling Procedure

To derive the desired sample for the study, a multi-stage sampling procedure was used. At the first stage, a list of all LEAP beneficiary communities in the district was obtained from the Lawra District Office of the Department of Social Welfare. The district has 12 LEAP beneficiary communities with a total recipient household population of 766. Out of the 12 LEAP beneficiary communities in the district, six (6) communities comprising Boo, Dowine, Kunyukuo, Lawra, Tanchara and Zambo were randomly selected for the study. This was done because the study population was not concentrated at only one community and the study had to be carried out within the constraints of time and financial resources. At the second stage, two separate lists, one for LEAP recipient households and the other for non-recipient households (potential beneficiary households) were obtained from the Department of Social Welfare to constitute the sample frame for the study. For this study, 63 households comprising 32 LEAP recipient households and 31 non-recipient households constituted the study's sample for the household level survey. The sample for the two groups (recipient and non-recipient groups) was proportionally and randomly selected to participate in the study. This was done to ensure representativeness of the sample for the two groups. For instance, in the Lawra community where there are 243 LEAP recipient households, the study sampled 13 recipient households and 13 non-recipient households to participate in the study.

At the third stage, caregivers of sampled households were purposively selected to constitute the respondents for the household level investigation. The reason for purposively selecting the caregivers was to enable the researcher to obtain their in-depth



knowledge on household welfare issues to be able to establish the impact of the LEAP programme on the socio-economic lives of the recipient households.

In addition to the household level survey, two (2) females and two (2) males focused group discussions were held in four communities (i.e. Lawra, Dowine, Konyukuo & Tanchara) with some caregivers of selected LEAP recipient households. The purpose of using the gender-based focused groups was to gather the opinions and views of caregivers of recipient households regarding the impact of the LEAP programme on their households' socioeconomic condition. The focus groups comprised of 8 to 9 participants randomly selected from among the LEAP recipient households in the sampled LEAP communities. In order to complement the views of caregivers in recipient households, 8 Community LEAP Implementation Committee members and the District Social Welfare Officer were purposively sampled to serve as key informants. These informants are considered key because of their respective roles in the implementation and monitoring of the programme at the local level. They regularly interact with recipients and non-recipients in the communities and hence were deemed key in providing valuable information on the experiences and perceptions of recipients and non-recipients about the LEAP programme. The responses from these key informants were mainly to satisfy the logic of triangulation and clarify the views of recipient and non-recipients in order to strengthen the content validity of the study (Patton, 2002).

### **3.5 Methods of Data Collection**

In this study, data were collected through such methods as structured and semi-structured interviews and focus group discussions. Structured and semi-structured interviews were



conducted with LEAP recipient and non-recipient households, Community LEAP Implementation Committee members and the District Officer of the Department of Social Welfare to elicit relevant primary data for the study. Gender-based focus group discussions were also held with selected caregivers of recipient households to elicit their perceptions and experiences of the LEAP programme. There was also a careful review of relevant literature sourced from journals, articles, public libraries, government policy documents, briefs, notes, electronic materials as well as relevant documents from the district office of the Department of Social Welfare.

### **3.5.1 Interviews**

According to Saunders et al. (2009), an interview is a useful data collection method in both quantitative and qualitative research. The use of this method of data collection in either of the approaches is dependent on the type of data required to validly and reliably answer the research questions and objectives. Different types of interviews are conducted depending on the ability of interviewees to understand and interpret the meaning of the interview questions. In this study, two types of interviews were conducted with respondents. These include structured and semi-structured interviews.

Structured interview according to Leedy and Ormrod (2010) involves the use of a predetermined and standardized set of questions administered by an interviewer in a face-to-face interaction with an interviewee. In this study, a structured interview was used to obtain relevant data from the recipient and non-recipient households, and the Lawra District Officer of the Department of Social Welfare. The purpose of choosing this method was to aid comparability of data collected from respondents. This type of



interview method was also deemed appropriate because it provided the researcher with the opportunity to explain sensitive and complex questions to the respondents.

Semi-structured interview according to Bryman (2012) is a type of interview in which the researcher has a list of questions or fairly specific topics to be covered, but the interviewee has a great of freedom in how to reply to the question or topic under discussion. Kumar (2011) stated that the interviewer might not follow exactly the way questions have been outlined in the schedule and questions not included in the schedule may be asked by the interviewer based on the responses offered by the interviewee. In this study, semi-structured interviews were conducted with some members of the Community LEAP Implementation Committees in four (4) LEAP beneficiary communities. This was deemed appropriate because it offered the researcher the opportunity to obtain in-depth information through probing. In Kumar's (2011) view, semi-structured interview differs from that of structured interviews because questions used are frequently somewhat more general in their frame of reference from that typically found in a structured interview schedule. According to Dawson (2002), this data collection method is suitable if the researcher wants to know specific information which can be compared and contrasted with information gained from other interviews. In this study, information was collected from different target groups, and hence, semi-structured interviews were deemed suitable for obtaining qualitative information to aid comparison and contrast of the findings from household level structured interviews.

### **3.5.2 Focus Group Discussions**

A focus group discussion according to Babbie (2005) is essentially a qualitative data collection method that allows the researcher to question systematically and



simultaneously several individuals. According to Kumar (2011), focus group discussion is a method of data collection in which attitudes, opinions or perceptions towards an issue, product, service or programme are explored through a free and open discussion between members of a group and the researcher. In this study, a total of 4 focus group discussions with each group comprising males or females solely (ranging from 8 to 9 persons per group per community in four communities) were organised. In the focus group discussions, a focus group guide comprising only open-ended questions was used to allow participants reflect on the socioeconomic situations of their households before and after the LEAP cash. This was to help in the determination of how the LEAP programme has impacted on the socio-economic livelihoods of its recipient households. The reason for engaging only males and females caregivers in such focus group discussion was to enable the researcher obtain much deeper insights on the impact of the LEAP programme on recipient households and to serve the purpose of validating the information received from household level investigation.

### **3.6 Instruments of Data Collection**

In social research, instruments are the tools used by researchers to collect data from respondents. The choice of a particular instrument depends on the data collection method selected for the study. In this study, structured and semi-structured interviews, as well as focus group discussion, were chosen as the methods for data collection. Thus, the requisite instruments for data collection used in this study included structured interview guides, semi-structured interview guides and focus group guide.

### 3.6.1 Structured Interview Guide

Structured interview guide according to Leedy and Ormrod (2010) is a standardized set of questions used by an interviewer to obtain information from respondents without varying the questioning format and sequence. In this study, two structured interview guides (one for the recipient and non-recipient households and the other for the Department of Social Welfare) were used. The guides were made up of both open-ended and closed-ended questions, structured and administered by the researcher to caregivers of the selected recipient and non-recipient households and the District Officer of the Department of Social Welfare.

The structured interview guide for the recipient and non-recipient LEAP households was pretested with six (6) LEAP recipient and non-recipient households at Babile community to detect errors for correction. The corrected guided was then administered to 35 recipients and 35 non-recipient households in six selected LEAP beneficiary communities. After completing the field survey, a total of 63 fully completed structured interview guides (comprising 32 for recipient & 31 for non-recipient households) were used for statistical analysis. The structured interview guide for the recipient and non-recipient households were divided into sections comprising households' demographic characteristics, household access to basic social services, households' socioeconomic condition, and challenges faced by recipient households in the implementation of the LEAP programme (See Appendix 1).

The structured interview guide for the Department of Social Welfare was divided into three sections. The first section sought to elicit information about the socio-economic impacts of the LEAP programme on recipient households. The second section looks at



the institutional measures for checking abuses in the implementation of the LEAP programme. The third section focused on finding out the challenges faced by the Lawra District Office of the Department of Social Welfare in the implementation of the LEAP programme (See Appendix 3).

### **3.6.2 Semi-Structured Interview Guide**

According to Dawson (2002), semi-structured interview schedule is a list of specific questions or list of topics to be discussed. In this study, a schematic presentation of questions in a more systematic and comprehensive manner was used by the researcher. This tool was comprised of core questions based on which other related questions were asked by the interviewer in a probe to clarify responses obtained from respondents. The guide was made up of only open-ended questions covering all the objectives of the study (See Appendix 2). The responses from interviewees were manually captured as notes in a verbatim manner by the researcher. This was done to ensure that views, opinions and experiences of respondents were fully captured for content analysis.

### **3.6.3 Focus Group Guide**

According to Gill et al. (2008), focus group guide is often no more structured than a loose schedule of topics to be discussed by an invited group of people with some homogenous characteristics in a setting under the guidance of a moderator. In this study, a focus group guide comprising only open-ended questions was used to elicit information about the impact of the LEAP programme in the socio-economic lives of recipient households. This tool was used to engage focus groups in 45minutes to 60minutes session of interaction (See Appendix 4).



### **3.7 Data Analysis and Presentation of Findings**

Data analysis often involved reducing the data collected from the field into a manageable size and identifying different patterns of relationships and themes in the data so as to arrive at a particular conclusion. How data is analysed according to Dawson (2002) depends on factors such as the nature of the data to be collected and the methodological preferences of the researcher. In this study, data gathered from the field were analysed qualitatively and quantitatively. In the case of quantitative analysis of the data gathered, the “with” and “without” scenario was adopted in making a comparative analysis of the socio-economic livelihood situation of the sampled households. The aim of doing this comparative analysis was to ascertain the impact made through the LEAP programme on recipient households in the Lawra district. This comparative analysis made it easier to understand the similarities and differences between the recipient and non-recipient groups of households selected for the study.

The data collected from the primary sources using the structured interview guides was evidently coded and inputted into the Statistical Package for Social Sciences (SPSS) version 10 for descriptive and inferential analysis. Statistical hypothesis testing using the independent samples t-test and the Pearson Chi Square test was employed as the main methods for inferential analysis. The independent samples t-test according to Saunder et al. (2009) is used to test whether two groups are different. In this study, it was used to compare the mean values of registration of all household members on the NHIS and satisfaction of household members after meals in both recipient and non-recipient groups. The independent sample t-test was used because the two groups were independently and randomly obtained. The two groups were also assumed to be normally distributed with





the group variable (recipient status) being nominal and the various test variables (e.g. registration of all household members on the NHIS) being metric. The t-test was carried out with a determination of the equality of variances of the two groups by the Levene's Test for equality of variances. The given level of significance for the study was 0.05. As a rule, equal variances were assumed where the significance value of the Levene's test for equality was found to be greater than the given level of significance for the study. However, where the significance value of the Levene's test for equality was less than the given level of significance for the study, equal variances was not assumed for the two groups. A significance value of 0.05 at 95% degrees of freedom was used for the t-test.

Pearson's Chi Square test was also used in the quantitative analysis to examine the association between categorical variables. In this study, it was used to study the association between household members' satisfaction with quantity and quality of meals and household LEAP status; household diversification of production activities and household LEAP status; engagement of children in child labour activities and household LEAP status; and household members' belongingness to social groups and household LEAP status. The Chi-Square test according to Fields (2009) is considered to be valid if the samples are independent of each other and zero cells have an expected count less than five. A significance value of 0.05 at 1 degree of freedom was also used for the chi-square test.

