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ACCESS TO COMPLEMENTARY SERVICES OF LIVELIHOOD EMPOWERMENT AGAINST POVERTY-(LEAP) SOCIAL PROTECTION INTERVENTION IN NADOWLI-KALEO DISTRICT, GHANA

UNIVERSITY FOR DEVELOPMENT STUDIES

SHIRAZUDEEN BILIGUO

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ACCESS TO COMPLEMENTARY SERVICES OF LIVELIHOOD EMPOWERMENT AGAINST POVERTY-(LEAP) SOCIAL PROTECTION INTERVENTION IN NADOWLI-KALEO DISTRICT, GHANA

BY

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(UDS/MDM/0025/18)

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THESIS SUBMITTED TO THE DEPARTMENT OF GOVERNANCE AND DEVELOPMENT MANAGEMENT, FACULTY OF PLANNING AND LAND MANAGEMENT, UNIVERSITY FOR DEVELOPMENT STUDIES, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF PHILOSOPHY (M. PHIL) DEGREE IN DEVELOPMENT MANAGEMENT

OCTOBER, 2020

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DECLARATION

I hereby declare that this submission is the result of my own work, and do not contain any other work that has been presented for any other degree in this university or somewhere else.

Candidate's Signature:……………………………… Date:…………………………..

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Supervisor's

I hereby declare that the preparation and presentation of this thesis was supervised in accordance with the guidelines on supervision of thesis laid down by the University for Development Studies.

Supervisor's Signature: ……………………………….. Date:……………………………

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ABSTRACT

Social Protection Programs in various countries provide protection for citizens to reduce poverty. Ghana introduced social policy interventions such as NHIS, school feeding, school capitation grants and the livelihood empowerment against poverty (LEAP) programme aimed at reducing poverty. Cash transfers are complemented by existing services and can subsist successful in achieving preferred impacts and ensuring their sustainability. Cash alone cannot assuage non-financial and structural barriers to improving living standards and well-being. LEAP cash transfer programme aim at, improving basic household consumption, nutrition, access to health care for children, older persons and people with severe disability; increase basic school enrolment, attendance and retention; and facilitate access to complementary services. Many studies did not focus on access to complementary services. This study is underpinned by vulnerability theory of Mather A. Fineman (2008) and provides evidence on access to complementary services of the LEAP programme in Nadowli-Kaleo district using a mixed method research design. Methods used were questionnaire administration, focus group discussions and interviews. The evidence showed LIPWs, NHIS, School feeding, PWD fund, micro-credit support, productive inclusion safety net and local economic development are complementary services in the study area. Only few have been accessed by beneficiaries. Beneficiary knowledge on complementary services is high on some services as (74%) HHs has knowledge on LIPWs, agric input, YES programme, NHIS, PWD fund and school feeding. Economic and resource barriers were the main barriers faced by beneficiaries of LEAP. Knowledge on services is an important component to access to services as it facilitates efforts at linking clients to services.

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Finally, I am extremely thankful to the respondents who despite their busy schedules, actively participated in this study. Without them this study would not have been possible, and this study is about them, and not I because it highlights their knowledge and experiences as charcoal producers. I also extend my heartfelt gratitude to the young men who helped with the survey for also having left all of their gainful activities for the success of this study.

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DEDICATION

I dedicate this work to my family, most specifically to; Mrs Vivian Tienaah Biliguo, to my daughter, Miss Meeker Mercy Biliguo, and to my two sons Meshach Biliguo and Maurice Biliguo, who stood by me morally during my study.

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LIST OF ABBREVIATIONS

CCT	CONDITIONAL CASH TRANSFER
CDI	CENTRE FOR DEVELOPMENT INITIATIVES
CLIC	COMMUNITY LEAP IMPLEMENTATION COMMITTEE
DFID	DEPARTMENT FOR INTERNATIONAL DEVELOPMENT
DHIA	DISTRICT HEALTH ISSUANCE AUTHORITY
DLIC	DISTRICT LEAP IMPLEMENTATION COMMITTEE
DPCU	DISTRICT PLANNING AND COORDINATING UNIT
DSW	DEPARTMENT OF SOCIAL WELFARE
DSWO	DISTRICT SOCIAL WELFARE OFFICER
ECLA	EUROPEAN COMPANY LAWYERS ASSOCIATION
FAO	FOOD AND AGRICULTURAL ORGANISATION
FGD	FOCUS GROUP DISCUSSANTS
FGD	FOCUS GROUP DISCUSSION
GASIP	GHANA AGRICULTURAL SECTOR INVESTMENT PROGRAM
GES	GHANA EDUCATION SERVICE
GH	GHANA
GHS	GHANA HEALTH SERVICE
GOG	GOVERNMENT OF GHANA
GPRS	GHANA POVERTY REDUCTION STRATEGY
GPSNP	GHANA PRODUCTIVE SAFETY NET PROJECTS
GSOP	GHANA SOCIAL OPPORTUNITY PROJECT
GSS	GHANA STATISTICAL SERVICE
HH	HOUSEHOLD
ILO	INTERNATIONAL LABOUR ORGANISATION

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IMD	INDICES OF MULTIPLE DEPRIVATION
IP	INTERVIEW PARTICIPANT
LEAP	LIVELIHOOD EMPOWERMENT AGAINST POVERTY
LIPW	LABOUR INTENSIVE PUBLIC WORKS
MDA	MINISTRIES, DEPARTMENTS AND AGENCIES
MDG	MILLENNIUM DEVELOPMENT GOALS
MESW	MINISTRY OF EMPLOYMENT AND SOCIAL WELFARE
MIS	MANAGEMENT INFORMATION SYSTEM
MMYE	MINISTRY OF MANPOWER, YOUTH AND EMPLOYMENT
MOE	MINISTRIES OF EDUCATION
MOFA	MINISTRIES OF FOOD AND AGRICULTURE
MOGCSP	MINISTRY OF GENDER, CHILDREN AND SOCIAL PROTECTION
MOE	MINISTRIES OF EDUCATION
MMDA	METROPOLITAN, MUNICIPAL AND DISTRIC ASSEMBLY
MOH	MINISTRY OF HEALTH
MOU	MEMORANDUM OF UNDERSTANDING
NASI	NATIONAL ACADEMY OF SOCIAL INSURANCE
NDPC	NATIONAL DEVELOPMENT PLANNING COMMISSION
NGO	NON-GOVERNMENTAL ORGANISATION
NHI	NATIONAL HEALTH INSURANCE
NHIA	NATIONAL HEALTH INSURANCE AUTHORITY
NHIS	NATIONAL HEALTH INSURANCE SCHEME
NSPS	NATIONAL SOCIAL PROTECTION STRATEGY
OVC	ORPHANED AND VULNERABLE CHILDREN
PSIA	POVERTY AND SOCIAL IMPACT ASSESSMENT

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PNSP	PRODUCTIVE SAFETY-NET PROGRAMMES
PWD	PERSONS WITH DISABILITIES
SPP	SOCIAL PROTECTION PROGRAMS
SPSS	STATISTICAL PACKAGE FOR SOCIAL SCIENTISTS
SSNIT	SOCIAL SECURITY AND NATIONAL INSURANCE TRUST
STD	SEXUALY TRANSMITTED DISEASE
UN	UNITED NATIONS
UNESCO	UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANISATION
UNICEF	UNITED NATIONS CHILDREN FUND
USDA	UNITED STATES DEPARTMENT OF AGRICULTURE
WB	WORLD BANK
YES	YOUTH EMPLOYMENT SERVICE

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CHAPTER ONE

1.0 Introduction

This chapter discusses issues on the background to the LEAP programme as a social protection intervention. It also illustrates the relationship between social protection and cash transfer globally. The chapter illustrates cash transfer as being implemented by various countries, impacts made, and challenges experienced by other countries. The need for the study is also indicated in this portion and questions of the work are as well outlined. The objectives, scope and study area are also summarized in this chapter.

1.1 Background

Ghana made a strive to achieve a fall in the poverty level thus from by more than 56.5% to 24.2%, in 1992 and 2013 indicating half the national poverty level and achieved the MDG1 target. However, it must be noted that this reduction annually slowed significantly that is from 1.8 percentage points on average per year in the 1990s to 1.1 percentage point per year since 2006 (Hague, Cooke & Mckay,2016).

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The introductions of a number of social policy interventions such as the national health insurance scheme (2003), (Act 852, 2012), feeding programme for schools, capitation grants aimed at expanding free primary education, and the Livelihood Empowerment Against Poverty (LEAP) programme have equally made Ghana to keep on to make efforts in reducing poverty especially during the 2000s. Ghana Poverty Reduction Strategy (GPRS I, 2003-2005), was reviewed after an assessment by the National Development Planning Commission (NDPC) in 2004 and revealed that past policies and

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interventions to reduce poverty, have not sufficiently impacted the lives vulnerable population, which led to increase equality (NDPC, 2005). Therefore, the need to capture a more collective strategy to revamp, harmonize societal undertakings as a way including the plight of the vulnerable section of the public into a nationwide development derives. The annotations clued-up the coming out with a National Social Protection Strategy (NSPS) through efforts by the Ministry of Employment and Social Welfare (MESW), between 2005 and 2007 (Asante-Asare, 2008).

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The Livelihood Empowerment against poverty (LEAP) is a social protection intervention. Globally, Social Protection Programs (SPP) are being implemented in various countries to provide some protection for its citizens. Social protection usually serves as a big sunshade under which numerous social and economic strategies are placed" and include social security, social insurance, health care services, the rights and responsibilities of the child etc. (Foster, Norton & Coonway, 2001). Another strand conceptualized social protection more narrowly excluding social services, while others place importance on those social transfer programs that aim at groups falling outside the coverage of formal labour-market. Social Protection broadly encompasses a set of programs like social insurance and communal assistance programs (Sarah, Cook & Kabeer, 2009). These social protection programs are linked to poverty reduction (Tabor, 2002). It must be noted that, the mid-1990s, was seen as a period where interventions on social protection was seen as potent instrument for lessening poverty broadly in developing world. According to UNICEF, social support in term of transfers of cash, are main component of societal protection efforts, and are executed in Latin America, Asia and Africa (UNICEF, 2013).Cash transfer programs can be seen as straight transfer in the form of money to the

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needy of human crises to help them in events where there are lack of other alternatives that are very inadequate or no longer exist (Ullah, 2014). The recipient of a cash transfer according to the Coalition determines where, how and when he or she spent it. In the right instances, straight transfer in the form of money to the needy can be useful temporal or permanent alternatives that enable beneficiaries access crucial basic needs for example feeding needs whiles also helping domestic production effort (Ullah, 2014).

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Unconditional (without any string attached) and Conditional (with string attached) straight transfer in the form of money to the needy are the types of cash transfer efforts that exist globally. Straight transfers in the form of money to the needy without any string attached constitute situations where beneficiaries access money as a straight allowance without any obligation on beneficiaries. Beneficiaries can use the support as desired with no obligation for repayment. A conditional cash transfer on the other hand is a situation where conditions puts on the way and manner the support is being utilized. In most cases the cash is given after the recipient has met certain minimum conditions, for instance taking care of the child's education and health need. There is yet another type of cash transfer known as Vouchers, where a coupon, for example GHS15 programmed supplies or services can be accessed by a beneficiary. Money paid for work done is yet one type of cash transfer where payment is made as remuneration for work, often in communal or public projects (Bruni, Guven, & Monsalve, 2018).

Cash transfers programmes are complemented by other existing social services. Roelen, Devereux, Abdulai, Martorano, Palermo, & Ragno, (2017) alludes that complementing

cash transfer with additional support or connecting to outside support or both can subsist successful in realizing the preferred effects and making of long-lasting benefit than relying solely on cash (Roelen, *et al*,2017).

The idea of access has brought a substantial literature over the years. (Andersen & Newman, 1973; Penchansky & Thomas, 1981; Andersen, 1995; Field & Briggs, 2001; Gulliford, 2003). Several writhers on health studies break apart, the idea of access into so many strands that can be scrutinized. Penchansky & Thomas (1981), for example, proposed a taxonomic definition of access that contained five dimensions: Availability (whether a service is provided), Accessibility (whether clients can physically reach the service), Accommodation (whether the service is organised in such a way that it accommodates clients' needs), Affordability (whether clients are able to pay for the service) and Acceptability (whether the service is acceptable to clients) (Penchansky & Thomas 1981).

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According to Arksey, Johnson, Wallace, Baldwin, Golder, Newbronner and Hare (2003), barriers to service can be put into the following typologies a) Personal characteristics as a career person b) Service issues like engagement processes c) Language or cultural issues as values and beliefs d) Care giver or care recipient features such as behaviour in seeking help and perception about the quality and nature of help and e) Information and understanding concerns (Arksey *et al.*2003).

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The Government of Ghana came out with a Social Protection Strategy (NSPS) in 2007, with a vision: creating a society in which the citizenry is duly empowered with the capacity to realize their rights and responsibilities to manage social, economic, political and cultural shocks. Existing Social Protection services complemented by NSPS are, Pension plan, School Feeding, education capitation, National Health Insurance, Social Welfare services, additional Feeding activities, Youth Employment Programme, Integrated Agricultural Support Programme, Microfinance Schemes and Emergency Management Schemes (Asante-Asare, 2008).