In the case of qualitative data, content analysis was used. This was done by first transcribing the recorded data, sorting data, categorizing them into themes and sub-themes and describing them in meaningful statements. The purpose of analysing the qualitative data through content analysis was to allow for the manual capture of the views



and experiences of respondents and discussants, and the presentation of their views and experiences in meaningful statements.

### **3.8 Conclusion**

From the preceding discussions, it is espoused that this is a non-experimental study that utilises a combination of quantitative and qualitative research methodological approaches to obtain data from a cross-section of LEAP recipient households, non-recipient households, CLICs and the District Social Welfare Officer. The results and findings obtained from the information gathered from these categories of people who participated in the study are presented in the next chapter.



## CHAPTER FOUR

### DATA ANALYSIS AND PRESENTATION OF FINDINGS

#### 4.0 Introduction

This chapter presents an analysis of the study results and discussions. The results and discussions are presented based on the research questions posed in chapter one. The chapter looks at the socio-economic impacts of the LEAP programme on recipient households, the institutional measures for preventing abuses of the LEAP programme by recipient households, and the challenges encountered by the key stakeholders in the implementation of the LEAP programme.

#### 4.1. Socio-demographic characteristics of respondents

Although the intended purpose of this study did not include finding out the socio-demographic characteristics of the sample population, this was collected to provide some background information about the population under study. The socio-demographic characteristics of respondents considered for this study include age, sex, marital status, level of education, occupation and religious affiliation. Other demographic characteristics considered in this study include recipient and non-recipient LEAP households' housing condition and access to social services.

##### 4.1.1 Age of Respondents

Age is a demographic characteristic that is often considered in social and public policy formulation and implementation. In policy formulation, they are considered in deciding who should be affected in what way and to what extent if the policy is implemented. In society, age is an indicator of a person's level of maturity and readiness to assume the



responsibility of care over others. In this study, the ages of household respondents deemed important in eliciting information about the impact of the LEAP programme, a social intervention that seeks among other things to provide some level of protection for the extremely poor and vulnerable in the Ghanaian society. The age distribution of sampled household respondents in this study is displayed in Tables 1.

**Table 1: Age of respondents by household LEAP status**

Count		Household LEAP Status		Total
		Recipient	Non-recipient	
Age of respondents	20 - 29y rs	3 (9.4%)	3 (9.7%)	6 (9.5%)
	30 -39y rs	6 (18.8%)	5 (16.1%)	11 (17.5%)
	40 - 49y rs	7 (21.9%)	6 (19.4%)	13 (20.6%)
	50 -59y rs	5 (15.6%)	7 (22.6%)	12 (19.0%)
	60y rs or more	11 (34.4%)	10 (32.3%)	21 (33.3%)
Total		32 (100.0%)	31 (100.0%)	63 (100.0%)

Source: Field Survey, 2014.

In Table 1, it is evident that majority of the sampled household respondents comprising 34.4% of recipient household respondents and 32.3% non-recipient household respondents fall within the age range of 60 years and above. It is also evident that few household respondents (i.e. 9.4% of recipient household respondents & 9.7% of non-recipient household respondents) are found within the age range of 20 – 29 years. What the age distribution of sampled household respondents in this study implies is that majority of the respondents in recipient and non-recipient groups were aged and therefore, may not have any productive capacity to venture into new productive areas.



#### 4.1.2 Sex of Respondents

Sex is an important variable in the Ghanaian society that is variably affected by social, economic and political exigencies of life. In the provision of social transfers it has been justified that placing women at the centre of cash transfers would more likely than men benefit the whole household rather than just themselves. Table 2 presents the sex distribution of household respondents who were sampled for this study.

**Table 2: Sex of respondent by household LEAP status**

status	Count	Household LEAP Status		Total
		Recipient	Non-recipient	
Sex of respondent	Male	14 (43.8%)	13 (41.9%)	27 (42.9%)
	Female	18 (56.3%)	18 (58.1)	36 (57.1%)
Total		32 (100.0%)	31 (100.0%)	63 (100.0%)

Source: Field Survey, 2014.

As illustrated in Table 2, more females (i.e. 56.3% recipient household respondents & 58.1% non-recipient household respondents) than male respondents constituted the household level sample for both groups in the study. This pattern of sex distribution of household level respondents is due perhaps to the gendered perspective of poverty and vulnerability in the study district and the country as a whole and the intention by social development agents to increase women's access to and control over resources.

#### 4.1.3 Marital status of respondents

Marital status is one of the determinants of the socioeconomic well-being of a person. In the Ghanaian society, marriage as a social institution is highly valued and the perceptions and attitudes of a person on issues affecting well-being can differ by the marital status of



the person. In this study, the marital status of respondents in both sample groups was examined. Table 3 gives the marital status of respondents by their household LEAP status.

**Table 3: Marital status of respondent by household LEAP**

Status Count

		Household LEAP Status		Total
		Recipient	Non-recipient	
Marital status of respondent	Married	8 (25.0%)	9 (29.0%)	17 (27.0%)
	Single	6 (18.8%)	3 (9.7%)	9 (14.3%)
	Widowed	18 (56.3%)	19 (61.3%)	37 (58.7%)
Total		32 (100.0%)	31 (100.0%)	63 (100.0%)

Source: Field Survey, 2014.

As illustrated in Table 3, 18 (56.3%) and 19 (61.3%) of respondents from the recipient and non-recipient groups respectively accounted for those widowed. Respondents from recipient group who were married were 8 (25.0%) while in the non-recipient group, 9 (29.0%) reported married. Only 6 (18.8%) respondents from the recipient group and 3 (9.7%) from the non-recipient group were single or never married. The result of the study shows that majority of the respondents were widowed whereas few were never married.

The high percentage of respondents been widows supports the assertion by the Ghana Statistical Service that females outlive their male spouses in the study district. Also, that men usually marry women who are relatively younger and with polygamy, once the man dies, some women could become vulnerable as widows (GSS, 2014).

#### 4.1.4 Respondents' Religious Affiliation

According to the Ghana Statistical Service (2013), there are three main religious groups in the Lawra District with Christianity been the dominant one, followed by traditional



religion and lastly, the Islamic religion. The Ghana Statistical Service estimated that Christianity constitutes 61.0% of the district's population while those who professed the traditional and Islamic religion constitutes 26.3% and 6.6% respectively. The result of this study is not too much different from the Ghana Statistical Service estimates on religious affiliation in the Lawra district. The results of the study on religious affiliation of household respondents in both sample groups are presented in Table 4. The religious affiliation of respondents in this study is relevant because human well-being is not rigidly tied to economic determinants but is influenced by socio-cultural and environmental factors among which religion plays a role.

**Table 4: Respondent's religion by household LEAP status**

Count		Household LEAP Status		Total
		Recipient	Non-recipient	
Respondent's religion	Christian	19 (59.4%)	17 (54.8%)	36 (57.1%)
	Muslim	3 (9.4%)	5 (16.1%)	8 (12.7%)
	Traditionalist	10 (31.3%)	9 (29.0%)	19 (30.2%)
Total		32 (100.0%)	31 (100.0%)	63 (100.0%)

Source: Field Survey, 2014.

In Table 4, it is illustrated that 19 (59.4%) and 17 (54.8%) of respondents from the recipient and non-recipient groups were Christians. Those who professed the traditional religion in the recipient and non-recipient groups were 10 (31.3%) and 9 (29.0%) respectively. Respondents in the recipient group who were Muslims were 3 (9.4%) while in the non-recipient group there were 5 (16.1%).

#### 4.1.5 Respondents' Level of Education

Education has been recognised as an important aspect of social development through which individuals in society acquire the knowledge, skills, values and attitudes needed to fully develop their capacities for societal well-being. In this study, data were collected on the level of formal education attained by respondents from both beneficiary and non-beneficiary household respondents. Level of educational attainment influences people's livelihood opportunities. The attainment of higher formal education broadens the opportunities of the individual to participate in the formal labour market. It also enhances the individual's knowledge and capacity to access other social services. Furthermore, it enhances people's ability to access some information that may be vital in selecting a particular coping strategy when faced with a livelihood constraint. This suggests that low level of formal education or the lack of it limits people's livelihood chances and to a large extent the household livelihood opportunities. Table 5 presents the result of the study on the level of formal education attained by respondents from the recipient and non-recipient households who participated in the study.



**Table 5: Respondent's level of education by household LEAP status**

Count		Household LEAP Status		Total
		Recipient	Non-recipient	
Respondent's level of education	No formal education	21 (65.6%)	19 (61.3%)	40 (63.5%)
	Primary school	3 (9.4%)	4 (12.9%)	7 (11.1%)
	JHS/JSS/Middle School	3 (9.4%)	2 (6.5%)	5 (7.9%)
	SHS/SSS/O'Level	5 (15.6%)	6 (19.4%)	11 (17.5%)
Total		32 (100.0%)	31 (100.0%)	63 (100.0%)

Source: Field Survey, 2014.

In Table 5, it is revealed that 65.5% of recipient household respondents and 61.3% of non-recipient household respondents had no formal education. The highest level of



formal education attained by household respondents from the sample groups was SHS/SSS/O’Level qualification. This lack of high formal educational attainment recorded in sample groups could partly be attributed to the lack of financial resources by poor households to invest in the development of their human capital. The result of the study on respondents’ level of formal educational attainment also has implications for impoverishment and vulnerability as well as limitations for formal labour market participation.

#### 4.1.6 Main occupation of respondents

According to the Ghana Statistical Service (2014b), occupation defines the economic activities that individuals engaged in to earn a living in cash or in kind. In this study, the occupation of respondents was investigated. The results of the study are presented in Table 6 describing the economic activities engaged in by respondents from both the recipient and non-recipient households.

**Table 6: Respondents' main occupation by household LEAP**

status Count

		Household LEAP Status		Total
		Recipient	Non-recipient	
What is your main occupation?	Farmer	24 (75.0%)	23 (74.2%)	47 (74.6%)
	Petty trader	4 (12.5%)	5 (16.1%)	9 (14.3%)
	Craftworker	2 (6.3%)		2 (3.2%)
	Pito Brewer	2 (6.3%)	3 (9.7%)	5 (7.9%)
Total		32 (100.0%)	31 (100.0%)	63 (100.0%)

Source: Field Survey, 2014

In Table 6, the result illustrates that 24 (75.0%) of respondents from the recipient group and 23 (74.2%) respondents from the non-recipient group were farmers. Petty trading and



pito brewing followed in both the recipient and non-recipient groups. For respondents whose main occupation was petty trading, 4 (12.5%) were recipient household respondents and 5 (16.1%) were also non-recipient household respondents. Only 2 (6.3%) recipient household respondents were into craft work. The result of the study shows that agriculture is a major sector of unemployment for the unskilled and less educated in most rural poor households. The result of the study also implies that any intervention targeted at empowering poor households to be better able to access farm inputs and extension services would tremendously contribute to improving the livelihoods of extremely poor households.

#### **4.2. Access to utilities and household facilities**

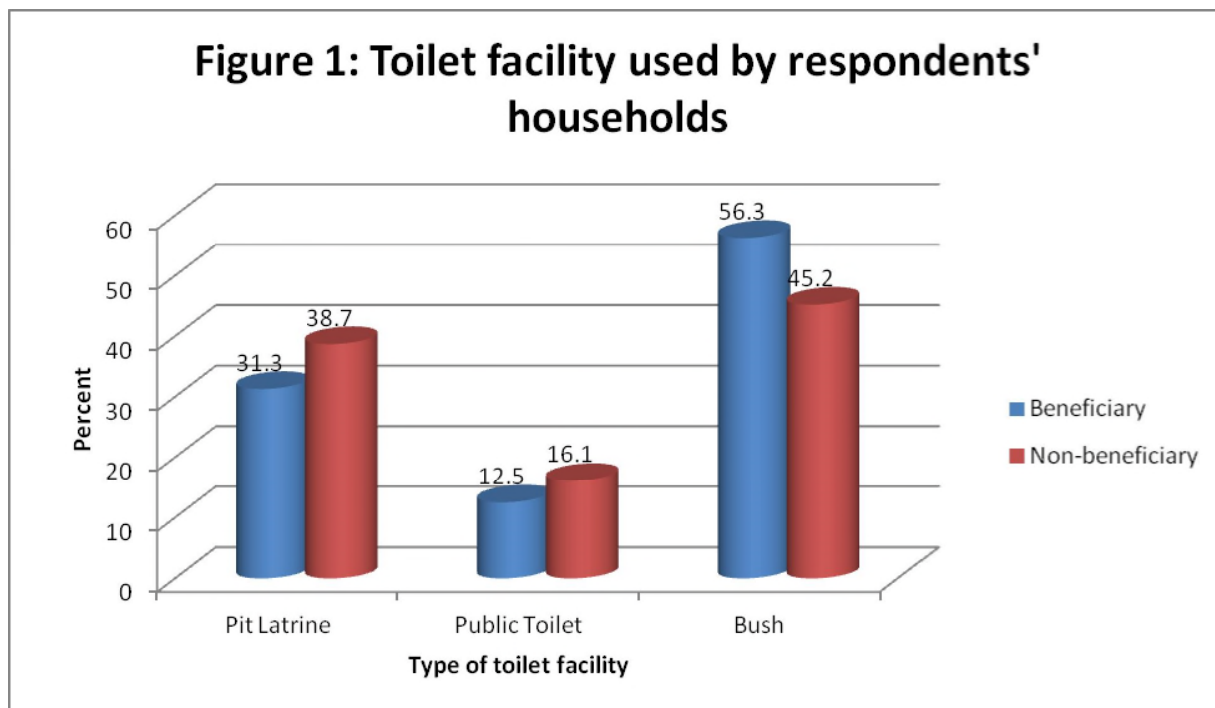
It is widely accepted that access to basic social services such as healthcare, clean, safe water, good sanitation and basic education are essential building blocks for human development (Mehrotra et al., 2000). Hence, the lack of access to these social services renders people more vulnerable to diseases and other risks that can lead people into poverty. In this study, access to some basic social services was investigated. These social services include the main source of lightening to households at night, main source of fuel used for cooking, main source of drinking water and the main toilet facility used in the household.

##### **4.2.1 Type of household toilet facility**

Environmental cleanliness according to the Ghana Statistical Service (2014b) is essential for improving the health status of a population in any locality. Therefore, access to toilet facilities among recipient and non-recipient LEAP households cannot be a matter of



choice as far as hygiene is concerned. Figure 2 as given below gives the toilet facilities used by respondents' households in both recipient and non-recipient group.



Source: Field Survey, 2014.

In Figure 2, the majority of the household respondents in the sample groups (i.e. 56.3% recipient household respondents and 45.2% non-recipient household respondents) identified the bush as their household toilet facility. This was followed by those who use pit latrines and public toilet facilities. For instance, 31.3% recipient household respondents and 38.7% of non-recipient household respondents indicated pit latrines as their household toilet. However, 12.5% and 16.1% of respondents in the recipient and non-recipient groups respectively indicated public latrines as their household toilet facility.

The result of the study on toilet facility used by respondents' households reveals a high incidence of open defecation among recipient and non-recipient poor households. The result also points out that open defecation is a health risk not only



poor in society but the wealthy as well. The negative implication of open defecation is also huge on economic growth and development since a direct correlation exists between open defecation and diseases that affect productivity levels. For example, in the outbreak of diseases such as dysentery, cholera, typhoid and diarrhoea caused by faecal contamination, the government spends huge sums of money to help manage the situation at the expense of other development projects that could have propelled economic growth. Also, persons affected by such diseases are unable to go to work in productive sectors such as agriculture, industries and trade, hence, lower productivity levels are recorded, and this affects overall economic growth.

#### **4.2.2 Main source of drinking water to household**

Water according to the Ghana Statistical Service (2014b) is an important requirement in all spheres of human undertakings. Access to safe sources of drinking water such as piped water, public tap, borehole, pump, or tube well, protected well, protected spring or rainwater among others are known to have immense benefits to the health and well-being of human survival. However, unsafe water is in most cases recognised as the direct cause of main diseases. As contained in the Analytical Report of the 2010 Population and Housing Census for the Lawra District, 66.6% of the district's population rely on boreholes for their drinking water while only 1.3% of the population gets their drinking water from unprotected wells (GSS, 2014b:67). For this study, Table 7 illustrates the main sources of drinking water to the recipient and non-recipient households sampled for the study.



**Table 7: Household main source of drinking water by LEAP status**

Count		Household LEAP Status		Total
		Recipient	Non-recipient	
Household main source of drinking water	Borehole	21 (65.6%)	17 (54.8%)	38 (60.3%)
	Pipe	8 (25.0%)	10 (32.3%)	18 (28.6%)
	Unprotected Well	3 (9.4%)	4 (12.9%)	7 (11.1%)
Total		32 (100.0%)	31 (100.0%)	63 (100.0%)

Source: Field Survey, 2014.

In Table 7, the result indicates that 65.6% of recipient households reported obtaining their drinking water from boreholes while 54.8% of non-recipient households reported obtaining their drinking water from boreholes. This was followed by those who get their drinking water from pipes. Among the recipient households, 25.0% reported they fetch their drinking water from nearby pipes. On the other hand, 32.2% of the non-recipient households accounted for those who obtain their drinking water from available pipes. However, only 9.4% and 12.9% of the recipient and non-recipient households reported obtaining their drinking water from unprotected wells respectively. The result of the study is not far different from the Ghana Statistical Service estimated statistics on access to drinking water sources by residents in the Lawra district.

#### 4.2.3 Main source of cooking fuel to households

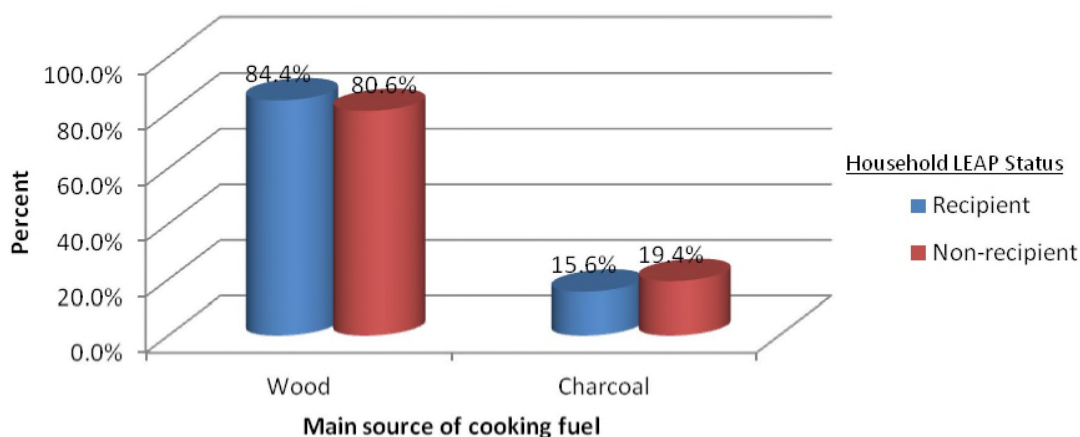
It has been estimated that majority of the people in the Lawra district, 77.6% use wood as their main source of fuel for cooking. This accordingly is followed by those who use charcoal (17.9%) (GSS, 2014b:65). In this study, it was observed that 84.4% and 80.6% of the recipient and non-recipient households rely on wood as their main source of fuel for cooking purposes. However, only 15.6% recipient and 19.4% non-recipient



households reported the use of charcoal as the main source of fuel for cooking purposes.

The result of the study is presented in Figure 2.

**Figure 2: Main source of cooking fuel to households**



Source: Field Survey, 2014.

The result of the study supports the Ghana Statistical Service assertion that majority of the households in the Lawra district uses the vegetative based material as fuel for cooking, a situation that has ramifications for accelerated desertification and land degradation.



#### **4.2.4 Main source of light to the household at night**

It has been estimated that 36.8% of dwelling units in the Lawra district use torchlight as the major source of lightening at night, followed by light from kerosene lanterns and the national grid which accounts for 30.0% and 29.6% respectively (GSS, 2014b). In this study, it is revealed in Table 8 that 68.8% and 61.3% of the recipient and non-recipient households respectively reportedly the use of torchlight as their main source of lightening at night. The result of the study also indicates that 31.3% recipient and 38.7% non-

recipient households, however, reported the use of light from the national grid at night as their main source of light.

**Table 8: Main source of light to household at night by LEAP**

status Count		Household LEAP Status		Total
		Recipient	Non-recipient	
Household main source of light at night	Electricity (main)	10 (31.3%)	12 (38.7%)	22 (34.9%)
	Torchlight	22 (68.8%)	19 (61.3%)	41 (65.1%)
Total		32 (100.0%)	31 (100.0%)	63 (100.0%)

Source: Field Survey, 2014.

The result in Table 8 suggests that majority of the recipient and non-recipient households do not have access to light from the national grid which constitutes an important source of energy for some commercial activities. The result further points out that sample households for the two groups only has two main alternative sources of lightening usually relied upon at night. Unlike the Ghana Statistical Service (2014b) which identified about ten sources of lightening in used by some residents in the district, this study only acknowledges only two lightening sources.

#### 4.3 Socio-Economic Impacts of LEAP on Recipient Households

According to Vincent and Cull (2009), the impact of cash transfers begins with the recipient and then spread outwards to engulf the wider community and the nation as a whole. In this study, one of the objectives is to assess the socioeconomic impacts of the LEAP cash transfer programme on its recipient households. This section, therefore, gives a quantitative and qualitative analyses of the evidence of impact of the LEAP programme on the socio-economic lives of the recipient households in the Lawra district.