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The NSPS concentrate on the way to support the very vulnerable population to recognize their basic human rights and to grow their ability to give to nationwide progress (National Social Protection Policy, 2015) and (Devereux, Roelen, & Ulrichs, 2015). Social protection is a basic right based concern rooted in the entitlement public safety, as enshrined in the Universal Declaration of Human Rights 1948 (Srinivasan & Jino, 2016).

The Livelihood Empowerment against poverty (LEAP) is a social protection programme born out of the NSPS (2007) to support extremely poor households with straight transfers in the form of money to the needy with or without any string attached, and to empower 'extremely poor households afford for their essential desires, build their confidence to take advantage of prevailing state interventions, as a spring board" to assist them to rise out of the malaise of great poverty, and in the end allow them to give to the social and economic growth of the nation' (NSPS, 2007 P:11). LEAP is an innovative and context specific initiative that provides both conditional and unconditional cash transfers to target populations.

The LEAP programme was introduced in 2008 in 21 districts and in 1654 households. Generally, the goal of LEAP is to boost lasting human assets growth with people living in extreme poverty (Asante-Asare, 2008). The explicitly the objective are: 1) Improve basic household consumption and nutrition, and access to health care services among children under two years old, older persons and people with severe disability; (2) Increase basic school enrolment, attendance and retention of beneficiary children between, ages of 5-15; and (3) Facilitate access to complementary services such as welfare, livelihoods, and improvements in productive capacity (MESW, 2012).

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The amount for a household of the LEAP transfer is not uniform, but based on the number of qualified members in a household. Currently, transfers range is GH¢64, GH¢76, GH¢88 and GH¢106 in every two months for households with one, two, three and four or more qualified members respectively (LMS, 2016). LEAP beneficiary households in Ghana has increased speedily over time, thus, 1,654 in 21 districts in 2008, to 407,645 households in 245 districts by 2018 (LEAP Management Secretariat Database, 2019). The LEAP support is conditional and unconditional, thus straight transfers in the form of money to the needy households with or without any string attached depending on the distinctiveness of beneficiary households. The LEAP operational guide has it that children below 15 years attend school and on regular basis, access health services, and go through growth monitoring quarterly (MESW, 2012). Conditions are not compulsory, though (Handa, Park, Darko, Osei-Akoto, Davis & Daidone, 2013).

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LEAP currently targets the following qualified social categories: Aged sixty-five years (65) and above without any form of support, severely disabled without productive capacity, Orphaned and Vulnerable Children (OVC) and extremely poor or vulnerable households with pregnant women and mothers with infants. Complementary services of the LEAP include, National Health Insurance (NHIS) indigent registration, free bus rides, micronutrient support/supplementary, psycho-social support, microfinance schemes, Agric input support and skills training for Care givers of LEAP (Asante-Asare, 2008).

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1.2 Problem Statement

Social Protection Programmes are not uniform across the globe. Cash transfers such as LEAP is one form of social protection programmes implemented in several countries and they are not uniform. Brazil, Chile, Peru, Kenya, Ethiopia and Ghana are among countries implementing a form of cash transfer programme.

LEAP Cash Transfer programme is complemented with other existing government and non-governmental programmes. Just as the LEAP Cash Transfer, other countries have recorded some positive linkages of cash transfer with other complementary services; an example is Ethiopia Cash Transfer programme which recorded an increased Indigent Health Fee Waiver over the years, and have identified over 1.8 million beneficiaries (Roelen, *et al* 2017). It must be noted however that the scope is low in reaching a total social health safety in the case of the Ethiopia cash transfer programme as insured people account for 1.2%, and the exempt category makes up 6% of the populating in extreme poverty (*ibid*). Although these gains are recorded, barriers in accessing health related

services have not been mentioned. Again, Orphans and Vulnerable Children (OVCs) succeeded in increasing birth registration by 12%. Ethiopia Cash transfer intervention contributed to huge child labour on family farms - particularly for boys (a 12-percentage point reduction), and made households without resource to realize essential desires and choice for education of the children (Davis, et al, 2013).

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Despite these positive effects on cash transfers, Ferré & Sharif (2014) noted that cash single-handedly cannot alleviate structural and other barriers not related to cash aimed at enhancing the livelihood status of targeted population. Cash transfers have contributed to school attendance in the area of education, however little if experienced on impacts on learning (Ferré & Sharif, 2014). De Groot, Palermo, Handa, Ragno, & Peterman (2015) noted that cash transfer impacts on child nutrition is not widely known (signifying not only barriers like the lack of access to cash, but inadequate information on feeding practices or non-access to hygienic facilities weaken the nutritional status of children. In the case of Ghana, efforts by Government to empower the extreme poor and other vulnerable populations through the implementation of the Livelihood Empowerment against Poverty (LEAP) Cash Transfer Programme showed strong increase in NHIS coverage among LEAP households but no commensurable impact on utilization of health services or reductions in out-of-pocket health expenditure. This suggests there are weaknesses in linking LEAP beneficiaries to health services which requires further attention (FAO, 2014). Studies conducted on the impact of Ghana's LEAP Program by Handa *et al* (2013) showed slightly increased preventive care for children, a reduction in labor hired in by households though this reduction is lower than the increase in own labor

and also impact on school enrollment is zero among the younger age group (Handa *et al*, 2013). Impact Evaluation conducted by the Ministry of Gender Children and Social Protection in 2013 focused on the cash transfer and it impact on health and education to the neglect of other social services which are complementary services of the LEAP Programme (Handa *et al*, 2013).

The problem that engages this study is that, many studies on LEAP have specifically touched on the first two aims of the programmes. Much of these studies however, did not focus on access to complementary services which is linked to the third aim of the programme since the establishment of the LEAP programme in 2008. Apart from studies by, Sacky, 2019 that mentioned issue of difficulty in accessing complementary services, many works, Alatinga & Daniel (2019), Sulemana et al., 2018, Oduro & Amanfo, 2017, & Peprah, Kyiyaga, Afful, Abalo & Agyemang-Duah (2017), Agbenyo, Gala & Abiiro, 2017; Bawelle, 2016; Atulley 2016; Handa et al., 2013; Dako-Gyeke & Oduro 2013, did not touch on access to complementary services of the LEAP progamme. Specifically, Sacky, 2019 focused on irregularities watering down impact of the flagship LEAP programme and difficulty in accessing complementary services was not examined. These generate a knowledge gap as difficulty in accessing complementary services does not provide the reason why beneficiaries face difficulty in accessing complementary services. Alatinga, Daniel & Bayor (2019) argued that LEAP cash single-handedly is not adequate to tackle long-term poverty, but it is essential condition to serve as mechanism for social and economic transformation, however the issue of access to complementary services was not emphasized in their studies.

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Sulemana, Malongza & Abdulai (2019) study was on assessment of the LEAP programme emphasizing on contributions towards, savings and investment in animal rearing, social inclusion of the excluded, reduction in rural poverty, contribution to rural agriculture, rural health and contribution to reducing hunger and food security. Similarly, (Atulley, 2015) study concentrated on whether beneficiaries used cash from LEAP to engage in small business and whether the programme has enhanced the basic necessities of beneficiaries such as food, shelter, etc. and also compliance of conditionalities by beneficiaries. Research on LEAP in the Upper West Region in particular, is limited and did not centre chiefly on access to complementary services. Fuseini, Enu-Kwesi & Sulemana (2019) on their study in the Upper West Region focused on utilization of LEAP transfer. Jaha & Sika-Bright (2015) study on LEAP in the Upper West Region concentrated on the challenges of LEAP. Similarly, Agbenyo *et al.,* (2017), in their study of the Wa Municipality focused on the usage of the LEAP grant and their prime attention was rather on the targeting mechanism of the programme, as such no discussion was done on access barriers to complementary services (Gideon, 2016) in their study of the impact of LEAP in Wa West District only mentioned difficulty in enrolling or renewing their NHIS but never mentioned access to other complementary services of the LEAP programme. These, creates a knowledge niche that requires further investigation, since the LEAP programme is not only on cash transfer but beneficiaries' access to complementary services.

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Again, what is the knowledge level of beneficiaries of LEAP on complementary services available to them particularly in Nadowli-Kaleo District? Besides, barriers that limit

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beneficiaries in accessing LEAP complementary services might account for some of the negative gains recorded. In order to *empower and help 'support extremely poor households with straight transfers in the form of money with or without any string attached, and to empower 'extremely poor households afford for their essential desires, build their confidence to take advantage of prevailing state interventions, to assist them to rise out of the malaise of great poverty,……..'' (NSPS, 2007 P: 11)* the issues raised above must be investigated, hence the need for this research.

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1.3 Major Research Question

What is the state of access to complementary services of LEAP beneficiaries in Nadowli-Kaleo District in the Upper West Region?

1.3.1 Specific Research Questions

What arrangement(s) exist in linking LEAP beneficiaries to complementary services in the Nadowli-Kaleo District in the Upper West Region?

What is the knowledge level of LEAP Beneficiaries on Complementary services available in the Nadowli-Kaleo District?

What barriers exist accessing LEAP complementary services in the Nadowli-Kaleo District in Upper West Region?

1.4 General Objective

Examine the state of access to complementary services of LEAP by beneficiaries in Nadowli Kaleo District in the Upper West Region.

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1.4.1 Specific Objectives

- To examine the various complementary services of LEAP available in the Nadowli-Kaleo District in Upper West Region
- To assess the knowledge of LEAP beneficiaries on complementary services available in the Nadowli-Kaleo in the Upper West Region
- To identify barrier accessing complementary services by LEAP beneficiaries in the Nadowli-Kaleo in Upper West Region

1.5 Significance of the Study

The study will add knowledge to existing literature in social protection interventions and complementary services. Throughout existing literature, though studies have been done on LEAP and complementary services, it is only skewed towards impacts of the LEAP, while the aspect of access barriers to LEAP complementary services is least mentioned. The study will be of great importance to policy makers, stakeholders such as the ministries, trade and industry, local government and rural development, National Board for Small-scale Industries and Ministries of Food and Agriculture (MoFA), Ghana Education Service, Ghana Heath Service and the National Health Insurance Authority. In the first place, it will help policy makers to streamline strategies of strengthening complementary services of social protection interventions in the country. Furthermore, it will help the ministries of Gender, Children and Social Protection to come out with strategies that would regulate and enhance the linkages of LEAP to other Social Protection Interventions. Besides, the study will unearth the challenges faced by

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Beneficiaries of the LEAP programme in accessing complementary services to help them leap out of stream poverty. Finally, the results of this work generally be included to global literature on social protection interventions and complementary services.

1.6 Scope of the Study

The study was conducted January 2019 to April, 2020 in the Nadowli-Kaleo district of the Upper West Region of Ghana on access to complementary services of the Livelihood Empowerment against Poverty-LEAP social protection intervention on beneficiaries. The study targets beneficiaries of LEAP and institutions/agencies and departments implementing social protection interventions in the Nadowli-Kaleo District. The district is located between three districts (Wa Municipal, Daffiama-Issah- Busie and Jirapa municipal) in the Upper West Region of Ghana. In addition, the district is a beneficiary of the government's intervention of Livelihood Empowerment against Poverty-LEAP which targets extremely poor households.

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1.7 Organisation of Report

The report will be arranged into five interrelated chapters, chapter one presents general background of the study, the problem statement, research questions and objectives, study area and relevance of the study. Chapter two reviews the literature. Chapter three is devoted to research methodology, profile of study area, data sources. Chapter four provides demographic characteristics, analysis, interpretation and discussion of the results and Chapter five presents the summary of the findings, recommendations limitation and conclusion.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The nature of Social Protection Programmes varies especially Cash Transfer programmes such as the Livelihood Empowerment against Poverty-LEAP. Complementary Services of Cash Transfers like LEAP are not universal. This chapter presents the Conceptual Framework of this study and other Social Protection Programmes that are complementary to the LEAP programmes. Access and barriers to complementary services of LEAP cash transfer are discussed. The Chapter also presents a theoretical underpinning of the study and reviewed theories relating to cash transfers; earlier studies on the LEAP cash transfer programme, Theories reviewed were basically on theories of change and vulnerability theory.

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2.2 Conceptual Review

2.2.1 Conceptual Framework

The figure below (Figure 1) provides the Conceptual frame work for this study. It presents a pictorial view on the Livelihood Empowerment against Poverty – LEAP, and complementary services for beneficiaries which will empower extremely poor households with straight transfers in the form of money.

The framework also provides barriers that are likely to impact on the outcome of social protection interventions such as cash transfer with focus on LEAP and its complementary services.