### 4.3.1 Impacts of LEAP programme on access to Healthcare Services

It is generally stated that access to social services such as healthcare services is determined by a number of factors among which include the availability of the service and the ability of users to afford the direct and indirect minimum cost associated with accessing the service. In the communities in which the study was carried out, there were available healthcare facilities in all selected communities. However, it is generally expected that recipient households of cash transfer programmes would be better positioned than non-recipient households to pay for the minimum direct and indirect cost often associated with access to healthcare services. In the case of the LEAP programme, recipient LEAP households have been conditioned to ensure that all household members are registered on the NHIS so that they can access healthcare services. For this reason, the study assessed health insurance coverage of recipient and non-recipient households' members. Table 9 presents the registration of all household members on the NHIS by the recipient and non-recipient households.

**Table 9: Registration of all household members on the NHIS by household LEAP Status**

Count	Household LEAP Status		Total
	Recipient	Non-recipient	
Registration of all household members on the NHIS? Total	27 (84.4%)	22 (71.0%)	49 (77.8%)
All registered your household members on the NHIS? Total	5 (15.6%)	9 (29.0%)	14 (22.2%)
	32 (100.0%)	31 (100.0%)	63 (100.0%)

Source: Field Survey, 2014.

From the result shown in Table 9 above, 27 (84.5%) of recipient households and 22 (71.0%) non-recipient households had all their members registered and were card-bearing



members of the NHIS. However, 5 (15.6%) recipient and 9 (29.0%) non-recipient households did not have all their members registered onto the NHIS.

The result in Table 9 suggests that majority of recipient households than non-recipient households have all their household members registered onto the NHIS. However, to establish whether the observed difference between recipient and non-recipient households is statistically significant or not, the study employed hypothesis testing using the independent sample t-test to test the following assumptions:

**H<sub>0</sub>:** There is no difference between recipient and non-recipient households in the mean registration of all household members onto the NHIS.

**H<sub>1</sub>:** There is a difference between recipient and non-recipient households in the mean registration of all household members onto the NHIS.

The application of the independent sample t-test on the above hypothesis was based on the fact that the two groups (recipient and non-recipient households of the LEAP programme) are independent and randomly derived from the study population. Also, the two samples are assumed to be normally distributed with the group variable (i.e. household LEAP status) being nominal. Aside this, the test variable (i.e. registration of all household members on the NHIS) has been made metric. The group statistics of the independent sample t-test are displayed in Tables 10.

**Table 10: Group Statistics on registration of all household members on the NHIS**

Household LEAP Status	N	Mean	Std. Deviation	Std. Error Mean
Registration of all your household members on the NHIS? Recipient	32	1.0313	.17678	.03125
Non-recipient	31	1.2903	.46141	.08287

Source: Field Survey, 2014.



From Table 10, the recipient group has a mean value of 1.0313 while the non-recipient group has a mean value of 1.2903. Generally, groups with a mean value greater than 1 shows that not all households in that group had all their members registered on the NHIS. Therefore, from the group statistics presented in Table 10, the result suggests that not all households in both the recipient and non-recipient groups had all their household members registered on the NHIS. With the result in Table 10, the non-recipient group had more households who had not registered all their members on the NHIS than the recipient group.

**Table 11: Independent Samples Test on registration of all household members on the NHIS**

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Registration of all your household members on the NHIS?	Equal variances assumed	60.11	.000	-2.960	61	.004	-.2591	.08751	-.4341	-.08408
	Equal variances not assumed			-2.925	38.387	.006	-.2591	.08857	-.4383	-.07983

Source: Field Survey, 2014.

The statistics in Table 11 reveals that the Levene's Test for Equality of Variances yields an F-value of (60.11) and a significance (Sig) value of (.000). The significance value of the Levene's Test (Sig.), i.e. (.000) is less than the assumed level of significance (i.e.  $\alpha=0.05$ ). Since the significance value of the Levene's Test for Equality of Variances (i.e. Sig. = .000) is less than the assumed level of significance (i.e.  $\alpha = .05$ ), the Levene's F is considered to be statistically significant. This, therefore, implies that the assumption of





homogeneity of variances between the two sample groups is violated by the result of the Levene's Test for Equality of Variances. Hence, "equal variances are not assumed" for the two sample and used for the t-test of Equality of Means. The result of the t-test for Equality of Means was found to be significant at 38.387 degrees of freedom (df) with a t-value of (-2.925) and a significance value (Sig. 2-tailed) of (.006). With an assumed significance level of ( $\alpha = .05$ ), the significance value (Sig. 2-tailed) for the t-test for Equality of Means is less than the assumed level of significance. Since the significance value of the t-test for Equality of Means is less than the assumed significance level, the decision rule is that the null hypothesis is rejected in favour of the alternate hypothesis. This, therefore, implies that recipient and non-recipient households differ regarding mean registration of all their household members onto the NHIS. This therefore points to the assertion that though none of the sample groups had full registration of their members on the NHIS, the recipient groups are comparatively better than the non-recipient group.

To validate the quantitative results of the study on the impact of the LEAP cash transfer on access to healthcare services by recipient households, some focus group discussions were held to obtain some qualitative results on the LEAP impact on access to healthcare services. The qualitative result obtained from the focus group discussion corroborates the quantitative results of the study on LEAP impact on access to healthcare services in recipient households. For instance, in a female focus group discussion at the Lawra community, participants explained:

*"Before we were enrolled in the LEAP programme, it was very difficult for me to register all my children on the NHIS. However, through the LEAP programme, all my children are registered on the NHIS, and we can*

*now obtain healthcare services without paying for it” [Lawra FGD, 2014].*

Similarly, in a male focus group discussion at Kunyukuo community, it was revealed by participants that:

*“Before our households were registered on the programme, we could hardly afford formal healthcare services. However, with LEAP cash transfer now we can seek medical care at the nearest healthcare facility without paying for it” [Kunyukuo FGD, 2014].*

The quantitative evidence from the structured interviews in sampled households and the qualitative evidence from the focus groups are congruent and demonstrate a positive impact on recipient households’ ability to access healthcare services. The result also points to the fact that LEAP recipient households before their enrolment onto the LEAP programme had little or no ability to access healthcare services. Also, the finding that LEAP has contributed by increasing recipient households’ ability to register their members on the National Health Insurance Scheme as well as improve their ability to access formal healthcare services is consistent with the findings of Agbaam and Dinbabo (2014).

#### **4.3.2 Impact of LEAP on Food Consumption**

Studies on the impact of cash transfers on household consumption conducted by Gitter and Caldes (2010) for Nicaragua; Angelucci and Attanasio (2006) for urban Mexico; and Handa et al. (2009) for rural Mexico all have shown that cash transfer to beneficiary households is often spent on immediate household consumption items such as food, clothes, school fees, uniform, sandals, medical expenses, soap, books, pens and pencils. The impact of the LEAP programme on food consumption among beneficiary households



was measured by asking respondents whether their household members feel satisfied with the quantity and quality of meals or not. This was based on the assumption that by cushioning beneficiary households with cash, they would be better placed to satisfy the food needs of their household members. Also, respondents were asked whether their households have experienced food shortage and hence unable to provide the food needs of members within the past 12 months. This was also due to the expectation that by giving cash assistance to beneficiary households, they would be able to ensure food availability in the household (See Appendix 1 questions 17 to 21). Tables 12a and 12b present the results of the study on food consumption in beneficiary.

**Table 12a: Food Consumption (Satisfaction after meals with the quantity and quality) by household LEAP status**

Count		Household LEAP Status		Total
		Recipient	Non-recipient	
Food Consumption (satisfaction after meals with the quantity and quality)	Satisfied	23 (71.9%)	10 (32.3%)	33 (52.4%)
	NOT Satisfied	9 (28.1%)	21 (67.7%)	30 (47.6%)
Total		32 (100.0%)	31 (100.0%)	63 (100.0%)

Source: Field Survey, 2014.

In Table 12a, it can be observed that 23 (71.9%) and 10 (32.3%) of the recipient and non-recipient households respectively get satisfied with the quantity and quality of meals they eat. However, 9 (28.1%) recipient households and 21 (67.7%) non-recipient households expressed non-satisfaction with the quantity and quality of meals they consume. The result in Table 12a suggests that majority of LEAP recipient households than non-recipient households get satisfied with the quantity and quality of meals they consume. However, to be able to conclude whether the satisfaction of recipient



households is associated with the LEAP cash transfer programme, a Pearson Chi-Square test was employed to test the following assumptions:

$H_0$  = There is no association between satisfaction with food consumed and LEAP Status.

$H_1$  = There is an association between satisfaction with food consumed and LEAP Status.

The Pearson Chi-Square test was deemed appropriate for the above hypothesis because the test variable (satisfaction with quantity and quality of meals) is nominally scaled and the sampled households were randomly selected. The result of the Pearson Chi-square test is depicted in Table 12b.

**Table 12b: Chi-Square Tests on Food Consumption (Satisfaction after meals with the quantity and quality)**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	9.908 <sup>b</sup>	1	.002		
Continuity Correction <sup>a</sup>	8.383	1	.004		
Likelihood Ratio	10.184	1	.001		
Fisher's Exact Test				.002	.002
Linear-by-Linear	9.751	1	.002		
AssociationN of Valid Cases	63				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.76.

Source: Field Survey, 2014

In Table 12b, the result of the Pearson Chi-Square test is a valid one. This is because zero cells have an expected count less than five (5). Also, the test was found to be significant at one (1) degree of freedom (df) with a Pearson Chi-square statistic of 9.908 and a 2-sided Asymptotic Significance value of (.002). With an assumed



significance value of (0.05) greater than the significance value of the test, it could be stated that a significant difference exists between the two sample groups regarding satiation with quantity and quality of food consume. Hence, in line with the decision rule, the null hypothesis that there is no association between satiation with quantity and quality food consumed, and LEAP status is rejected in favour of the alternate. Therefore, it can be concluded that LEAP has improved food consumption in the majority of recipient households.

The quantitative finding of the LEAP programme's impact on food consumption in recipient households was corroborated by the evidence of the focused group discussions. For instance, in discussion the impact of the LEAP on food consumption in beneficiary households, participants in a female-focused group discussion at Tanchara community confirmed that:

*“The LEAP cash has been of immense help in providing the food needs of people in my household. This is because it was very difficult to tell when household members would get the next meal at the time that my household was not enrolled in the programme. However, now, with the LEAP cash, we are sure of getting a meal in the morning and in the evening” [Tanchara FGD, 2014].*

Also, in a male focus group discussion at the Dowine community, participants stated that:

*“LEAP has actually helped us in the area of our food need. Now, we are able to buy food ingredients such as dawadawa, fish and maggi from the market. The food we eat now is delicious. Previously, we survived mainly on leaves when we no longer have food in stock. However, now, with LEAP we can buy food stuff with the cash we receive” (Dowine FGD, 2014).*





The above qualitative evidence from focus groups confirms that the LEAP programme has positively impacted on recipient households' consumption of food. The quantitative and qualitative result of this study on LEAP programme's impact on recipient households' food consumption is consistent with the findings of Maluccio et al. (2005) on the impact of the Nicaraguan Red de Protección Social. The result also supports Adato and Basset (2008) assertion that households are receiving SCTs in countries where poverty is generally high often spent a large proportion of the cash improving the quantity and quality of food they consume.

#### **4.3.3 Impact of the LEAP on access to educational services**

Generally, it is expected that LEAP recipient households should ensure the enrolment and retention of all children of schooling age in public basic schools. Also, it is expected that with the LEAP cash transfer, recipient households would be better positioned than non-recipient households to afford the other cost often associated with access to basic education such as the cost of books, pens and pencils among others. Therefore, the impact of the LEAP cash transfer programme on recipient households' access to educational services for their children was assessed by quantitatively comparing the incidence of school enrolment and retention of all children of schooling age in the recipient and non-recipient households. The incidence of school enrolment and retention is expressed as the proportion of all children (6-14 years) in sampled groups who are all currently in school. Households with a proportion value of one (1) mean that all children are enrolled and retained in school. However, households with a proportion value of less than one (1) but greater than zero suggest that not all children of schooling age have



enrolled and retained in school. Those with a proportion value of zero or less means that no child of schooling age has been enrolled in school. Tables 13a and 13b respectively present the group statistics and independent sample t-test on school enrolment and retention by household LEAP status for children aged 6 – 14 years.

**Table 13a: Group Statistics on School Enrolment Rate in households**

	Household LEAP Status	N	Mean	Std. Deviation	Std. Error Mean
School Enrolment Rate	Recipient	32	.9063	.29614	.05235
	Non-recipient	31	.7019	.41373	.07431

Source: Field Survey, 2014.

In Table 13a, the result showed that recipient households had a mean school enrolment and retention rate of (.9063) compared to a mean school enrolment and retention rate of (.7019) recorded in non-recipient households. The group statistics on school enrolment and retention rate in sample groups suggests that recipient households have higher mean school enrolment and retention rate than non-recipient households. However, to establish whether the observed difference between the recipient and non-recipient groups is statistically significant, the independent sample t-test was used to test the following hypothesis:

$H_0$  = There is no difference between the recipient group and non-recipient group in the mean school enrolment and retention of children 6 -14 years.

$H_1$  = There is a difference between the recipient group and non-recipient group in the mean school enrolment and retention of children 6 -14 years.

The result of the independent sample t-test is illustrated in Table 13b as follows:



**Table 13b: Independent Samples Test on School Enrolment Rate in households**

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
School Enrolment Rate	9.808	.003	2.259	61	.027	.2043	.09043	.02350	.38513
			2.248	54.240	.029	.2043	.09090	.02210	.38653

Source: Field Survey, 2014.

In Table 13b, the result of the Levene’s Test for Equality of Variances produces an F-value of (9.808) at (.003) significance level. Since the significance value for the Levene’s Test for Equality of Variances is less than the assumed significance value of (0.05), the Levene’s Test is considered to be statistically significant and hence, “equal variances not assumed” for the two samples and used for the t-test for Equality of Means. The result of the t-test for equality of means was found to be significant at (54.240) degrees of freedom with a t-test statistic of (2.248) and a significance value of (.029). In so far as the significance value for the t-test is less than the given significance value of (0.05), the null hypothesis that there is no difference between sample groups in the mean school enrolment and retention of all children (6 – 14 years) is rejected in favour of the alternative hypothesis. This, therefore, implies that a statistically significant difference exists between the two groups in the mean enrolment and retention of all children of schooling age. Based on the results, it can be concluded that recipient households have higher mean enrolment and retention rate for their children of schooling age compared to non-recipient households. This result also suggests a high



level of compliance by recipient households to the LEAP conditionality on school enrolment and retention of all school-going age children in basic public schools.

The quantitative result on LEAP programme's impact on school enrolment and retention in recipient households was validated by the qualitative evidence obtained through the focus group discussions. For example, in a male focus group discussion on the impact of the LEAP cash transfer programme on school enrolment and retention of children of schooling age in recipient households at Konyukuo, participants indicated that:

*“The LEAP cash has made it possible for us to enroll all our children in school. Without the LEAP, it would have been very difficult to buy them their school books, pens, school wear, feed them and pay for other school-related expenses” (Konyukuo FGD, 2014).*

Furthermore, in a male focus group discussion at Dowine community, participants were of the view that:

*“Before we got enrolled onto the LEAP programme, some of us our children were not in school. This was mainly because taking care of all their needs as students was a big challenge. As a result, some of them were made to forgo schooling to enable others' schooling needs to be catered for” [Dowine FGD, 2014].*

The quantitative and qualitative findings from the study reveal some level of congruency and points to the impact of the LEAP cash transfer programme on education in recipient households. The result of this study LEAP impact on recipient households' access to educational services for their children supports the findings by Schady & Araujo (2008) about the impact of the Ecuadorian Bono de Desarrollo Humano (BDH)



and the impact of Honduras PRAF II observed by Glewwe & Olinto (2004). The finding also corroborates the impact of the Zambian Social Cash Transfer Programme (SCT) on education observed by the DFID (2011). It can, therefore, be stated that LEAP recipient households have high tendencies to “leap” out of poverty than non-recipient households if their efforts in human capital development are sustained after their exit from the cash scheme.

#### **4.3.4 Impact on Household Production Activities**

Among most poor and vulnerable households, farming has been a major productive activity that contributes greatly to their livelihoods. In the Lawra district, farming has been identified as the major source of livelihood to most people in the Lawra district (GSS, 2014b). In other words, it is the first livelihood activity that enables most people to meet their livelihood needs. This means that any intervention that empowers people to better their livelihoods by diversifying into additional sources of livelihood would in a way impact positively on their production activities. As stated by Vincent and Cull (2009), cash transfer enables impoverished households to protect their assets from distress sales and also provides small amounts of money for investment in productive activities such as farm implements and inputs among others. In this study, the impact of the LEAP programme on production activities was measured by exploring the diversification of production activities in sampled households. The result of the study on household diversification of productive activities is presented in Table 14a.



**Table 14a: Diversification of household productive activities by household LEAP Status**

Count		Household LEAP Status		Total
		Recipient	Non-recipient	
Diversification of household productive activities	Yes	27 (84.4%)	19 (61.3%)	46 (73.0%)
	No	5 (15.6%)	12 (38.7%)	17 (27.0%)
Total		32 (100.0%)	31 (100.0%)	63 (100.0%)

Source: Field Survey, 2014.

In Table 14a, it is indicated that 27 (84.4%) of recipient households and 19 (61.3%) of non-recipient households responded in an affirmative to suggest that they have diversified their productive activities by taking up additional livelihood economic activities to support their main livelihood activities. However, only 5 (15.6%) and 12 (38.7%) of the recipient and non-recipient households respectively responded in the negative to suggest the non-diversification of their household production activities. The above result suggests that more recipient households than non-recipient households have diversified their production activities. However, to be able to conclude whether there is an association between household LEAP status and diversification of production activities, a statistical test involving the use of Pearson Chi-Square test was carried out on the following hypothesis:

$H_0$  : There is no association between household LEAP status and diversification of production activities.

$H_2$  : There is an association between household LEAP status and diversification of production activities.

The result of the Pearson Chi-square test on the above hypothesis is presented in Table 14b.



**Table 14b: Chi-Square Tests on diversification of production activities by household LEAP status**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.259 <sup>b</sup>	1	.039		
Continuity Correction <sup>a</sup>	3.168	1	.075		
Likelihood Ratio	4.352	1	.037		
Fisher's Exact Test Linear-by-Linear				.050	.037
AssociationN of Valid Cases	4.191 63	1	.041		

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.37.

Source: Field Survey, 2014.

In Table 14b, the result of the Pearson Chi-Square test was found to be significant at one (1) degree of freedom with a Chi-square value of (4.259) and at significance value of (.039). The result of the Pearson Chi-Square test was found to be valid because the result satisfied the condition of independence of the two samples and zero cells from the test have expected count less than five. Since the significance value of the Chi-square test (.039) is less than the assumed significance value of (0.05), the null hypothesis that there is no association between household LEAP status and diversification of production activities is rejected in line with the decision rule and in favour of the alternate hypothesis. Thus, it can be stated that there is an association between household LEAP status and diversification of production activities as supported by the result of the chi-square test.

The quantitative evidence of the study regarding the LEAP impact on recipient households' production activities is largely supported by the qualitative evidence



obtained from the focus group discussion. For example, in a male focus group discussion at Dowine community, participants recounted that:

*“Before we were enrolled onto the LEAP programme, we could only farm a small portion of land. However, since enrolment, we have extended our farm size, and we are also rearing some livestock which at difficult times provide us with our need” (Dowine FGD, 2014).*

Similarly, in a male focus group discussion at Konyukuo community, participants revealed the following in evidence of the LEAP impact on household’s production activities:

*“Farming was the only economic activity for all of us. But the LEAP cash has helped most of us especially women to venture into other income generating activities such as cakes making and pito brewing” [Konyukuo FGD, 2014].*

The quantitative and qualitative evidence of the LEAP programme’s impact on recipient households’ production activities is similar to the evidence of South African social cash transfers studied by Vincent and Cull (2009). The result of this study on the LEAP programme’s impact on production activities suggests that poor households are responsible and would spend the cash given them in areas that would help sustain their livelihoods.

#### **4.3.5 Impact on Social Networks**

Social networks are part of informal safety nets and could be taken as a livelihood coping measure based on the principles of reciprocity and solidarity that characterised the social welfare system of some societies. According to Farrington and Slater (2006), social networks such as religious groups, kin groups and other forms of associations



contribute substantially regarding income maintenance and risk management for poor households within communities.

In this study, the impact of the LEAP programme on social networks among recipient households was investigated using indicators such as the household source of assistance in times of distress and participation in communal events such as funerals and festivals. The impact of the LEAP programme in the area of the social network was examined by comparing belongingness of household members in social groupings for both the recipient and non-recipient households. The result of the study on whether households have any member belonging to any social group in the community is presented in Table 15a.

**Table 15a: Household members belongingness to social groups by household LEAP status**

Count		Household LEAP Status		Total
		Recipient	Non-recipient	
Do you or does any member of your household belong to any social group or association?	Yes	23 (71.9%)	12 (38.7%)	35 (55.6%)
	No	9 (28.1%)	19 (61.3%)	28 (44.4%)
Total		32 (100.0%)	31 (100.0%)	63 (100.0%)

Source: Field Survey, 2014.