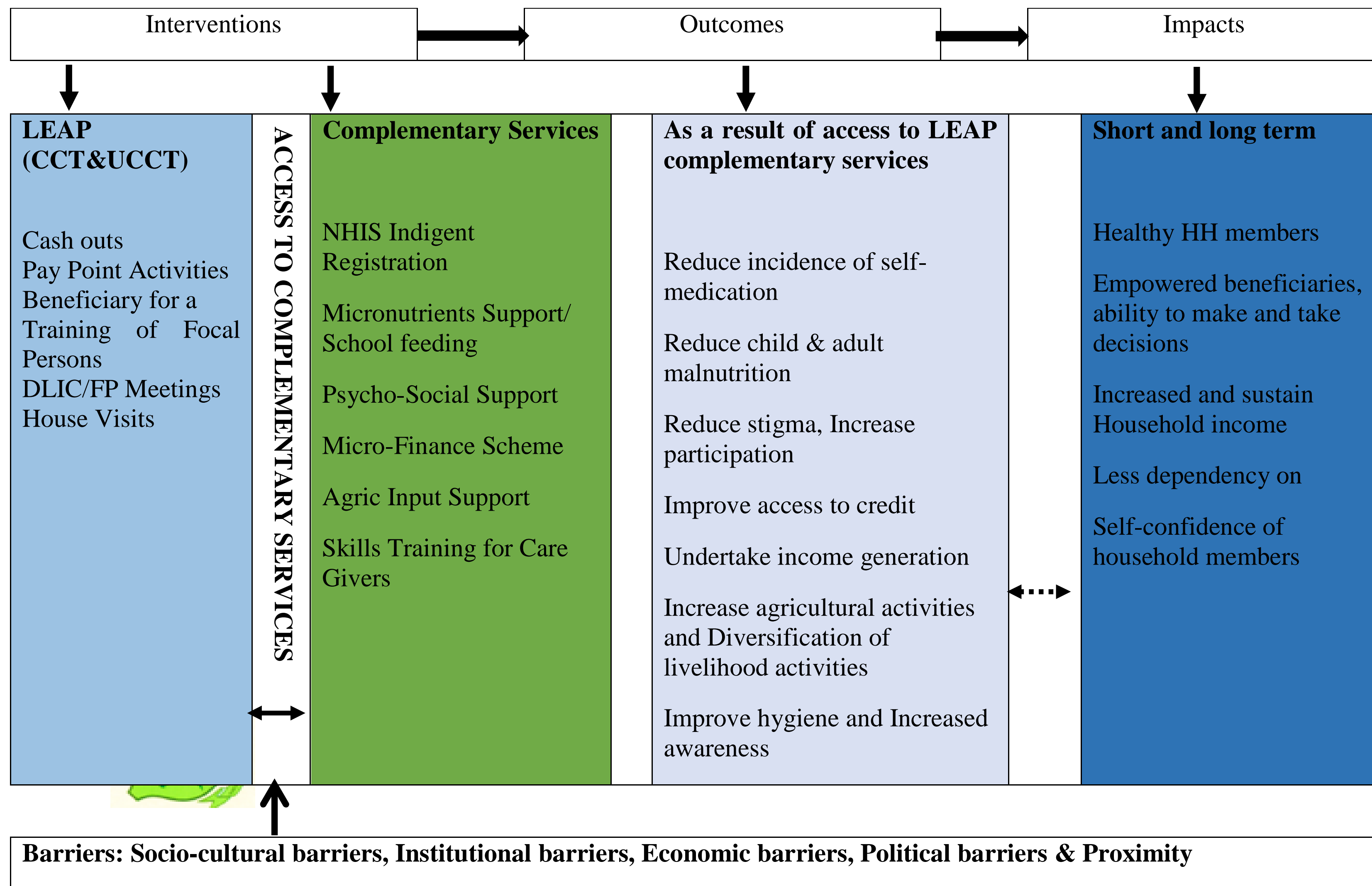

Figure 1: Conceptual framework for access to leap complementary services

(Source: Adapted from the Nyanga Process, Zimbabwe, March 2019)

The LEAP programme provides regularly conditional and unconditional cash transfers to beneficiaries' households. A number of activities are being undertaken at the beneficiary districts. These includes, pay point activities (such as mobilizing beneficiaries for cash out, sensitization during payments and case management), beneficiary fora, house to house visits, training of Focal Person/CLIC on their roles and other topical issues, linking beneficiaries to complementary services and resolving cases. The framework provides other social protections interventions that are complementary to the LEAP programme (NHIS Indigent Registration, Micronutrients Support/Supplement, Psycho-Social Support, Micro-Finance Scheme, Agric Input Support and Skills Training for Care Givers).

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The conceptual framework depicts, access to complementary services by LEAP beneficiaries can produce certain outcome such as reduced child and adult related malnutrition, incidence of self-medication, reduce stigma and increase participation, improve access to credit and income generation ventures, increase agricultural activities and diversification of livelihood activities and improve hygiene and increased awareness. These outcomes from the frame work will lead to some impacts as Healthy household members, empowerment of beneficiaries, Power to make and take decisions, Household income increase and sustain without LEAP, less dependency on LEAP and Self-confidence of house hold to take part in decisions. However, barriers to accessing complementary services by LEAP beneficiaries will impede on the impact that would have been recorded in access to complementary services. This will not help LEAP households to leap out of extreme poverty. The various concepts used in the conceptual

frame work are further discussed below.

2.2.2 Definition of Concepts

2.2.2.1 Livelihood Empowerment against Poverty-LEAP Cash Transfer

The Livelihood Empowerment against Poverty-LEAP is a social assistance programme that targets specific beneficiary groups, aged sixty-five years (65) and above without any form of support, severely disabled without productive capacity, Orphaned and Vulnerable Children (OVC) and extremely poor or vulnerable households with pregnant women and mothers with infants.

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LEAP as a Social Cash Program was born out of the NSPS to empower the extreme poor and other vulnerable populations. LEAP is an innovative and context specific initiative that provides both conditional and unconditional cash transfers to target populations. It is to empower targeted populations provide for their basic needs, poise them to access existing government interventions, provide a "spring board" to help them to "Leap" out of the malaise of extreme poverty, and ultimately empower them to contribute to the socio-economic development of the country (LEAP Operational Manual,2008).

The LEAP programme is social cash program and was introduced in 2008 in 21 districts and in 1654 households. The overall goal is to increase long-term human capital development among the poorest and most vulnerable populations. More explicitly, LEAP seeks to: Improve basic household consumption and nutrition, and access to health care services among children under two years old, older persons and people with severe

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disability; Increase basic school enrolment, attendance and retention of beneficiary children between the ages of 5-15; and Facilitate access to complementary services such as welfare, livelihoods, and improvements in productive capacity (MESW, 2012).

In this study, LEAP is defined as a programme that works in complementary to other social intervention in providing both cash and non-cash services to extremely poor households whose members are mostly aged poor, children who lost either one or both parents and persons with disabilities without productive capabilities

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LEAP-Conditional and Unconditional Cash Transfer

LEAP is both a conditional and unconditional social cash transfer programme. Conditional cash transfer is a situation where conditions puts on how the cash is used up, for example stipulating that it must be used to pay for the reconstruction of the family home. Then again, cash might be given after recipients have met a condition, such as enrolling children in school or having them vaccinated. This type of conditionality is rare in humanitarian settings (Ullah, 2014). The condition attached to the LEAP cash transfers programme include, ensuring that no child is into the worse form of child labour, no child be trafficked out, children are enrolled and regular in school, all members of the households enroll unto the national health insurance scheme and pregnant and lactating mothers attend antenatal and postnatal regularly (LEAP manual, 2008). Peru's Conditional Cash Transfer intervention "Juntos" began in 2005, have beneficiaries households above half a million and beneficiaries are vulnerable households with children below 14 years (similar to age limit for Ghana's LEAP) (Sanchez, Melendez &

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Behrman, 2016).

LEAP is also unconditional cash transfers because beneficiaries are given grants as a direct grant with no conditions or work requirements. There is no requirement to repay any money, and people are entitled to use the money however they wish. There are points of view that sustain or in disagreement to cash transfer whether conditional or unconditional cash transfer. Review of concepts revealed that point of view that sustain strings attached to cash transfers are both an idea and political. It is argued that strings attached to cash transfers can help overcome situations where households don't have a full understanding of the desired effects of services, like the positive effect on schooling. Intimately, strings attached to cash transfer help solve problems associated with households that decision makers are limited in terms of information or concern in savings that nation planners regard to be important for a nation general growth. As such, it is argued that conditionalities may encourage good attitude and behaviour like enrolling girls to school to defeat prevailing gender dynamics and customary norms and values. From a political economy viewpoint, strings attached to cash transfer may increase political support from nation planner, policy makers, taxpayers and sometimes communities themselves if transfers are linked with specific responsibilities. Advocates also point out that many conditions are often consistent with existing legal obligations, for instance children's school enrollment, and therefore are not imposing additional burdens. A review of concepts indicates that, there are a number of arguments against conditionality. It is argued from a human rights perspective, individuals have a right to social protection that is not conditional on their performance of certain actions and that conditionality undermines principles of human dignity, equity and non-discrimination. A

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connected concern is that conditionalities may promote marginalize or penalize those most vulnerable to poverty and deprivation, as they also may be those least likely to be able to comply with conditions due to distance, disability, discrimination, or language barriers. Conditionalities can unintentionally create perverse incentives and opportunities for abuse of power by certain groups, particularly by those responsible for monitoring and enforcing conditions, further exacerbating power inequalities.

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Conditionalities can also decrease vulnerable households' capability to make the right savings for future that is if they were not competent choosing the right decisions and as such sector-specific conditionalities can run the risk of undermining the multi-sectorial and mutually reinforcing impacts of cash transfers. The monitoring of strings attached to cash transfer comes with a cost which at time have financial and organizational burden on the national budget.

In some contexts, there have been challenges in implementing conditionalities. For example, the Kenya OVC Cash Transfer Programme, is both conditional and unconditional transfers, similar to Ghana LEAP, an attempt to evaluate impacts between the two however, did not work for a number of reasons, including weak understanding among programme participants about whether the transfer was conditional and what those conditions were. It is therefore the fact that, most beneficiaries of cash programmes do not understand the conditions they should fulfill as beneficiaries of cash transfers. Further some programme managers refused to implement the conditionalities as they saw them impossible for participants to comply with (due to supply side constraints) and

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therefore unfair. In Mexico's Progresa programme (subsequently Oportunidades, and now Prospera) in the initial years, transfers were regularly delayed by several months (like the case of Ghana LEAP in 2009 to 20012), while compliance was being verified very close to the nature of LEAP (Handa, *et al*, 2013). The monitoring of conditionalities is not done by managers.

A Study conducted by Yue, Shi, Chang, Yang, Wang, Hongmei, & Rozelle, (2014) in rural China Junior High School on school dropout and conditional cash transfer revealed that the annual dropout rate in the study county was 7.8% and even higher, 13.3% among the children of poor households. The result further revealed that conditional cash transfer reduces dropout rate by 60%. Important to note is that both conditional and unconditional cash transfers produce different outcomes, sustaining these outcomes must be tackled from the point that beneficiaries of cash transfers (conditional or unconditional or both) access other complementary services, what barriers they face, why these barriers and can be done to reduce these barriers.

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Access to Services

The concept of access has generated a considerable literature over the years (Andersen and Newman, 1973; Penchansky and Thomas, 1981; Andersen, 1995; Field and Briggs, 2001; Gulliford et al., 2001). Different authors in health care research have disaggregated the concept of access into different dimensions that can be examined separately for the use in this study. Penchansky and Thomas (1981), for instance, proposed a taxonomic definition of access that contained five dimensions: (a) Availability (whether a service is

provided), (b) Accessibility (whether clients can physically reach the service), (c) Accommodation (whether service is organised in such a way that it accommodates clients' needs), (d) Affordability (whether clients are able to pay for the service) and (e) Acceptability (whether the service is acceptable to clients) (Penchansky and Thomas 1981). Leverque *et al* proposed five dimensions to access *'' a) Approachability, b) Acceptability, c) Availability and accommodation, d) Affordability and e) Appropriateness''(*Levesque, Harris & Russell, 2013 p:5*)*

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In this study, access can be defined as the guarantee of gaining satisfactory services complementary to the LEAP programme.

Barriers to Services

Barriers to services according to Arksey *et al* (2003) can be put into the following typologies;

Professional characteristics (professionals' personal characteristics; professional awareness of carers; professionals' approach and attitudes towards carers)

Service issues (appointment systems; waiting lists, admission criteria; follow-up; staffing; agency policies and practices; eligibility criteria; identification systems for recording patients who are careers; costs/charges; proximity; transport; physical environment of service premises; parking facilities)

Language or cultural issues: language differences (cultural beliefs and preferences; appropriateness of services in terms of cultural, religious and language needs; racial

prejudice and discrimination)

Carer or care recipient characteristic (help-seeking behaviour; individual preferences; perceptions of quality of care; perceptions of need; financial resources; anxiety; previous experience; community and family support; perceived availability of services; willingness and interest in obtaining services)

Information and knowledge issues (information about, and knowledge of, available services and procedures; confidentiality issues) (Arksey et al, 2003, p: 34)

Barriers are defined in this study as factors that prevent or inhibit an individual beneficiary or household in gaining access, satisfactorily to complementary services of LEAP. Individuals or households can encounter one or more barrier to accessing services.

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Access barriers can therefore be defined as inhibiting factors in gaining satisfactorily other social interventions complementary to the LEAP porgramme and when these inhibiting factors are removed paves way to sustaining the outcomes of linking beneficiaries to complementary services.

2.2.2.2 Types of Barriers

1. Socio-Cultural

Socio-cultural barriers are created by culture of the community that is, people behavior towards new or existing services. According to the United States Department of Agriculture, socio-cultural barriers refers to differences (inequality), in gender, ethnicity, race, religion, health or socio-economic status between individuals or groups that prevent

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them from achieving or accomplishing their goals, or deny their opportunity to access resources and to advance their interest (Yi, 2008). Some cultures object to the education or employment of women. Some cultures or religions have restrictions against or ethical concerns about some or all medical care, borrowing money, allowing children to participate in after-school or recreational activities, eating particular foods, etc. These cultural standards may conflict with various services in the community.