In Table 15a, the result of the study shows that 23 (71.9%) and 12 (38.7%) respondents from both the recipient and non-recipient households respectively responded in the affirmative to suggest that at least a member/members of their households belong to social groups or associations in the community. On the other hand, 9 (28.1%) respondents from the recipient group and 19 (61.3%) respondents from the non-recipient group responded in the negative to suggest that no member of their households belongs to a social group in the community. From these results, it can be stated that more recipient





households than non-recipient households have their members belonging to social groups or associations. However, to be able to conclude whether there is an association between LEAP status and household members' belongingness to social groups, the Pearson Chi-Square Test was conducted. This was deemed suitable because both the group variable, i.e. LEAP status and the test variable household members' belongingness to social groups is nominally scaled and the groups were randomly sampled. The result of the Pearson Chi-Square test is presented in Table 15b.

**Table 15b: Chi-Square Tests on household members belongingness to social groups by household LEAP status**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.014 <sup>b</sup>	1	.008		
Continuity Correction <sup>a</sup>	5.736	1	.017		
Likelihood Ratio	7.152	1	.007		
Fisher's Exact Test				.011	.008
Linear-by-Linear	6.903	1	.009		
AssociationN of Valid Cases	63				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 13.78.

Source: Field Survey, 2014.

In Table 15b, the test result of the study could be described as valid. This is because zero cells have expected count less than 5 and the test was carried on two independent sample groups. The result of the Pearson Chi-Square test was found to be significant at one (1) degree freedom with a Chi-square value of (7.014) and a significance value of (.008). In line with the decision rule, the null hypothesis that there is no association between household LEAP status and household members' belongingness to social groups is rejected in favour of the alternate since the significance value of the Chi-square test (.008) is less than the assumed level of



significance (.05). Hence, it can, therefore, be concluded that the LEAP programme has a significant impact on social networks in recipient households.

The quantitative evidence of impact found in this study has been complemented by the qualitative evidence revealed by focus group discussions regarding the impact of the LEAP programme on social networks in recipient households. For instance, in a female focus group discussion at Lawra community, participants revealed that:

*"Before the LEAP programme, we could only rely on assistance from close relations during distress situations. However, with the LEAP cash, we can now borrow from other people, and they would trust that you would repay once you receive the LEAP payment" [Lawra FGD, 2014].*

In Dowine community where a male focus group was engaged, it was admitted by participants that:

*"Before our enrolment onto the LEAP programme we had no reliable source of income to use as a guarantee to borrow from non-relatives. However, with the LEAP, we have formed saving associations that our members can rely on in times of distress" [Dowine FGD, 2014].*

Furthermore, when participants of a male focus group were held at Konyukuo community, participants explained this in evidence of the LEAP impact on recipient household social network and integration:

*"To effectively participate in funeral activities in our area here, money is required. Without money your presence is not usually felt. LEAP has made it possible for us to offer gifts to friends who are bereaved" (Konyukuo FGD, 2014).*



The quantitative and qualitative evidence of the LEAP programme’s impacts on the social networks of recipient households is consistent with the findings of Phyllis (2008) who in a qualitative study of the impact of the Kenyan Government cash transfer programme found that the programme has enabled recipient households to participate in community events. Also, the result of the study points to the assertion that cash transfer programmes can significantly contribute to increase the active participation of recipients in social events as well as social integration.

#### 4.3.6 Impact of the LEAP programme on Child Labour

The impact of the LEAP cash transfer programme on child labour in recipient households was measured based on the engagement of children of school-going age (6-14yrs) in activities that negatively affect their social, physical, emotional and moral development. In this study, child labour was used to describe activities such as the engagement of children in charcoal burning, engaging children to sell things instead of being in school, and using children as farm-hands on other people’s farms for economic gains.

**Table 16a: Engagement of children in child labour activities by household LEAP status**

Count		Household LEAP Status		Total
		Recipient	Non-recipient	
Engagement of children in child labour activities	Yes	7 (21.9%)	14 (45.2%)	21 (33.3%)
	No	25 (78.1%)	17 (54.8%)	42 (66.7%)
Total		32 (100.0%)	31 (100.0%)	63 (100.0%)

Source: Field Survey, 2014.

Table 16a presents the result of the study on the engagement of children in child labour activities in the recipient and non-recipient households. It is revealed from Table 16a that 7(21.9%) recipient households and 14(45.2%) responded in the affirmative that

they engaged children in some form of child labour activities. However, the result of the study in Table 16a also revealed that 25 (78.1%) of recipient households and 17 (54.8%) of non-recipient responded in the negative to suggest that they do not engage children in their households in child labour activities. The result in Table 16a suggests that majority of recipient households no longer engage children of school-going age in activities that deprived them of their education and other developmental needs. However, in order to establish whether the observed difference between recipient and non-recipient households regarding the engagement of children in child labour activities is significant, a Chi-square test was conducted. The result of the test is depicted on Table 16b.

**Table 16b: Chi-Square Tests on engagement of children in child labour activities by household LEAP status**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.842 <sup>b</sup>	1	.050		
Continuity Correction <sup>a</sup>	2.866	1	.090		
Likelihood Ratio	3.896	1	.048		
Fisher's Exact Test				.064	.045
Linear-by-Linear Association	3.781	1	.052		
N of Valid Cases	63				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 10.33.

Source: Field Survey, 2014.

The Chi-square test was deemed appropriate because the group variable (household LEAP status) and the test variable (engagement of children child labor activities) are both nominally scaled and the samples have been randomly derived. From Table 16b, the Pearson Chi-Square test was found to be statistically significant at one (1) degree of freedom with a Chi-square value of (3.842) at 1 degree of freedom and a significance value of (.050). Following the decision rule, the null hypothesis that no



difference exists between the two groups regarding engagement of children in child labour activities is rejected in favour of the alternate. The decision is influenced by the fact that the test significance value (.050) do not in any way differ from the assumed level of significance (.05) for the study. Hence, it can be stated that there is an association between LEAP status and engagement of children in child labour activities.

The above quantitative results on the engagement of children in child labour activities has been validated by the results of the focus group discussions held with caregivers of recipient households in four LEAP beneficiary communities. From the focus group discussion, it was admitted by discussants that child labour still exist in some recipient households. It was also observed that households with children participating in some form of economic activity often perceived their act as not injurious to the child but regard it as a way of socialisation to usher the child into responsible adulthood. For example, in a male focus group discussion at Dowine community, participants explained that:

*“If we do not engage our children in farm activities and they fail in school they would be thieves. So we engage them to learn farmwork to enable them to live responsible lives tomorrow” [Dowine FGD, 2014].*

Similarly, in a male focus group discussion at Kunyukuo community, participants explained that:

*“We sometimes engage them to help us in farm activities because the money we get from the government cannot serve our needs” [Kunyukuo FGD, 2014].*

The views expressed by participants in the focus group discussions clarify the perception of poor households towards the phenomenon of child labour. This finding suggests that more public education is needed to help poor households understand the harmful effects of child labour. It is believed that an appreciation of the negative effects



of child labour by poor households would significantly contribute to reducing the incidence of the child labour.

#### **4.4 Institutional Mechanisms for Checking Abuses in the LEAP Implementation**

From the key informant interview held with the District Social Welfare Officer, it was revealed that there are mechanisms from the community level to the national level put in place to check arbitrary abuses in the implementation of the LEAP programme. At the community, it was stated that a committee known as the Community LEAP Implementation Committee (CLIC) is constituted in each beneficiary LEAP community. The CLIC as a grass-roots mechanism plays an active role in checking abuses in the implementation of the LEAP programme. They help check arbitrary abuses of the programme by assisting in the collection of accurate data for proper identification of potential beneficiary households in the community. They also assist in the mobilisation of beneficiaries during cash payment and helps monitor the usage of cash grant by beneficiaries.

At the district level, it was indicated that a District LEAP Implementation Committee (DLIC) is constituted at each beneficiary district to facilitate smooth implementation of the programme. The DLIC accordingly also helps in checking arbitrary abuses by reviewing and coordinating the activities of the programme, tracking the progress of the programme, reporting problems, monitoring the performance of substructures such as the CLIC through verification of information on registration forms submitted, and carrying out regular visits to beneficiary households and communities to ascertain payments received from time to time.



Despite the significance of the DLIC in checking abuses in the implementation of the LEAP programme in the Lawra district, it was found to be inactive at the time of the study. The inactiveness of the DLIC was blamed on the committee's inability to convene its meetings and take actions as mandated when it was formed. It was also reported that some members of after the committee was formed and inaugurated got transferred out of the district and had since not been replaced.

In addition to these institutional mechanisms for checking likely abuse of the programme by beneficiary households, it was found that the Social Welfare officer sometimes made visits to beneficiary households to physically observe and ascertain their progress on the programme especially the household's ability to satisfy the basic livelihood needs of household members. Other measures put in place to prevent abuses as pointed out by the District Social Welfare Officer include organising community durbars and beneficiary fora to elicit information on the utilisation of the LEAP cash by beneficiary households, inspection of beneficiary NHIS cards from time to time, and reviewing beneficiary households' characteristics every four years to track their progress and compliance level to conditionalities. The monitoring of the LEAP programme is done through community-level structures such as the CLICs and the traditional leaders to ensure that the intended target group of the LEAP programme is enrolled.

#### **4.5 Challenges faced by Stakeholders in the Implementation of the LEAP Programme**

In this study, the challenges are examined from the perspective of recipient households and also, from the perspective of the Department of Social Welfare (i.e. institutional



perspective). The findings from the sampled recipient households revealed a number of challenges they face in the implementation of this the LEAP social cash transfer programme.

From the perspective of recipient households, insufficiency of the LEAP cash to help them meet all their basic needs without constraint such as paying for the indirect cost associated with access to basic social services such as health and education posed a major threat their wellbeing though the cash transfer has been instrumental in ameliorating their socioeconomic condition. Another challenge revealed by recipient households was the irregularity of LEAP payment cycles which negatively affects proper planning of their livelihood activities.

From the perspective of the Department of Social Welfare (DSW), lack of adequate staffing capacity and logistic support constitute a major challenge to the efficient operation of the office of the DSW in the implementation of the LEAP programme in the district. The implication of the challenges faced by the DSW leads to the inability of the DSW to regularly monitor and evaluate the performance of recipient households in a sustained manner. In the area of other logistics, the District office of the DSW could only boast of a motorbike as its means of transport, and this was found to be inadequate for the performance of the duties of the District Social Welfare Officer and the DLIC. Another challenge indicated by the District Social Welfare Officer was the irregular releases of funds to the office to mobilise and monitor the utilisation of the LEAP cash by beneficiary households. The situation has made it difficult to revive the District LEAP implementation Committee which is supposed to offer assistance to the DSW in the monitoring and evaluation of the performance of recipient households on the





LEAP programme. It was also indicated by the DSW officer that most recipient households cannot properly utilise grants received through the LEAP programme and hence, unable to make significant progress in the area of meeting their livelihood needs.

#### **4.6 Conclusion**

In Chapter One of this study, it is stated that series of social interventions have been implemented over the years by successive governments intended to help alleviate the conditions of the poor and vulnerable in society. Despite such governmental interventions, poverty and inadequate access to basic social services remain a challenge to the well-being of poor and vulnerable households in the Lawra District. In order to verify whether such social interventions have not yielded any positive results, this study analyses the LEAP programme contribution to social protection and vulnerability in the Lawra district. The study sought among other objectives to investigate the socio-economic impacts of the LEAP programme on beneficiary household livelihoods. Using quantitative and qualitative analysis, the study revealed some positive observable impacts of the LEAP programme on household livelihood. The empirical evidence from both quantitative and qualitative analysis seems similar, very complementary and has supported the debate for the adoption of the combined method of empirical social research. In the next chapter, the summary of findings, conclusions, and recommendations are presented.



## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

#### 5.0 Introduction

The main aim of this study was to provide an analysis of the impact of the Livelihood Empowerment Against Poverty (LEAP) cash transfer programme in the reduction of extreme poverty and vulnerability in the Lawra district of the Upper West Region. This chapter, therefore, provides a summary of the study's findings. It also presents the conclusions drawn from the findings as well as recommendations.

#### 5.1 Summary of Findings

In Chapter One, the main objective of this study was to provide an analysis of the impact of the LEAP programme in the reducing extreme poverty and vulnerability in the Lawra district of the Upper West Region. The study also specifically sought to investigate the socio-economic impacts of the programme on recipient households, the institutional measures for checking systemic abuses in the implementation of the programme and challenges faced by stakeholders in the implementation of the programme. Social protection mechanisms are often considered good interventions for relieving certain segments of the population from the quagmire of extreme poverty and vulnerability. Although existing social protection mechanisms have made considerable efforts in reducing poverty, the impacts have been low (MMYE, 2007:29). In this study, the results have revealed that the LEAP cash transfer programme has resulted in various socio-economic changes at the household level.



The findings of this study have shown remarkable results of the change in key socio-economic livelihood areas in recipient households. These key socio-economic livelihood areas relate to areas such as health, food consumption, education, productive economic activity, social relationships and child labour.

The findings of this study revealed that LEAP had stimulated access to healthcare service. This is because about 96.9% of the sampled recipient households confirmed to have met the conditionality of having all their household members registered on the NHIS. Also, qualitative results of the study revealed that majority of recipient households had their capacity to access healthcare improved and therefore were highly reliant on the utilisation of formal healthcare services when in need.

Food is a basic human need. However, its physical and economic access to most poor households has been described as insufficient, unsafe and less nutritious (McMichael, 2009). In this study, the significant impact of the LEAP programme on food consumption in recipient households was observed. For example, the quantitative results of the study revealed a significant association between satisfaction with quantity and qualitative of food consumed and the household LEAP status. Majority of LEAP recipient households than non-recipient households confirmed that they were satisfied with the quantity and qualitative of meals consumed by their household members.

Education has been recognised by most international development agencies as a major key component in the fight against poverty and vulnerability (World Bank, 2015; UNICEF, 2010). It is a major livelihood determinant in contemporary times that is directly linked to empowerment and employment. However, the poor and vulnerable



segment of the population often faced constraints accessing education so as to enhance their livelihood opportunities and ability to withstand risks and vulnerabilities. In this study, it was found that the LEAP programme has empowered the beneficiary households with the capacity to enroll and retained all children (6-14yrs) in public basic schools. This means that recipient households are more likely to move out of poverty if the gain in education is sustained beyond the basic level.

It is stated that social transfer programmes can contribute to a more sustained economic impact through the promotion of productive investments by households. This accordingly happens when beneficiary households save and invest part of their transfer in productive ventures so as to generate additional livelihood sources (Kabeer, 2009). The study has demonstrated that the LEAP cash transfer programme has helped beneficiary household diversified their productive activities by using part of the LEAP cash to venture into other livelihood activities such as pito brewing, petty trade, livestock rearing, and cakes making.

The findings from this study also suggest that the Livelihood Empowerment Against Poverty programme has improved social relationships of people in beneficiary households. The study's findings further revealed that the LEAP programme has reduced the incidence of child labour in most recipient households as compared to non-recipient households in the study area.

The study uncovered that there was no District LEAP Implementation Committee (DLIC) at the time of the survey. The only institutional measures for checking arbitrary systemic abuses in the implementation of the LEAP programme were the Department of



Social Welfare and the Community LEAP Implementation Committees (CLIC). There were no effective monitoring mechanisms for checking beneficiaries' compliance with the LEAP conditionalities.

In terms of challenges faced by the stakeholders in the implementation of the Livelihood Empowerment Against Poverty programme, the study found that insufficient cash transfer, irregular payment schedules, inadequate staff capacity and the lack of access to other complementary social services pose a serious threat to the effective implementation of the programme. This finding adds to the existing empirical evidence by Agbaam and Dinbabo (2014) that there are challenges facing beneficiary households as well as the implementing agency of the programme.

## **5.2 Conclusion**

The evidence of impact revealed by this study suggest that the LEAP programme is providing social protection for recipient households by improving their ability to access health and educational services, increased investment in production activities, strengthened social networks and integration, reduced involvement of children in child labour activities, and improved satiation with quantity and quality of food consumed by recipient households. This implies that the LEAP programme has positive impacts for extremely poor and marginalized households and its benefits should be sustained. In order to improve and sustained the impacts made the challenges confronting key stakeholders identified in the study should be addressed. Poverty reduction is a process that needs concerted and well-coordinated efforts that goes beyond discretely providing cash, free services and subsidies. The study concludes that efforts be made to ensure



collaboration that would ensure efficient delivery of services targeted at extremely poor and marginalized segments of the population. In addition, the study concludes that institutional mechanisms for checking arbitrary systemic abuses should be strengthened and resourced to effectively and efficiently perform their functions.

### **5.3 Recommendations**

Based on the findings uncovered by the study, some recommendations have been proposed in a bid to help realised the desired impacts of the programme as well as the sustenance of those impacts on the socio-economic livelihoods of recipient households.

First, it has been argued that cash transfer programmes that use conditionalities require cost-effective monitoring mechanisms (Villatoro, 2007). With the LEAP cash transfer programme, these mechanisms include the District LEAP Implementation Committee (DLIC) at the district level and the Community LEAP Implementation Committees at the community level. These mechanisms provide support to the District Office of the Department of Social Welfare in the implementation and monitoring of the LEAP programme. In spite of the relevance of these mechanisms, the DLIC was found to be inactive at the time of the study. To forestall the negative effect of the inactiveness of this vital monitoring mechanism, it is recommended that the DSW office take immediate steps to reconstitute its District LEAP Implementation Committee to perform its monitoring functions to enable the programme meets its intended objectives.

Secondly, the study found that the Department of Social Welfare lacked adequate logistics needed in the execution of its mandate. It is therefore recommended that



government take the needed moves to logistically resource the Department of Social Welfare to effectively provide welfare services to people.

Thirdly, the study observed that maximised gains for poverty reduction can be realised if discrete social protection programmes are sufficiently linked together. However, the findings of the study revealed that recipient households were not properly linked up to other complementary social protection intervention schemes in the study district. In order to realise the full scale impact of the LEAP programme it is recommended that concerted efforts be made by the DSW in collaboration with other social intervention providers to ensure access by recipient households to other social protection programmes that would enable them 'leap' out of the quagmire of poverty and vulnerability.

Fourthly, well-structured monitoring mechanisms are crucial if social development interventions are to create the desired impact in the lives of people affected by their outcomes. With the LEAP programme, it is required that traditional authorities and teachers be included in the Community LEAP Implementation Committees so as to facilitate the monitoring of recipient households' performance on the programmes, especially where conditionalities are attached. However, in this study, it was observed that CLIC members were mainly caregivers of recipient households under the programme. In order to facilitate the monitoring of LEAP conditionality on education, it is recommended that the composition of CLIC should be relooked at so that the desired gains in education can be achieved by recipient households.



Moreover, the study observed that most recipient households with productive capacity only engage in productive activities during the rainy season with little or no production activities in the dry season. As a response to help sustain the impact of the LEAP programme on recipient households, the study recommends that dams be created by the District Assembly to provide poor households with productive capacity the opportunity to engage in some form of dry season farming to augment their income sources.

Lastly, the findings of this study are not exhaustive of the full-scale impact of the programme. It is therefore recommended that future researchers use other research methodological approaches to unravel impact areas left out by this study.





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APPENDIX 1

Social Protection and Vulnerability Reduction: An Assessment of the impact of the Livelihood Empowerment Against Poverty Programme in the Lawra District

Structured Interview Guide for households

Dear Respondent,

This is an academic research on the "Social Protection and Vulnerability Reduction: Assessing the impact of the Livelihood Empowerment against Poverty (LEAP) programme in the Lawra district as a partial fulfillment for the award of a Master of Philosophy degree in Social Administration.

It would be very much appreciated if you could participate in this study by providing answers to this questionnaire. Please be assured that all information provided will be treated with utmost confidentiality and be used purely for academic purposes.

Date questionnaire was administered ..... HH Address .....

Name of Town/Village: \_\_\_\_\_ HH Status .....

Please make entries or circle/ tick where appropriate or applicable

SECTION A: DEMOGRAPHIC CHARACTERISTICS

- 1. Sex of respondent 1. Male 2. Female
2. Age of respondent 1. 20 – 29yrs 2. 30 – 39yrs
3. 40 – 49yrs
4. 50 – 59yrs 5. 60yrs and above



3. Marital status of respondent

- |            |              |                        |
|------------|--------------|------------------------|
| 1. Married | 2. Single    | 3. Divorced            |
| 4. Widowed | 5. Separated | 6. Consensual<br>union |

4. What is your religious affiliation?

- |                    |           |                   |
|--------------------|-----------|-------------------|
| 1. Christian       | 2. Muslim | 3. Traditionalist |
| 4. Other (specify) |           |                   |

5. What is your level of education?

- |                    |             |    |
|--------------------|-------------|----|
| 1. No formal       | 2. Primary  | 3. |
| JHS/JSS/Middle     |             |    |
| 4. SHS/SSS/O'Level | 5. Tertiary |    |

6. What is your main occupation?

- |                 |                  |               |
|-----------------|------------------|---------------|
| 1. Farming      | 2. Petty trading | 3. Craft work |
| 4. Pito Brewing | 5. Cakes making  |               |

7. How many are you in your household? [ ]



**SECTION B: HOUSEHOLD ACCESS TO BASIC SOCIAL SERVICES**

8. What type of toilet facility is used by your household?

1. Pit Latrine                      2. Public toilet                      3. Bush/ No  
toilet facility

9. What is the main source of light to your household at night?

1. Electricity (main)    2. Electricity (solar)    3. Lantern  
4. Torchlight                      5. Other (specify) .....