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Social and cultural norms as well as gender inequality play an important role. For instance, study by Hotmes, Samson, Wendy, Magoronge, Akinrimisi, & Morgan (2012) showed 75% of married women in the lowest wealth quintile do not make their own decisions with regard to their own health care. This is due to culture and societal certain which is a barrier in seeking health. This is more serious as most care givers of the LEAP programme are women and in most cases widows who are guided by the tradition of their society in decision making.

This study defines socio-cultural barriers as barriers arising as a result of differences perceived to exist among individuals, groups and households in accessing social interventions.

2. Institutional and Physical Barriers

A number of definitions have been given on institutional barriers to accessing social services. Institutional barriers are policies, procedures or situations that systematically

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disadvantage certain group of people. These exist in many majority and minority groups. When an initial population is fairly similar, (example in male-dominated profession), systems naturally emerge to meet the needs of their population if these do not change with times, they can inhibit the success of new members with difference needs. *(https://www.newit.org)*. Physical barriers are objects that prevent an individual from getting where they must go e.g. a wheelchair user is unable to enter a building because the doorway is too narrow or there are steps so they can't get to the entrance (Arksey *et al*, 2003). Social protection actors and programmes also remain fragmented and ad hoc – government, development partners and NGOs all contribute to the uncoordinated and project like nature of social protection across the countries (Hotmes *et al.,* 2012). This can be seen as an institutional barrier to accessing social services. Institutional barriers can therefore be defined as barriers limiting access as a result of policy and structural weaknesses hindering access and utilization of services complementary to cash transfers.

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3. Economic and Resource Barriers

These are obstacles arising from economic factors and causing difficulty/obstacles/constraints to enhancing individual or group or national or societal welfare, economic growth or efficiency (Battler, 2018). *According to Battler, economic barriers includes, i) paucity of or limited availability of natural endowment of resources like minerals, forests, rivers, fertile soil, access to productive land, ii) lack of skills among labour and productive land, iii) inadequate infrastructure of roads, power, ports required for growth of domestic trade and export, iv) inadequate savings to raise investment, v) lack of opportunity for education and vi) lack of money and poor nutrition*

intake (Batler, 2018). Battler's definition gives a broad perspective to barriers in relation to economic and resource. Sometimes the health, social care services an individual or household need to access may not be available due to paucity of staff or a lack of money for the service. Also, the barrier may have to do with how much it might cost to access a service. If the social service the individual or household is trying to access is some distance away, they may not be able to afford the transport costs to get there. If for example, a patient has to pay for medical prescriptions they may not be able to afford it so they do not get the medicine they need. In terms of health outputs (use of health care provision) the poor continue to face barriers in accessing health care due to the indirect costs in travelling and related costs of consultation and treatment (Lungu, Biesma, Chirwa, & Darker, 2016).

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In this study, economic and resource barriers are factors preventing access to and use of services arising as a result of low investment portfolio, lack of opportunity for education, limitation in natural endowment, poor infrastructure and meeting the cost of accessing a service.

4. Psychological Barriers

This barrier affects the way an individual think about a service e.g. it could be they have a fear of the dentist. If an individual feels unwell but they are worried about finding out what is wrong. Shame or embarrassment about what they need (basic skills, treatment for STD's) or fear of failure keep many people from seeking services, from using such public

amenities as libraries, or even from registering to vote.

5. Geographical Barrier

Danielle (2013) defines geographical barrier as something that blocks the pathway to something; this can be any natural feature such as mountains that prevent easy movement from one place to another. Weyrich (2016) indicated that geographical barrier can be a mountain range, a large canyon, a body of water, or large expenses of climate difference (e.g. desert) (Weyrich, 2016). In context some individuals live near health, social care and early years services and others may live some distance away. For those individuals who do not live near the services they may find that the buses in the area do not run at a convenient time to get to an appointment. A patient may need to have specialist treatment which is many miles away and finds it difficult to get there. Finding it difficult to travel to the services because of distance is a geographical barrier. Some individuals may find that due to their mobility problem they cannot walk a short distance to the health, social care and services. That apart, availability of Services (Vocational and Skills Development Centre) was identified as the first major challenge to make sure that there is the supply of services in place for the other programmes (Niyuni, 2016). For instance, the unavailability of complementary services at the community level for beneficiaries to be linked onto such services such as skills training makes it difficult for them. This makes availability of service a geographical barrier.

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Geographical barriers can therefore be defined as natural and physical factors either as a result of location resulting in distance and lack of proximity in accessing other social

interventions complementary to LEAP.

2.2.2.3 Complementary Services of LEAP Social Cash Transfer

Social cash programme looks at transfers as well as pensions, child benefits, regular food and nutritional for vulnerable population, anti-retro viral, public and social activities. Programme to entrance to services looks at registration of children at birth, client bill abolishing, exempt from paying health premium, voucher, support financially to specific and limited services while ensuring general accessibility *(https://www.unicef.org)*. There are two types of statutory cash transfer programs. Social insurance which refers to programs that are financed entirely or largely by contributions made for specific categories of workers and employees. Social assistance programs which refer to transfers to specific beneficiary groups, such as the destitute, the disabled, or certain classes of the elderly. Both social insurance and social assistance are important social safety nets, with social insurance playing more of a poverty prevention role, and social assistance playing a last resort role (Tabor, 2002). LEAP is a social assistance programme that targets specific beneficiary groups, aged sixty-five years (65) and above without any form of support, severely disabled without productive capacity, Orphaned and Vulnerable Children (OVC) and extremely poor or vulnerable households with pregnant women and mothers with infants.

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The NSPS considers the vast nature vulnerability and the poverty situation in Ghana, and conclude that argues that cash alone cannot assuage vulnerability and the poverty (Callistus, 2013). As a result, the NSPS emphasizes the significance of facilitating efforts

to connecting beneficiary households to existing activities and interventions so as to help them out of abject poverty (Callistus, 2013). Suggestions aim at connecting LEAP households to complementary interventions to enhance their useful capacities and resources, together with LIPW Programme, Agricultural Input Support Programme, the Micro Finance programmes, Youth Employment Programme, and free Cocoa Mass Spraying Programme (Callistus, 2013). Hence the LEAP blueprint paper gives a wide collection of likely linkages of LEAP and other social interventions.

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Complementary services of LEAP Social cash Programme are other social protection interventions being implemented in the country. These includes a) indigent registration under the NHIS, micronutrients support and supplement under Ghana Health Service and the Ghana school Feeding, psycho-social support under DSW, micro-finance schemes, agricultural input support under MoFA and skills training for Care Givers (Asante-Asare, 2008).

2.3 Theoretical Underpinning of This Study

The theoretical approach that underpins this study is the vulnerability theory by Mather A. Fineman (2008). The vulnerability approach also known as Fineman's (2008) theory of vulnerability focus on the fact that all human beings are vulnerable and prone to dependency (both chronic and episodic), and the state therefore has a corresponding obligation to reduce, ameliorate, and compensate for that vulnerability. Implicit in Fineman's theory is an assertion that it is neither just nor reasonable to expect that mere equal treatment will meet individuals' needs in a world in which no one is assured of

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avoiding injury, illness, or other adverse life events. Fineman posits that in order to meet its obligation to respond to human vulnerability, the state must provide equal access to the "societal institutions," that distribute social goods such as healthcare, employment, and security. According to Fineman, this obligation is consistent with the original purpose of the state to respond to human vulnerability. She explains that:

"Our vulnerability and the need for connection and care, it generates what make us reach out and form society. It is the recognition and experience of human vulnerability that brings individuals into families, families into communities, and communities into societies, nation states, and international organizations".

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This theory fits into this thesis because; the issue of vulnerability has been the discussion of most governments in the developing world in recent times. This theory can also be used in the implementation of pro-poor programmes such as the LEAP. The provision of equal access to the "societal institutions," that distribute social goods such as healthcare, employment, and security and also provision of basic needs has been the concentration of most governments and these mostly include provision of health, education, food, and affordable housing. The provision of these needs has a major aim of reducing poverty. This thesis on access barriers to complementary services of LEAP focus on services being run by institutions which are complementary to the LEAP cash transfer programme. Beneficiaries of LEAP are vulnerable individuals (orphans and vulnerable children, aged poor, severely disabled and care givers who are female headed households) who are from extremely poor households. This thesis is more in line with the

vulnerability Theory by Martha A. Fineman (2008).

The issue of LEAP cash transfer and complementary services, several people have done it. These studies have been reviewed, how they were done and how they relate to this study. That apart, this study also looked at the pitfalls and the strengths of earlier studies on LEAP and Complementary Services especially on access barriers to complementary services. The study used the theory on vulnerability because Cash Transfers can play a transformative social role as well as reducing poverty and vulnerability.

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2.4 Empirical Review

Complementary Services of social transfers are access point: connecting the deliverance of social transfer to other programmes, such as in-kind transfers, or to training and information sessions. Social protection programmes become imperative entrance points for increased access to information on the causes of sickness/ precautionary procedures, efficient nourishment and sanitation practices, as well as for the delivery of nutrition-specific interventions. Also, community-based services complement other programmes, provide counseling and assistance to weak families (Untoro, Childs, Bose, Winichagoon, Rudert, Hall, & de Pee, 2017). Cash transfers programmes are complemented by other existing social services. Employment earnings accompanied support activities are complementary to the transfer progamme of the Chars Livelihood Project in Bangladesh (Amell *et al*, 2009).

Complementing cash transfer with supplementary inputs, services delivery or linkages to outside services so as to efficiently attain the preferred outcome and making sure of maintain the benefits other than cash single-handedly (Palermo *et al*, 2016). To this end it can be said that linkages are meant to empower the households or families with other services and enable them make a meaningful living when they graduate from the LEAP Programme. Complementary services of LEAP Social cash Programme includes a) indigent registration under the NHIS, micronutrients support and supplement under Ghana Health Service and the Ghana School Feeding, psycho-social support under DSW, micro-finance schemes, agricultural input support under MoFA and skills training for Care Givers (Asante-Asare, 2008). The NSPS considers the vast nature of vulnerability and the poverty situation in Ghana, and conclude that argues that cash alone cannot assuage vulnerability and the poverty (Callistus, 2013).

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As a result, the NSPS emphasizes the significance of facilitating efforts to connecting beneficiary households to existing activities and interventions so as to help them out of abject poverty (*ibid*). It therefore suggests a more potent effort aim at linking the LEAP beneficiary households to complementary interventions and programmes to enhance their useful capacities and resources, together with LIPW Programme, Agricultural Input Support Programme, the Micro Finance programmes, Youth Employment Programme, and free Cocoa Mass Spraying Programme (*ibid*). The LEAP blueprint paper gives a wide collection of likely linkages of LEAP and other social interventions (*ibid*).

2.4.1 NHIS Indigent Registration and Access to Health Services

Complementary programmes are essential for schooling, benefits on health and nutrition, and for increased well-being and boost on their ability in coming out of poverty (Miller, Tsoka, Reichert, & Hussaini, 2010). Act 650 in 2003 (amended in 2012 as Act 852) is anticipated in supporting efforts aimed at general basic health services care public, communal and private health schemes. The Act (650, 2003 amended in 2012 as Act 852) aimed at to ensuring equal access to health services; augment the ability of the poor to services; providing for the vulnerable protection against economic risk; administer the NHI Fund and handle issues through a system that enable members of NHIS and health providers to solve challenges at the grass root level. There are exemptions for: children; ante-natal care seekers, delivery and post-natal services; mental ill patients; the impoverished; persons with disabilities; Social Security and National Insurance Trust clients; persons seventy (70) years plus. Beneficiaries of LEAP (Care Givers, OVCs PWDs and the aged poor) are under the indigent category classified by the Ministry of Social Welfare (now Ministry of Gender Children and Social Protection) under Act 852. The Ministry of Gender, Children and Social Protection (MoGCSP) signed a MoU with the NHIA to register free all LEAP beneficiaries onto the NHIS (MoGCSP, 2016). It is essential to assess to the extent LEAP beneficiaries really access health fee waivers or health insurance interventions, at the same time identifying the potential barriers to accessing these services.

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Ethiopia Cash Transfer proramme which recorded an increased Indigent Health Fee Waiver over the years, and have identified over 1.8 million beneficiaries, however that

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the scope is low reaching a total social health safety as access of the poor and vulnerable to essential services is low (Roelen, *et al* 2017).

The study added that, current reforms support home alternatives for children with poor upbringing, yet not recognized arrangement of community or home-base care. The improvement in connecting PSNP4 beneficiaries to other public interventions is lower than anticipated, and execution modalities have been hindered with insufficient multispectral partnership (Taylor, 2008). Aidoo, (2017) on Ethiopia Social Protection intimated that there is inequality vulnerable population access basic services though has been has enhanced between the poor and non-poor however low access by the poorest is still a concern. Current works also highlighted the inequality between the people who are poor and those not poor common outpatient and inpatient service use and showed a reduction between 2000 and 2011 (Aidoo, 2017). These studies also indicated that, impartiality has enhanced in the treatment of family planning clients between 2005 and 2014. Despite these encouraging outcomes, the very poor keep on accessing essential maternal health care lower to their better-off counterparts. Additionally, people that are not poor commonly expensive services compared to the people who are poor (Ganle, Parker, Fitzpatrick & Otupiri, 2014).

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A study by Bongfudeme (2014) revealed an 87.2% of LEAP beneficiaries visited health services 3 times with only 12.8% not visiting health services. The evidence showed majority of beneficiary respondents visited health services more than their non-beneficiary counterparts. This revelation is anticipated beneficiaries of LEAP are enrolled freely onto the NHIS accounting for their frequent visits to health services. This evidence

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supports a study by Agbaam and Dinbabo (2014) who found that, the LEAP grant has an impact on the regularity of use of healthcare services. The LEAP grant enables access to and use of healthcare services for the poor and can therefore be considered as a major relieve especially in times of sickness as was revealed in their study. However, the remaining 12.8% that did not visit health facilities, what could have accounted for that. Again, 87.2% that visited, what were some of the barriers if any they faced in accessing the service, this could better help in improving access to complementary services by beneficiaries of LEAP.

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Agbaam and Dinbabo (2014) alluded that beneficiaries use part of the grant as registration for health insurance or paying for health care related expenditures signifying the poor themselves value the essence of the grant and thus spend it into protection or reducing the financial barriers related with the risk of ill health. This accession could be true but in the case beneficiaries who are supposed to be registered for free under the national health insurance scheme pay for the registration, then itself is a barrier to accessing the service. Again, a situation where certain basic supplies are not at a particular health facility, but beneficiaries though visited the health facilities have to go and purchase these supplies (medicine) with their money (which ought to have been covered by NHIS) then it is an access barrier to complement the LEAP cash transfer programme.

Additional cost of access NHIS service is an access barrier. A study conducted by Jaha, *et al* on challenges of LEAP programme in the Upper West Region which revealed that,

LEAP beneficiaries face the challenge of incurring additional cost of transporting themselvestoWatowntorenewtheirNHIScardsandsometimeswithoutmoneytotransport themselves back (Jaha, *et al* 2015). This is a form of economic and resource barrier as alluded to by Witter, Brikci, Harris, Williams, Keen, Mujica, & Renner (2016). Additional cost in traveling is encountered by the in getting access to health service a situation seen as a major barrier to healthcare (Witter *et al*, 2016). Palermo et al (2019) also identified in their study on social protection programme that in cooperate nonpayment of bills on healthcare in relation to enrolment in NHIS, that barriers to renewal of NHIS by LEAP beneficiaries included long time waiting, competition, demands wit work, cost of transport and poor road condition (Palermo *et al*, 2019)

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Another study by the food and agricultural organization (2014) on the broad range of impacts of the LEAP programme suggest that there is weaknesses in linking LEAP beneficiaries to health services which requires further attention. In addition to this, focus could be given to strengthening linkages with the other complementary programmes envisaged in LEAP to encourage sustainable livelihood improvements. It is therefore essential to understand and identify barriers that may be responsible for the weak linkage of LEAP beneficiaries to other complementary service. Indeed, access to complementary services is key to sustaining the outcome of the LEAP cash transfer programme (FAO, 2014).

Agyepong, Abankwah, Abroso, Chun, Dodoo, Lee, & Park, J. (2016). Indicated that under the LEAP Programme nearly 90% of beneficiary household members have been

registered and linked onto the NHIS. It must be noted that, enrolling or linking beneficiaries to the NHIS cannot be the ultimate in ensuring access to health service. In accessing NHIS by LEAP beneficiaries, there are services such as renewal of NHIS cards, replacement of damaged cards is key to accessing health services (Agyepong *et al,* 2016). How high or low the coverage of access to NHIS depends on the ability to identify the indigent under the Livelihood Empowerment against Poverty (LEAP) programme implemented by the Ministry of Gender, Children and Social Protection. Being indigent is a state which can change over time. This is why this study is interested in highlighting access barriers to complementary services of LEAP.

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2.4.2 Ghana School Feeding Programme

Education, health and dietary benefits, and effort at increasing the livelihoods of vulnerable population, has the possibility of letting the poor come out of poverty according (DFID 2011). One can therefore state that, school feeding programme is a complementary social service for the LEAP cash transfer intervention.

Yendaw and Dayour (2014) posit school feeding program is defined as the targeted social safety net that supply both educational and health benefits, to the more vulnerable children, and increasing enrolment rate, reducing non-attendance and improving food security at the household level (Yendaw & Dayour 2014). The Ghana School Feeding Programme provides social support, encourage school going among children, dietary, support local efforts for food cultivation and the outlined guidelines for the selection of beneficiary schools in 2010 (Draft National School Feeding Policy 2015). The school

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feeding programme implemented by the government has its own challenges. According to SEND Ghana (2015) challenges that school feeding programme that remain still are non-supervision of its activities and outcomes, inability of relating the school feeding adequately to local food cultivation and experiencing realistic and clear caterer appointment and progress. The lack of innovation from the agricultural sector has rendered them dormant in the Ghana School Feeding Programme. Even though the Ghana School Feeding Programme can augment local farmers with ready market value of over Ghc10, 000.00 per year in direct investment, affording farmers with the potential to grow and increase productivity (SEND Ghana, 2017). This, study can state that the Ministry of Food and Agriculture is yet to tap into this investment opportunity. The lack of coordination among agencies, departments and institutions to work as a system in the frame work of social protection creates room for barriers to access to services. It must be stated that, trustworthy and potential funding, strong organisational measures, managerial commitment and instituting learning outcomes so as to sustain accountability must be prioritized for intensification of the school feeding progammes. This can help sustain the outcomes of complementing school feeding to the LEAP cash progamme.

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2.4.3 Education Capitation Grant

Ghana introduced Capitation Grant for Basic Schools in 2005 to offer financial support for non-salary expenses in public schools on the basis of enrolment. It was planned to take away tuition and fee requirements. The delay in the transfer of grants to school characterized the school feeding programme (Amoako, 2015). The review of literature has not come across a study in relation to how the school capitation grants complements

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the LEAP cash programme. It must be noted however that, the design of the capitation grants in itself is a social protection intervention that can be a complementary programme to the LEAP cash transfer programme.

2.4.4 Labour Intensive Public Works (LIPW)

Public works scheme has essential benefits if targeting process is plain by resolving temporary challenges resulting from unemployment, and when measures are institutionalized and not periodic (DFID, 2011). Beneficiaries of LEAP are mostly unemployed or underemployed. The Labour Intensive Public Works is a complementary service of LEAP. The LIPW project identifies and registers working persons in LEAP beneficiary households who are willing and able to work and engage them in activities that earn them additional income to improve their living conditions.

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LEAP beneficiaries in communities covered by the GSOP are therefore beneficiaries of the LIPW intervention. The activities of LIPW which are found in the rural areas of the country include feeder road construction and rehabilitation of small earth dams for irrigation and dry season agriculture and climate change activities to improve forest vegetation and all this is aimed at poverty reduction. The LIPW project as at 2016 covers 60 districts in the country which are all covered by LEAP and where beneficiaries in these communities are exploiting the opportunity (Agyepong, *et al*2016).

2.4.5 Micro-Finance Scheme

Complementary services can reinforce livelihood alternatives, support accessibility to

funding and knowledge of potential financial sources (DFID, 2011). Micro-finance schemes have been identified as complementary service to the LEAP cash transfer programme. Micro-finance and micro credit have been in most cases used interchangeably (Chliova, Brinckmann, & Rosenbusch, 2015). However, in current times, many writers have tried to differentiate the two terms. Okoh & Isitor (2009) intimated providing loans, savings opportunities, insurance, money transfers and other financial goods and services targeted to the poor and low-income households is associated with microfinance; whereas the provision of small loans refers to micro credit (Okoh & Isitor, 2009). In this study, however, the term 'Micro-finance scheme', mean the provision of small loans to poor and low-income households especially LEAP beneficiaries to be used as complementary support for the LEAP cash transfer programme for household production or consumption.

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2.4.6 Skills Training For Care Givers

Skills training for Care Givers of cash transfer programmes are vital as it helps in improving the knowledge of care givers. The Philippines' "Pantawid Pamilyang Pilipino Programme", for example, implements family development sessions, where women meet to get trained on efficient parenting, husband and wife relationships, child development and family law, of which attendance is a condition of receiving the transfer (Barrientos, Byrne, Peña, & Villa, (2014).

2.4.7 Social Protection Interventions by MDAS

A review of literature indicates that, there are other programmes being implemented by

MDAs that are complementary to LEAP cash transfer as discuss below:

Food and Agriculture

Food and Agriculture Sector Initiatives are integration of agricultural development with social protection policies. This is a new area of consideration under social protection. The Ministry of Food and Agriculture (MoFA) Ghana, targets vulnerable and at-risk people through various interventions that can reinforce social protection through fertilizer and seed subsidies; agricultural inputs support; free planting materials to farmers, credit support under the rice sector initiative and Northern Rural Growth Program; rural and agricultural credit youth in agriculture (Martin, Elsadani-Salem, Mc Grenra, & Hurley, 2019)

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Agricultural support programmes are complementary to social cash transfers and has the potential of sustaining social protection outcomes. Tirivayi, Knowles & Benjamin Davis (2013) alluded that available studies agree there are potential synergies between social protection and agriculture at the household and local economy levels (Tirivayi *et al*, 2013). A study conducted in Ethiopia Productive Safety-net Programmes (PSNP) indicates that was an enhancement of food security among clients that got almost partly of the anticipated grants (Aidoo, 2017).

2.4.8 LEAP in Nadowli – Kaleo District.

The LEAP program in the Upper West Region started in Lawra District as a pilot in 2008 and has expanded to cover all eleven districts in the region with a total of35,767

households' benefiting and in 560 communities in the region. The Nadwoli-Kaleo district as one of the implementing districts has a total of 3954 households on the program and in 57 communities. (LEAP 57 Cycle payment data, 2018). The beneficiaries of LEAP are: Aged sixty-five years, (65) and above without any form of support, severely disabled without productive capacity, Orphaned and Vulnerable Children (OVC). Extremely poor or vulnerable households with pregnant women and mothers with infants (LEAP manual 2009; LEAP 1000, 2017). These beneficiaries were selected into the LEAP program through proxy means targeting. Complementary services of the LEAP include, National Health Insurance (NHIS) indigent registration, free bus rides, micronutrient support/supplementary, psycho-social support, microfinance schemes, Agric input support and skills training for Care givers of LEAP (Asante-Asare, 2008).

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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 General Overview

The purpose of this chapter is to describe the study area, research design and methods as well as the sampling and sampling procedures used in the study. The development of research instruments, mode of data collection; data processing and analysis are discussed in this chapter.

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3.2 Study Area

Location and Size

Nadowli /Kaleo District is centrally located in the Upper West region of Ghana. It lies between latitude 11' 30' and 10' 20' north and longitude 3' 10' and 2'10' west. It is bordered to the south by Wa Municipal, west by Burkina Faso, north by Jirapa District and to the east by the Daffiama-Bussie Issa District. It covers a total land area of 2,742.50km2 and extends from the Billi Bridge (4km from Wa) to the Dapuori Bridge (almost 12km from Jirapa) on the main Wa – Jirapa Hamile road and also from West to east it extends and bordered by Daffiama-Bussie- Issa District (DMTDP, 2018-2021).

Relief and Drainage

The topography of the study arear is low lying and undulating at altitudes ranging between 150m-300m above sea level though some parts average 600m. The only major stream, Bakpong and several ephemeral streams, flow into the Black Volta. This limited number of rivers and stream coupled with the seasonal drought seriously hampers dry

season farming resulting in low output levels and food insecurity that is experienced almost every year (DMTDP, 2018-2021).

Geology and Soils

Three main types of rocks underlie the District. These are Birimian and granite to the west and some parts of the east and basement complex to the east. These rocks hold a considerable quantity of water, which is a good potential for the drilling of boreholes and sinking of wells. The area has large mineral deposits which is a potential for mining activities as such Azumah Resources Ltd. is prospecting for the past five years to ascertain the viability of mining. The soil types are laterite, sandy and sandy loam (savannah ochrosols). They are generally poor in organic matter and nutrients as a result of the absence of serious vegetative cover due to bush burning, overgrazing, over cultivation and protracted erosion. Consequently, the soils are heavily leached. Relatively fertile soils (sandy loams) occur to the east of the District around Jang and support crops such as yams, cereals, legumes and rice. On the hand soils in the west are generally poor and support limited agricultural activity. This situation is responsible for the seasonal migration from the west to east for farming purposes and partly responsible for the skewed distribution of socio-economic services (DMTDP, 2018-2021).

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Vegetation and Climate

Nadowli District lies within the tropical continental or guinea savannah woodland characterized by shrubs and grassland with scattered medium sized trees. Some economic trees found in the District are kapok, shear, baobab, mango and dawadawa which are

resistant to both fire and drought. These trees provide a major source of income to households particularly women who play important roles in the provision of household needs. These economic trees provide a potential for the establishment of processing industries to increase employment opportunities for the people. The District has a mean annual temperature of 32°C and a mean monthly temperature ranging between 36°C around March to 27°C around August. The District lies within the tropical continental zone and annual rainfall is confined to 6 months i.e. May to September and is also unevenly distributed. Between October and March there is virtually no rain and this long dry season is made harsh by the dry north-easterly Harmattan winds. This unfavourable climatic condition promotes only rain fed agriculture and has been the major underlying reasons for the chronic food insecurity that is a major problem facing the District (DMTDP, 2018-2021).