10. What is the main source of cooking fuel to your household?

1. Wood                              2. Charcoal                      3. Gas  
4. Electricity                      5. Other (specify) .....

11. What is the main source of drinking water to your household?

1. Stream/River                      2. Borehole                      3. Pipe  
4. Unprotected well    5. Dam/Pond/Dug-out

**SECTION C: HOUSEHOLD SOCIO-ECONOMIC CONDITION**

12. Are all your household members registered on the NHIS?

1. Yes                                      2. No





13. If No, why are all not registered on the NHIS?

.....  
.....

14. Is your household capable of meeting the other cost (e.g. transportation cost, cost of drugs, etc) associated with access to healthcare?

1. Yes                      2. No

15. What type of healthcare facility is mainly visited whenever a member of your household falls sick?

1. Hospital    2. Clinic    3. Herbal centre  
4. Chemist shop    5. Chemical seller  
6. Other (specify)

16. What healthcare facility/facilities is/are in your community?

1. Hospital              2. Clinic              3. Herbal centre  
4. Licensed chemist shop    5. Unlicensed chemical seller  
6. No health facility

17. Are you able to provide the food needs of your household?

1. Yes                      2. No

18. How many meals do members of your household eat in a day?

1. One                      2. Two                      3. Three  
4. Four or more



19. Do members of your household feel satisfied with the quantity and quality of meals they eat? 1. Yes 2. No

20. Over the past 12 months, did your household experience any food shortage and hence could not provide the food needs of its members?

1. Yes 2. No [If No, skip to Q22]

21. How long (in weeks) did you experience the shortage in food supply?

1. Less than 1 week 2. One week 3. Two weeks  
4. Three weeks 5. Four weeks

22. Are there children (aged 6-14yrs) in your household?

1. Yes 2. No [If No, skip to Q23]

23. How many children (aged 6-14yrs) are in your household? [ ]

24. How many of the children (aged 6-14yrs) are currently in school? [ ]

25. How many of the children (aged 6-14yrs) are currently not in school? [ ]

26. Does your household have the ability to afford the other cost associated with educating children in basic school? 1. Yes 2. No





27. What is the main source of economic livelihood to your household?

- 1. Farming
- 2. Petty trade
- 3. Craft work
- 4. Pito Brewing
- 5. Cakes making

28. Over the past six years, had your household been able to add up another source of economic livelihood to its main source of economic livelihood?

- 1. Yes
- 2. No

29. What is the second source of economic livelihood to your household?

- 1. Crop farming
- 2. Livestock rearing
- 3. Petty trade
- 4. Craft work
- 5. Pito Brewing
- 6. Cakes making

30. Are you or your household members socially recognised and respected in your community?

- 1. Yes
- 2. No

31. Do you or does any member of your household belongs to any social group or association?

- 1. Yes
- 2. No

32. Does your household receive assistance from any other source?

- 1. Yes
- 2. No

33. Does your household give assistance to others in this community?

- 1. Yes
- 2. No



34. Do you engage children in commercial economic activities (e.g. carrying fire wood for sale, sale of pito, cakes, etc)?      1. Yes                      2. No

35. How often does your household engage children in the commercial economic activities mentioned?      1. Very often              3. Often              3. Less often

36. Over the past 12-months did your household had to sell any of its assets to meet a pressing need?      1. Yes                      2. No

**SECTION D: CHALLENGES FACED IN LEAP IMPLEMENTATION**

**(For LEAP Recipient Households Only)**

37. In your opinion do you face challenges accessing your LEAP cash grants?  
1. Yes                      2. No

38. If yes, what are the main challenges you face accessing the LEAP cash grant?

.....  
.....  
.....



39. In your opinion, what should be done to improve the LEAP programme?

.....

.....

.....

*Please find out from respondent if he/she has other comments to add.*



## APPENDIX 2

### **Social Protection and Vulnerability Reduction: An Assessment the impact of the Livelihood Empowerment against Poverty Programme in the Lawra District**

#### **Semi-structured Interview Guide for CLIC Members**

Dear Committee Members,

This is an academic research on the topic “*Social Protection and Vulnerability Reduction: Assessing the impact of the Livelihood Empowerment against Poverty (LEAP) programme in the Lawra district*” as a partial fulfillment for the award of a Master of Philosophy degree in Social Administration from the University for Development Studies (UDS).

It would be very much appreciated if you could participate in this study by providing me with answers to complete this study. Please be assured that all information provided will be treated with utmost confidentiality and be used purely for academic purposes.

Name of Community

Date

1. Considering the period before and after beneficiary households were enrolled onto the LEAP programme, do you observe any impact made by the programme in the socioeconomic lives of its beneficiary households? Please can you explain what you have observed in the following areas:

- i). Access to formal healthcare services
- ii). Food consumption
- iii). Access to education
- iv). Economic activities
- v). Social relationships



- vi). Child labour
2. In your view, what are the challenges in the implementation of the LEAP programme?
  3. What do you think can be done to improve the LEAP programme?
  4. Do you have any other concern you would like to discuss with me?

*Thank you for sharing with me your knowledge and experiences about the LEAP programme in your community.*





APPENDIX 3

**Social Protection and Vulnerability Reduction: An Assessment of the impact of the Livelihood Empowerment against Poverty Programme in the Lawra District**

**Structured Interview Guide for Department Of Social Welfare**

Dear Respondent,

This is an academic research on the “*Social Protection and Vulnerability Reduction: Assessing the impact of the Livelihood Empowerment against Poverty (LEAP) programme in the Lawra district*” as a partial fulfillment for the award of a Master of Philosophy degree in Social Administration.

It would be much appreciated if you could participate in this study by providing answers to this questionnaire. Please be assured that all information provided will be treated with utmost confidentiality and be used purely for academic purposes.

DATE:

NAME OF INTERVIEWEE: .....

INTERVIEWEE’S RANK: .....

**A. Socio-economic impacts of the LEAP on beneficiary households**

1. In your own opinion do you think the LEAP programme has had significant impact in empowering the livelihood of the poor and vulnerable in your district?

1. Yes            2. No

[If NO, Skip to 4]



2. In what ways has LEAP socially empowered the poor and vulnerable in the district?

.....

.....

.....

.....

.....

3. In what ways has the LEAP economically empowered the poor and vulnerable in your district?

.....

.....

.....

.....

.....



**B. Institutional measures for preventing potential abuse of the programme by beneficiary households**

4. Are there measures put in place by the Department of Social Welfare to check potential abusers of the LEAP programme? 1. Yes 2. No [*If NO, skip to 6*]

5. If 'yes' what are the measures?

.....  
.....  
.....  
.....

6. Are there any complaint mechanisms for LEAP beneficiaries and non-beneficiaries (excluded)? 1. Yes 2. No [If NO, skip to 8]

7. If yes, what complaints mechanisms exist for both beneficiaries and non-beneficiaries in the district?

.....  
.....

8. Are there other social intervention programmes for poor and vulnerable persons in the Lawra district? 1. Yes 2. No [If NO, skip to 10]

9. If yes, what other social intervention programmes exist for poor and vulnerable persons in the Lawra district?

.....  
.....  
.....



10. Is the LEAP programme well integrated with other complimentary social interventions in the district? 1. Yes                      2. No [*If NO, skip to 12*]

11. If yes, how integrated is it with the other social intervention programmes?

.....  
.....  
.....

12. If no, what integration would you like to see between LEAP and the other complimentary social interventions in the district?

.....  
.....

13. Are there exit strategies for beneficiaries of the LEAP programme?

1. Yes                      2. No [*If NO, Skip to 18*]

14. If yes, what strategies exist for beneficiaries to smoothly exit from the programme?

.....  
.....  
.....  
.....



15. Are the exit strategies appropriate for sustaining the programme impacts?

1. Yes      2. No

16. Please give reasons for your answer.

.....

.....

.....

17. How many beneficiaries have been exited from the LEAP programme since it started in the district?

Categories of beneficiaries who exited	2011	2012	2013	2014
OVCs				
Aged (65+yrs)				
PWDs				
PLWHIV/AIDS				

18. What mechanisms exist for monitoring LEAP conditionalities?

.....

.....

.....





19. What are the roles of the Community LEAP Implementation Committees?

.....  
.....

20. What are the roles of the District LEAP Implementation Committee?

.....  
.....

21. What mechanisms exist for ensuring that intended LEAP beneficiaries are not excluded from the programme?

.....  
.....

**C. Challenges faced by the DSW in the implementation of the LEAP programme**

22. Are there challenges faced by your department in delivering LEAP transfers to beneficiary households? Yes 2. No *[If No, Skip to 24]*

23. If yes, what are the challenges?

.....  
.....

24. Are there any institutional factors militating against the smooth implementation

of the LEAP programme in your district? 1. Yes 2. No *[If no, skip to 27]*

25. If yes, what are they?

.....  
.....

26. What do you think can be done to solve the challenges and factors hindering the smooth progress of the LEAP programme in your district?

.....  
.....  
.....

27. Considering the number of vulnerable people in your district, would you say you are satisfied with the implementation coverage of the programme?

1. Yes      2. No      3. Indifferent

28. In your opinion do you think LEAP is more appropriate for tackling the vulnerabilities of the poor and vulnerable in the district?    1. Yes      2. No

*[If 'No' skip to 30]*



29. If yes, explain?

.....

.....

.....

30. If no, what alternative policy option(s) would you recommend for tackling poverty and vulnerabilities in the district?

.....

.....

31. What would you recommend for the sustenance of programme impacts on beneficiary livelihoods?

.....

.....

*Thank you for sharing with me your knowledge and experiences about the LEAP programme in your community.*





#### APPENDIX 4

### **Social Protection and Vulnerability Reduction: An Assessment of the impact of the Livelihood Empowerment against Poverty Programme in the Lawra District**

#### **Male /Female Focus Group Guide for Recipient Caregivers**

Dear Sir/Madam,

This is an academic research on the topic “*Social Protection and Vulnerability Reduction: Assessing the impact of the Livelihood Empowerment against Poverty (LEAP) programme in the Lawra district*” as a partial fulfillment for the award of a Master of Philosophy degree in Social Administration from the University for Development Studies (UDS).

It would be very much appreciated if you could participate in this study by providing me with answers to complete this study. Please be assured that all information provided will be treated with utmost confidentiality and be used purely for academic purposes.

Name of Community

Date

5. Considering the period before and after your households were enrolled onto the LEAP programme, do you observe any impact made by the programme in the socioeconomic lives of your households? Please can you explain what you have observed in the following areas:

- vii). Access to formal healthcare services
- viii). Food consumption
- ix). Access to education
- x). Economic activities
- xi). Social relationships



xii). Child labour

6. In your view, what challenges do you face in the implementation of the LEAP programme?
7. What do you think can be done to improve the LEAP programme?
8. Do you have any other concern you would like to discuss with me?

*Thank you for sharing with me your knowledge and experiences about the LEAP programme in your community.*