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Population

The area has a population of 72,828 (male 35792 and female 37036) (DPCU-Nadowli-Kaleo, 2017). Nadowli-Kaleo District has a total 10,179 households (GSS, October, 2014). The dependency ratio for the Nadowli-Kaleo District is 91.0. This is far higher than the national figure of 44.3. It should be noted that the high dependency ratio observed is partly influenced by out-migration of certain segments of the population (e.g. those within age groups from 15-64 years old) to the south in search of jobs, leaving behind a large number of defendants. Large dependency ratios have negative economic implications such as low savings, reduction in government income from taxation and investment as well as increase in government expenditure. Nadowli-Kaleo District is

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implementing the LEAP programme for the past ten (10) years and has a total LEAP Beneficiaries household of 3,954 in 57 beneficiary communities (DMTDP, 2018-2021).

Area councils

The Nadowli Kaleo district has seven area councils namely, Nadowli, Kaleo, Sombo, Takpo, Jang, Charikpong and Sankana area councils as depicted in figure 2 (Physical Planning Department, 2017).

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Figure 2: Community Map of Nadowli-Kaleo District

Source: Physical Planning Department 2017

Migration

There is seasonal out-migration by the youth especially males to the southern part of the country to in search of work, thereby reducing the potential labour force needed for

agricultural development. There is also intra-District migration from the west to the fertile east for farming purposes. This partly explains the low agricultural output levels and food insecurity experienced in the District particularly in the west (DMTDP, 2018-2021).

Ethnicity

The area is dominated by mole-dagbane constituting 88.3%, followed by Grusi 5.0%. The rest, Ewe, Guan, Ga-Adangbe, Akan constitutes 1.2%, 1.1% 0.6% and 0.1% respectively are the ethnic groups in the study area (DMTDP, 2018-2021).

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Religion

There are three main religions in the District. Christianity (comprising Catholics, Protestants, Pentecostal/Charismatic, and other denominations) leads with 44.5%, followed by Islam (35.6%) and African traditional religions (13.9%). It can be seen that Christians have a very strong presence in all the area councils. Adherents of traditional religion are sparsely located in all communities. Catholics constitute the majority of Christians in all sub-districts with Pentecostal/Charismatic group is the second largest denomination, after Catholics (DMTDP, 2018-2021).

Education

There has been a general improvement in the educational sector since 2013. Currently more than 95% of the current District School Age Population can now access primary education within 4 -5km distance. The District has a total of two hundred and seventy-

eight (278) educational institutions comprising Sixty-six (70) Kindergarten Schools, Sixty-six (66) Primary Schools, Thirty-Six (36) Junior High Schools, One (1) Technical/ Vocational School, four (4) Senior High Schools and one (1) teacher training school. Out of the above, there are one hundred and sixty-nine (169) Public educational institutions comprising Sixty-six (66) Kindergarten Schools, Sixty-three (63) Primary Schools, Thirty-Six (36) Junior High Schools, One (1) Technical/ Vocational School and three (3) Senior High Schools. There are also Eight (8) private educational institutions comprising four (4) Kindergarten Schools, three (3) Primary Schools and one (1) Senior High Technical School. Nevertheless, there is still much to be done in view of the increasing demand for basic education especially in the area of furniture and textbooks which are crucial for effective teaching and learning (DMTDP, 2018-2021).

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Agriculture

Agriculture is the mainstay of the people in the District employing about 85% of the population. Food crop production in this sector largely remains subsistence with low output levels. The main activities practiced include food and cash crop production as well as animal rearing and fishing by communities along the Black Volta. Major food crops grown in the District are millet, sorghum (guinea corn), maize, cowpea and yam. Cash crops cultivated include groundnuts, cotton, cowpea, soybeans, cassava, tiger nuts and pepper. The cultivation of cash crops has not received much attention as a result of market uncertainties. Economic trees like the shea, dawadawa, and baobab, which constitute a major source of income for women, are still wild and prone to destruction by annual bushfires. About 75% of farmers rely on traditional methods of farming using

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simple tools such as cutlass and hoes and are highly dependent on rainfall for crop production. Only 25% of the farmers rely on intermediate technology using tractor services, animal drawn implements and irrigation. These methods of farming do not only lead to the depletion of the soils, but also, result in low yield which is responsible for the low income and hence low standard of living, as well as food insecurity in the District (DMTDP, 2018-2021).

Natural resource management and minerals extraction

The prospecting and open mining of gold in the District continue to top despite the significant contribution to economic growth, the sector continues to be faced with a number of issues including: negative impact of mining on the environment and host communities; minimal local content and local participation in the mining sector; and limited value addition to primary products. Other challenges include high dependence on bio-mass fuel; weak enforcement of regulations and laws governing the environment and for the management of natural resources. Policy measures have been put in place by the Nadowli-Kaleo District Assembly and include; promote sustainable extraction and use of minerals resources; ensure sustainable management of natural resources; strengthen institutional and regulatory frameworks for sustainable natural resource management; and adopt an integrated national geo-spatial based policy planning (DMTDP, 2018-2021).

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3.3 Research Design

This research tries to answer the following questions: 1) What arrangement(s) exist in linking LEAP beneficiaries to complementary services in the Nadowli-Kaleo District, 2)

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What is the knowledge level of LEAP Beneficiaries on Complementary services available in the Nadowli-Kaleo District, and 3) What barriers exist in accessing LEAP complementary services in the Nadowli-Kaleo District.

The inquiry is grounded in the philosophy of pragmatism. Pragmatism research philosophy accepts concepts to be relevant only if they support action. Pragmatics recognizes that there are several ways of interpreting the world and doing research, that no single point of examination can ever present the complete image and that there may be several realities (Dudovskiy, 2018). Pragmatism emphasizes the practical nature of reasoning and reality (Thayer, 1981).

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This study identified pragmatism as the best means for this study on "Access to complementary services of LEAP cash transfer". Pragmatism is a deconstructive paradigm that advocates the use of mixed methods in research, "sidesteps the contentious issues of truth and reality Cosgrove, (2020) and "focuses instead on 'what works' as the truth regarding the research questions under investigation" (Christ, 2013). In that wisdom, pragmatism discards a position between the two-opposing viewpoint. In other words, it rejects the choice associated with the paradigm wars. Given the nature of the study, the research design is a mixed method. Mixed methods research is the form of research in which the researcher or researchers combines elements of both qualitative and quantitative research approaches thus use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration (Johnson *et al*, 2007). The use of this design will help

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me better explain or further probe contradictions or incongruent findings. This study therefore employed the convergent parallel mixed method design. Convergent parallel design is used in this research to simultaneously collect both quantitative and qualitative data, analyze, merge the data, and interpret the data and results used to understand access to complementary service by LEAP beneficiaries. This design is depicted below in figure 3.

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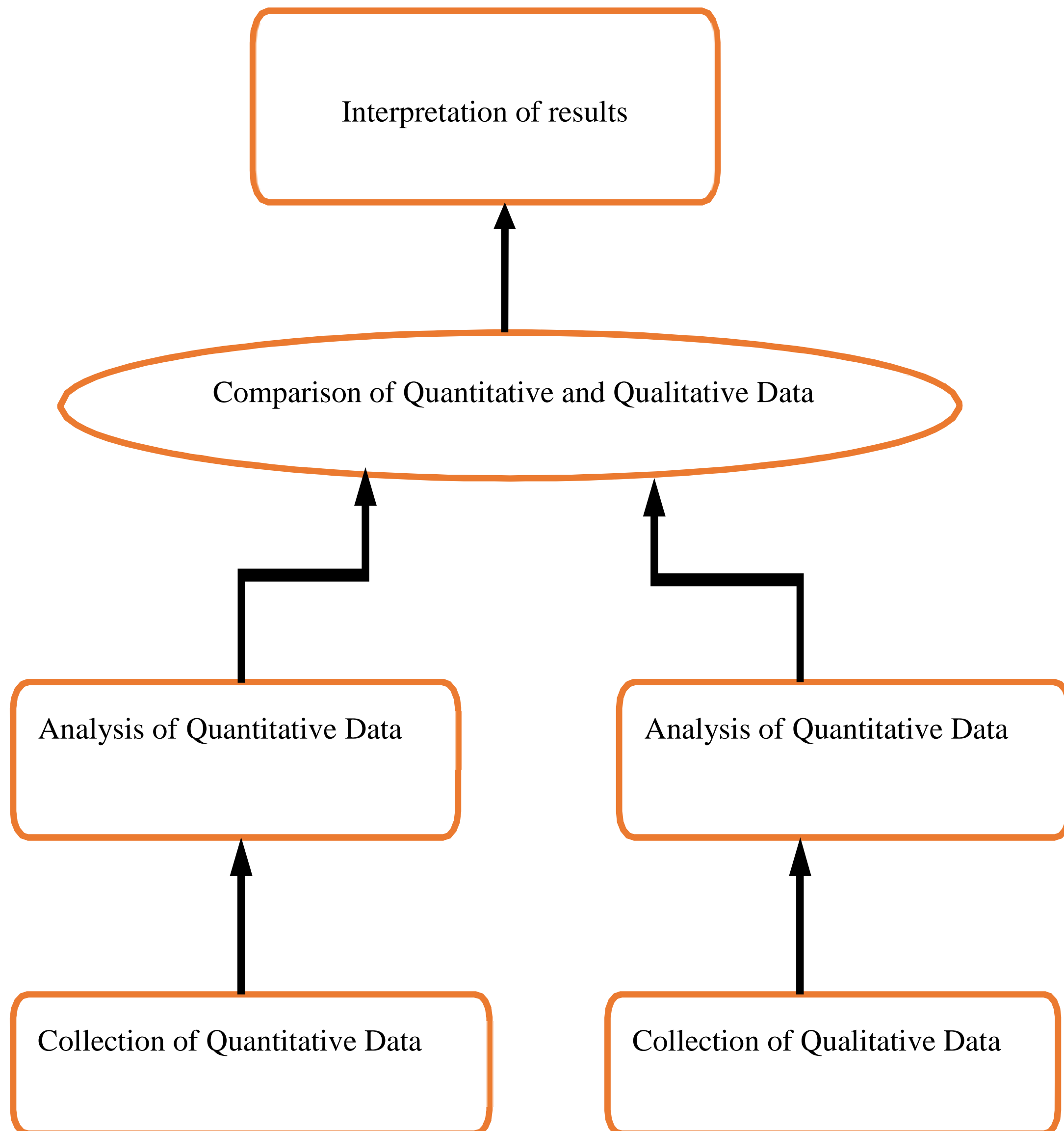

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Figure 3: Convergent parallel mixed method design in this study

Source: Author's construct 2019

According to Bryman (2006) many researchers have pointed out that both quantitative and qualitative research can be combined at different stages of the research process: formulation of research questions; sampling; data collection; and data analysis (Bryman, 2006).

The qualitative research strategy is employed in this study to analyze data to be gathered through focus group discussion with groups (orphans and vulnerable children under the programme, the aged, severely disable persons and Community Focal Persons,) and interviews with Care Givers (LEAP Households). The interviews with Care Givers are meant to supplement information that will not be captured by the questionnaire. The topic, "Access to complimentary Services of LEAP, a cash transfer programme, the study adopted a participatory research approach. This approach provided greater insight and enabled beneficiaries of LEAP program to identify and contributed more on the various complementary services available for them so as to sustain the LEAP program. Triangulations of appropriate participatory tools were employed in the study. Much of the data were primary and in both qualitative and quantitative in nature aside secondary data. This thesis therefore drew on the processes of triangulation in a composed and accordant manner so as to presents a more complete picture on Access to complimentary Services of LEAP, a cash transfer intervention in the Nadowli-Kaleo district. The quantitative research strategy is used to analyze data gathered through the administration of households' questionnaire and questionnaires for institutions implementing social protection interventions.

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3.4 Sampling Methods and Procedure

Probability sampling and non-probability sampling were used.

3.4.1 Selection of Study Area

Nadowli-Kaleo District is implementing the LEAP programme for the past ten (10) years

and has a total LEAP Beneficiaries' household population of 3,954 in 57 beneficiary communities. The Nadowli-Kaleo district was purposefully sampled for the study because it is centrally located in the Upper West Region of Ghana, linking four other districts (Wa municipal, Daffiama-Issah Bussie, Jirapa and Lawra districts) and also for the fact that it is a LEAP implementing district (MTDP, 2018-2021).

3.4.2 Probability Sampling

Selection of Study Communities

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Adequate representation was given prominence in selecting study communities in this study. In order that the entire population is adequately represented, the method of stratified random sampling was used. Stratify random sampling is obtained by dividing the population elements into mutually exclusive, non-overlapping groups of sample units called strata, then selecting a simple random sample from within each stratum (Aoyama, (1954). Though stratify random sampling requires ancillary information and can be more time consuming to plan and implement, this study resorted to stratify random sampling due to the fact that, there is high level of precision and also provide separate estimates for each stratum. In a stratified random sample, the population is divided into meaningful strata or subgroups. The study area was therefore divided into seven 7 strati thus area councils. The list of each LEAP beneficiary community within each strata (area council) was obtained from the Nadowli-Kaleo District assembly and used to randomly select one community each from each strata using the lottery method where pieces of papers representing each LEAP community were put in a box and one piece of paper then selected randomly for each strata forming the seven (7) communities for the study.

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3.4.3 Sample Size Determination

The sample size was arrived at by obtaining a list of beneficiary households from the 7 selected communities from the stratum forming the sample frame. The total number of households in the 7 selected study communities is 511 representing the sample frame (list of households in the 7 selected communities). The Yamane (1967) method was therefore used to determine the sample size for the study. Below is the procedure;

$\boldsymbol{N/1 + N(\alpha)2}$.

Formula: ***n*** *Where* ***n*** *= sample size,* ***N*** *= sample frame* ***(511)*** *and* ***α*** *represent the margin of error which is* ***0.05****with confidence level of* ***95%.*** *By substituting****511****and* ***0.05*** *into the formula:*

$\boldsymbol{n = N/1 + N(0.05)2. n = 511/1 + 511(0.05)2;}$

n = 223.59 = 224

Sample size 224 was further distributed proportionately among the 7 study communities as shown in Table: 2 below:

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Table 1: Sample size distribution among 7 study communities

S/N	Community	Total Beneficiaries In community	Sample Distribution $(P/N * n)$	Sample Size
1	Biire	40	$(\mathbf{40/511 * 224})$	18
2	Goli	74	$(\mathbf{74/511 * 224})$	32
3	Duong	135	$(\mathbf{135/511 * 224})$	59
4	Gabilee	87	$(\mathbf{87/511 * 224})$	38
5	Chari Sombo	34	$(\mathbf{34/511224})$	15
6	Janguasi	72	$(\mathbf{72/511 * 224})$	32
7	Kaleo	69	$(\mathbf{69/511 * 224})$	30
	Total	511		224

(Source: Author's Construct, 2019)

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3.4.4 Non-Probability Sampling

LEAP beneficiary households comprised of Care Givers, children (orphan and vulnerable) under the LEAP program, Aged poor and Persons with Disabilities on LEAP). Three (3) Care Givers were purposefully interviewed and seven (7) institutions and agencies (GES, MOFA, National Health Insurance, Schools, and School feeding Programme and District Assemblies as well as NGOs) operating in the district pertaining to poverty were purposefully selected and administered with questionnaires. These

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however, combine with PRA tools where the researcher conducted three focus group discussions with groups (orphans and vulnerable children under the programme, the aged, severely disable persons and Community Focal Persons,) and individuals in critical arenas. The non-probability sampling such as the “deliberate sampling”, “purposive sampling” or “judgment sampling” (Wasike, 2014) was employed.

The Non-probability Sampling involved Purposive Sampling (thus Expert Sampling) for selecting 7 institutions (GES, MOFA, National Health Insurance, and School feeding Program and District Assemblies as well as NGOs) implementing Social Protection programmes, whiles Critical Case Sampling for interviewing 3 Care Givers in three of the study communities, and 3 Focus Group Discussions were also held in three communities. Respondents involved in the non-probability sampling from the institutions were, the district director of MoFA, the assistant director of GES, the district manager for national health insurance scheme, desk officer for the district school feeding programme, the district development planning officer and the manager for CDI-NGO (Centre for Development Initiatives). Table 2 below depicts the target population for the study

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Table 2: Target Population

Target population	**Sample size**	**Sampling technique**	**Data collection tool**
LEAP beneficiary Households	224	Proportionate sampling	HH Questionnaires
Care givers and direct beneficiaries	7	Critical Case Sampling	HHs Questionnaires Interview Guide FGD (Guide)
Institutions implementing social interventions	7	Purposive	Questionnaires

Source: Field work 2020

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3.4.5 Ethical Consideration

In order to ensure ethical research, I will employ informed consent as cautioned by (Halpern-Felsher, & Cauffman, 2001). I will develop a specific informed consent ‘agreement’, in order to gain the informed consent from participants, namely: a) That they are participating in research, b) The purpose of the research, c) The procedures of the research, d) The risk and benefits of the research, e) The voluntary nature of respondents and f) The procedures used to protect confidentiality (Arksey *et al*, 2003; Bless, Higson-Smith, 2000; Kvale &1996).

According to Benjamin, (1992) deception might prevent insights, whereas honesty coupled with confidentiality reduces suspicion and promotes sincere responses. The ‘informed consent agreement’ form will be explained to respondents before the beginning

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of each data collection (Interviews, Questionnaires and FGDs). This was to seek their consent before gathering any information from them.

3.4.6 Data Collection Methods and Instruments

3.4.7 Questionnaire Administration

All agencies and institutions at the district level (health, NHIS, MoFA, GES, School feeding, manager of PWD common fund) implementing social protection interventions and community focal persons were purposively selected and administered with questionnaires because of their knowledge in the various social protection interventions they implement.

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The study administered Household Questionnaires in 224 LEAP households within the 7 selected study communities. Care Givers were the respondent to these questionnaires. These respondents were reached through identifying a LEAP beneficiary household first in the community and after administering the questionnaire, the respondent assisted in identifying the next LEAP beneficiary household until the number of units in the particular community is reached. Also, 7 institutions were administered with questionnaires. All these institutions are located within the district capital of the study district.

Generally, the questionnaires were done in two (2) levels-District and Household levels. The first level of questionnaire was done at the district level on Institutions/Agencies. The first section of the questionnaire on the Institutions/Agencies collected data on the

background information and bio-data of respondents. The second section collected data relating to the actual LEAP operation and complementary services. These included activities implemented by the agency, access by LEAP beneficiaries on their interventions, how complementary are their activities to that of the LEAP and data on beneficiaries of LEAP accessing their services. The third part will focus on data on challenges in the implementation of social protection interventions relative to their various agencies/institutions/departments and how does that affect beneficiary access to their services.

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The final section of the questionnaire identified some access barriers to complementary service in the district and ways of reducing barriers to services. The questions took the form of close-ended questions requiring 'yes' or 'no' responses, questions requiring itemizing and ranking of responses and some open-ended questions requiring recall of facts. Among the advantages for the use of questionnaire are, it is flexible tool in collecting both qualitative and quantitative data, anonymity of the respondents, there is greater validity, it helps in focusing the respondent's attention on all the significant items, puts less pressure on the respondent, replies may be received very quickly and it is also economical (Flynn, Sakakibara, Schroeder, Bates & Flynn, (1990).The second level of the questionnaire administration was at the household level. The households questionnaire had in it six (6) sections; Section A. on Personal Details of The Respondent, Section B. on Information About Household, Section C on Beneficiary Knowledge on Complementary Services, Section D on Household Access to Complementary Services, Section E on Barriers to Accessing Complementary Services

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Of LEAP and Section F on Improving Access to Complementary Services of LEAP Cash Transfer Programme.

3.4.7.1 Interviewing

Interviews were conducted on Care givers and direct beneficiaries of the LEAP programme for selected LEAP beneficiaries. Given the participatory nature of my study semi-structured interviews were employed with the aid of an interview guide. Interviews enable participants to describe their situation (Stinger, 1999, p.68). Interviews also offers researcher access to people's ideas, thoughts and memories in their own words rather than the words of the researcher (Opdenakker, R. 2006). The study conducted interview using interview guides on four (4) Care Givers.

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3.4.7.2 Focus Group Discussions

Focus group discussions were conducted on Care Givers and direct beneficiaries of LEAP due to their low literacy levels. Three focus groups were conducted with participant 3 to 7 in a group with the use of a focus group discussion guide. Focus Group Discussions are considered a socially oriented process and a form of group interview that capitalizes on communications between the research and participants in order to generate data. (Kitzinger, 1995). Also, though group interviews are often used simply as a quick and convenient way to collect data from several people simultaneously, focus groups explicitly use group interaction as part of the method.

3.4.7.3 Review of Documents

The study reviewed documents such as reports, for secondary data. Documents Review is a way of collecting data by reviewing existing documents and these could be electronic or hard copies. To this end reports on other social interventions implemented were reviewed. The advantage in adopting this method are "relatively inexpensive, good source of background information, unobtrusive, provides a behind-the-scene look at the programme that may not be directly observed and may bring out issues not noted by other (Bretschneider,2017).

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3.5 Data Sources and Collection Techniques

Given the nature of the study and the study population as outlined in the study area, both qualitative and quantitative data were gathered, (method triangulation). In a mixed-method the researcher incorporates both qualitative and quantitative methods of data collection and analysis in a single study (Östlund, et al., 2011). The quantitative data is not used to test hypotheses and theories in this study, but to evaluate Access barriers, the LEAP programme and complimentary Services of LEAP cash transfer intervention in the district.

Three different categories of respondents were selected for the study, namely municipal level (heads of agencies and institutions implementing social protection interventions and municipal social welfare officer), community level, (community focal persons) and household level (care givers and direct beneficiaries) to respond to the study instruments (questionnaires, interview and focus group discussions). Care Givers of LEAP

beneficiaries and direct beneficiaries of the LEAP programme were critically selected and interviewed. All agencies and institutions at the municipal level (health, NHIS, MoFA, GES, School feeding, manager of PWD common fund) implementing social protection interventions and community focal persons were purposively selected and administered with questionnaires because of their knowledge in the various social protection interventions they implement (Choudhury,2019).

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This study used three main methods to investigate on complementary services, knowledge of LEAP beneficiaries on complementary services and barriers to services. These include the administration of questionnaires, (for municipal and household level), interviews (for Care Givers) and focus group discussions with Care Givers and direct beneficiaries due to their low literacy levels. Both primary and secondary sources were used to obtain qualitative and quantitative data. The primary data were collected using questionnaires (households and institutions), informal interviews and two focus group discussions from communities in the study area. This was done in the local dialect (Dagaare) and in English. The literates among the respondents were asked to complete questionnaires which were picked up by the researcher. The primary data from Care Givers, direct beneficiaries of LEAP and Community Focal Persons for LEAP spread in different communities of the district. Therefore, Care Givers, direct beneficiaries of LEAPandCommunityFocalPersonslivingindifferentcommunitieswereidentified.Informati on on the various complementary services of LEAP available in the Nadowli- Kaleo District, knowledge of LEAP beneficiaries on complementary services and barriers accessing complementary services by LEAP beneficiaries in the Nadowli-Kaleo will be

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solicited from all the identified respondents through interview mode. The secondary sources of data included extensive review of relevant literature on social protection programmes and complementary services, cash transfers and LEAP, and access barriers to services, articles and other published materials related to the study and past surveys/studies to back up the findings from primary sources.

Questionnaires, interview guide and focus group discussion guide were prepared as the study instruments. The questionnaires were done in two (2) levels- Municipal and households' levels. The first section of the questionnaire collected data on the background information and bio-data of respondents. The second section collected data relating to the actual LEAP operation and complementary services. This included activities implemented by the agency, access by LEAP beneficiaries on their interventions, how complementary are their activities to that of the LEAP and data on beneficiaries of LEAP accessing their services. The third part collected data on challenges in the implementation of social protection interventions relative to their various agencies/institutions/departments and how does that affect beneficiary access to their services. The final section of the questionnaire identified some access barriers to complementary service in the district and ways of reducing barriers to services. These questions took the form of close-ended questions requiring 'yes' or 'no' responses, questions requiring itemizing and ranking of responses and some open-ended questions requiring recall of facts.

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3.6 Data Analysis and Presentation

The data for this study were organized separately for the quantitative data using Microsoft Excel 2013 for tabulations whiles answered questionnaires were manually numbered. Data were coded, entered and cleaned in Statistical Package for Social Scientists (SPSS version 26) and subjected to statistical analysis to generate descriptive statistics.

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Quantitative data were analyzed using descriptive and statistical methods such as measures of averages and percentages to describe and analyze the characteristics of LEAP beneficiaries, from the primary data collected from households and officers from agencies/institution/departments in district.

Qualitative data were also analyzed separately using themes. Thematic analysis is a process of pattern recognition within the data, with emerging theme becoming the categories for analysis (Fereday & Muir-Cochrane, 2006) (Swain, 2018). The study grouped data into themes. The goal of using thematic analysis in this study is to identify themes, i.e. patterns in the data that are important or interesting, and use these themes to address the research or say something about the issue. This goes beyond simply summarizing the data, coming out with a good thematic analysis to interprets and make sense of data.

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The study used both qualitative (summative document analysis, content, thematic analysis and inductive category analysis) and quantitative (descriptive and categorical analysis) to examine key issues**.** Both the quantitative and qualitative data were then compared and the results interpreted together.

The data are presented in both qualitative and quantitative forms. Qualitative data are presented in the form of narrations and direct quotes from respondent, while quantitative data presented using tables and charts appropriately to show quantities and relationships.

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CHAPTER FOUR

DATA ANALYSIS, COMPARISON, INTERPRETATION AND DISCUSSION OF RESULTS

4.1 Introduction

This chapter is devoted for the analysis, interpretation and discussion of the result of this study. Given the nature of the research design, thus convergent parallel mixed method, the analysis of the qualitative and quantitative data is done separately and later compared so as to give an interpretation of the results to pave way for the discussion of the results.

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4.2 Quantitative Data Analysis

Participants responses obtained from the data collection tools have been processed using SPSS version 26 and Excel. Descriptive analyses were performed on the data.

Table 3 below present the studied communities and number of households (HHs) administered with questionnaires in this study. Doung had the highest number of HHs thus 59 (27%) followed by Gabile with 38 (17%) HHs, Goli and Janguashi communities had 32 (14%) each. Kaleo, Biire and Chari-Sombo recorded 30 (13%), 18 (8%) and 15 (7%) respectively.

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Table 3: Study Communities

Community	Number of Households visited	Percent
Goli	32	14
Janguashi	32	14
Chari-Sombo	15	7
Biire	18	8
Gabilee	38	17
Duong	59	27
Kaleo	30	13
Total households used in the study	224	100

Source: Field work, 2020

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4.2.1 Characteristics of Respondents and Participants

Table 4: Institutions Studied

Name of institutions	Respondent Age	Position	Gender	
			Male	Female
Nadowli-Kaleo District Health Insurance Authority	41	Public Relation Officer		√
Social Welfare Department Unit	33	District Social Welfare Officer	√	
Nadowli-Kaleo District Assembly	39	Development Planning Officer		√
Ghana School Feeding	42	Desk Officer	√	
District Education Office	57	Assistant Director of Administration		√
CDI	38	Manager	√	
Ghana Health Service	47	Health Administrator		√

(Source: Fieldwork, 2020)

There were seven institutions studied as presented in table 4 above. Table 5 below present the ages of respondents. The age of Respondents of these institutions had the minimum age to be 33 and the maximum age was 57. Three of the respondents were males whiles four females.

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Table 5: Age of Respondents in HHs

Age groups	Frequency	Percent
Below 18yrs	5	2.2
18 – 25	10	4.5
26-32	20	8.9
33-39	23	10.3
40-46	30	13.4
47-53	56	25.0
54-60	19	8.5
61-67 plus	61	27.2
Total number of respondents	224	100

(Source: Fieldwork, 2020)

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Table 5 presents, the ages of respondents in the households. Respondents ages61-67 represented (27.2%), followed by respondents, 47-53 years recording (25%), respondent 40-46 years (13.4%), respondents 33-39 years, (10.3). Others recorded less than 10%, thus 26-32, 54-60 and 18-25 (8.9%, 8.5% and 4.5% respectively).

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4.2.2 Gender of Respondents and Participants

The figure 4 below shows the gender representation of respondents from HHs in the study.

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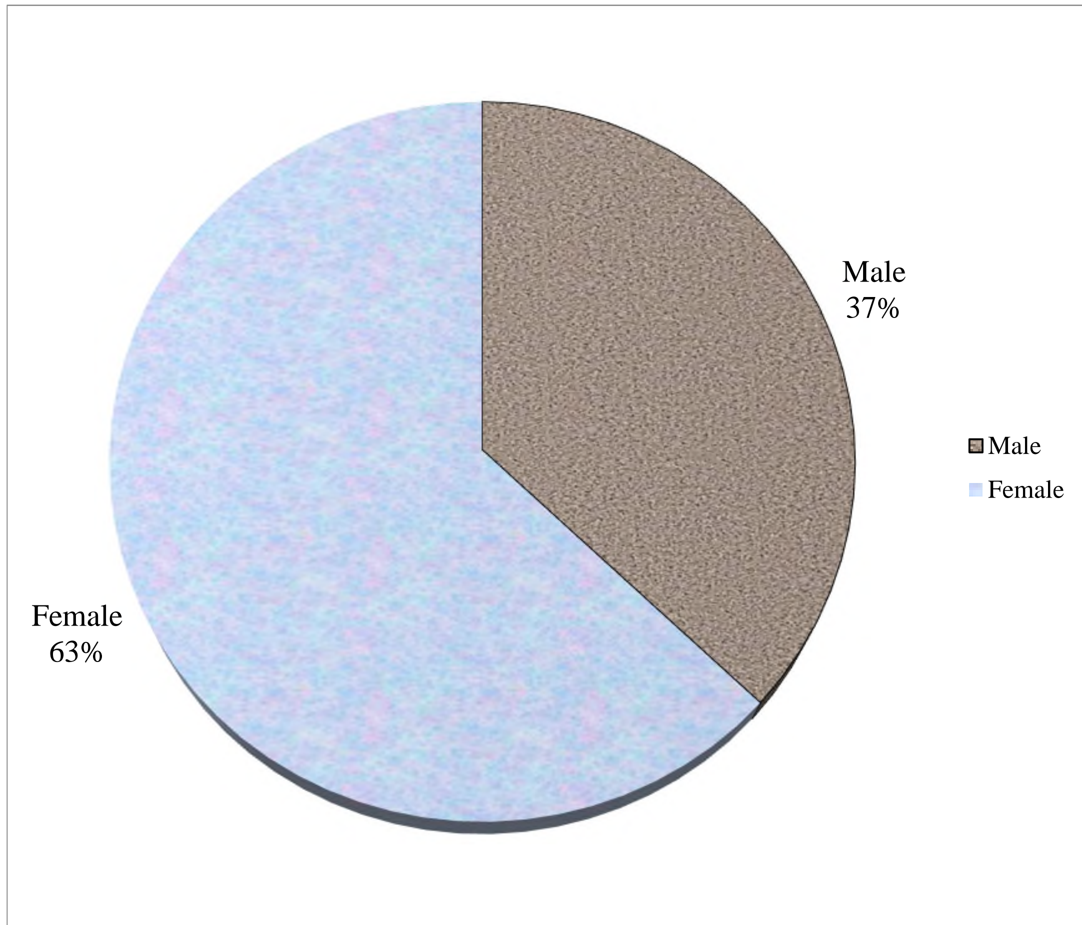

Figure 4: Gender of Respondents in HHs

(Source: Fieldwork, 2020)

Majority of the respondents (63%) in the LEAP households are female and males (37%) as indicated in figure 4.

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Table 6 present respondent within the households. It must be noted that 33% of the respondent are Household Heads and 29% are beneficiaries themselves whiles 13% are only care givers. However, 20% of the respondents were Care givers and at the same time beneficiaries and 5% are spouses.

Table 6: HHs Respondents

Relation of respondent to HH	**Frequency**	**Percent**
HH Head	73	33
Spouse	12	5
Care Giver and a beneficiary	46	20
Care giver	27	13
Beneficiary	66	29
Total	224	100

(Source: Fieldwork, 2020)

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Persons living in the LEAP households are presented in table 7. Households (HH) (69.2%) have persons six and above in the HHs, whiles (10.3%) of HHs have five persons in household. Households (6.3%), with three persons and HHs with one person, four persons and two persons constituted 5.4%, 4.9% and 4% respectively.

Table 7: Number of persons in HH

Person in HH	Frequency	Percent
One person	12	5.4
Two persons	9	4.0
Three Persons	14	6.3
Four persons	11	4.9
Five persons	23	10.3
Six and above	155	69.2
Total	224	100

(Source: Fieldwork, 2020)

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The data on the number of direct beneficiaries of the LEAP programme is presented in table 8. Majority of the households (59.4) have only one beneficiary, while two beneficiaries in the household represent (22.35). Households with three beneficiaries, four beneficiaries and five beneficiaries constitute (9.8%, 4.9% and 3.5%respectively).

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Table 8: No. in HH member that are direct beneficiaries

Direct Beneficiaries	Frequency	Percent
One person	133	59.4
Two persons	50	22.3
Three persons	22	9.8
Four persons	11	4.9
Five persons	8	3.5
Total	224	100

(Source: Fieldwork, 2020)

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The category of beneficiaries in the households is presented in table 9. Most beneficiaries (46%) are in the aged poor category. There are households (23.2%) whose beneficiaries are in both aged poor and OVC categories and households with severely disabled person category representing (13%), households with only the OVC category representing (5.8%). Households with all categories (Aged Poor 65+, OVC, severely disabled person & mother of infant) constituted (5%). However, households with three categories (OVC, severely disabled person and Mother of infant), and household with only Mother of infant 0-5yrs had less than 1%, (0.8% and 0.4%respectively).

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Table 9: Categories of beneficiaries in HHs

Categories of Beneficiaries	No.	%
Aged Poor 65+	104	46
Aged Poor 65+ & OVC	50	23.2
Aged Poor 65+, OVC, Severely disabled person & mother of infant	11	5
OVC	14	5.8
OVC, Severely disabled person & Mother of infant	8	.8
Severely disabled person	33	13
Mother of infant	2	.4
Total	224	100

(Source: Fieldwork, 2020)

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The study also took data on children of school going age in households and is presented in table 10. Households with three children of school going age constitute (25%), followed by two children of school going age (21%), one child in household of school going age (16%), households with five and more children of school going age (13%) and four children of school going age in household (11%). However, there were households without school going age children and they constituted (15%).

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Table 10: Children of school going age in households

Children in school	Frequency	Percent
One Child	35	**16**
Two children	47	**21**
Three children	55	**25**
Four children	24	**11**
Five and more children	30	**13**
None	33	**15**
Total	**224**	**100.0**

(Source: Fieldwork, 2020)

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The study took data on whether LEAP Programme has influence school attendance; this is presented in table 11. Majority, (67.5%) of HHs think that the LEAP programme has influenced greatly on school attendance while (26.8%) think the LEAP programme have not influenced school attendance. However, few (4.5%) HHs does not know whether the LEAP programme has influenced or not influenced school attendance.

Table 11: Whether LEAP Programme has influence school attendance

Influence greatly		**Not influenced**		**Don't know**	
No.	%	No.	%	No.	%
154	67.5	60	26.8	10	4.5

(Source: Fieldwork, 2020)

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The number of school-going age children in LEAP households that are in school and also attending a feeding school is presented in figure 5. Of the number of children of school going age in households, (30%) are in school and also (30%) are attending a feeding school. From figure 5, household with one child of school going age, (12%) are in school whiles (4%) are attending a feeding school. Households with two children of school going age, (11%) are in school and (10%) attending a feeding school. Households with three children of school age, (13%) are in school and 14% attending a feeding school. Households with four children of school going age, (14%) are in school and (9%) attending a feeding school while households with five or more children of school age, (20%) are in school and (32%) attending a feeding school.

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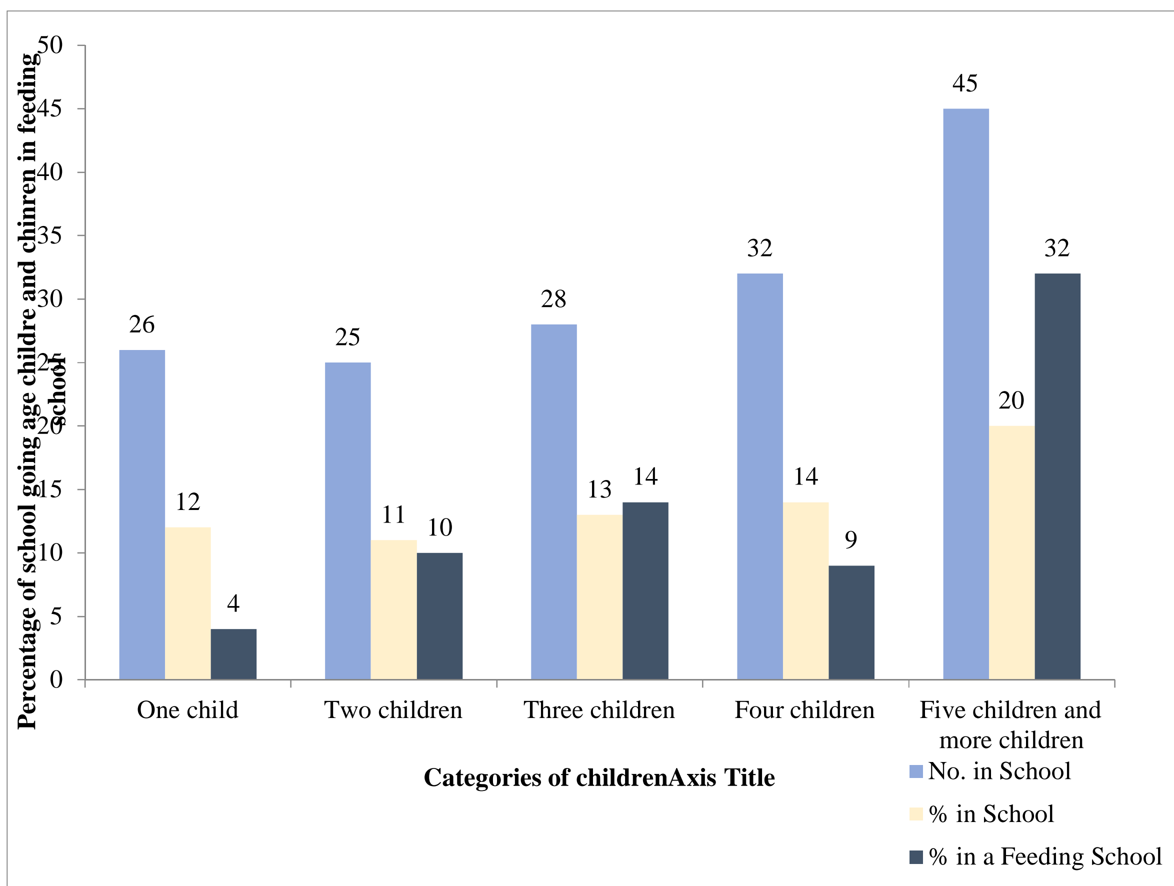

Figure 5: Number of School Going Age Children in School and In a Feeding

(Source: Fieldwork, 2020)

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Household members with NHIS was also taken into consideration in the study and presented in figure 6. Out the total 224 LEAP households studied, (70%) has members with NHIS with (69%) having active NHIS cards. However, 68 households do not have any member with NHIS, representing (30%). Specifically, Households with members five or more, (20%) has NHIS. Households with four members and three members both have (14%) of member with NHIS. Households with one member have (12%) of members having NHIS, while household with two members, (11%) has NHIS.

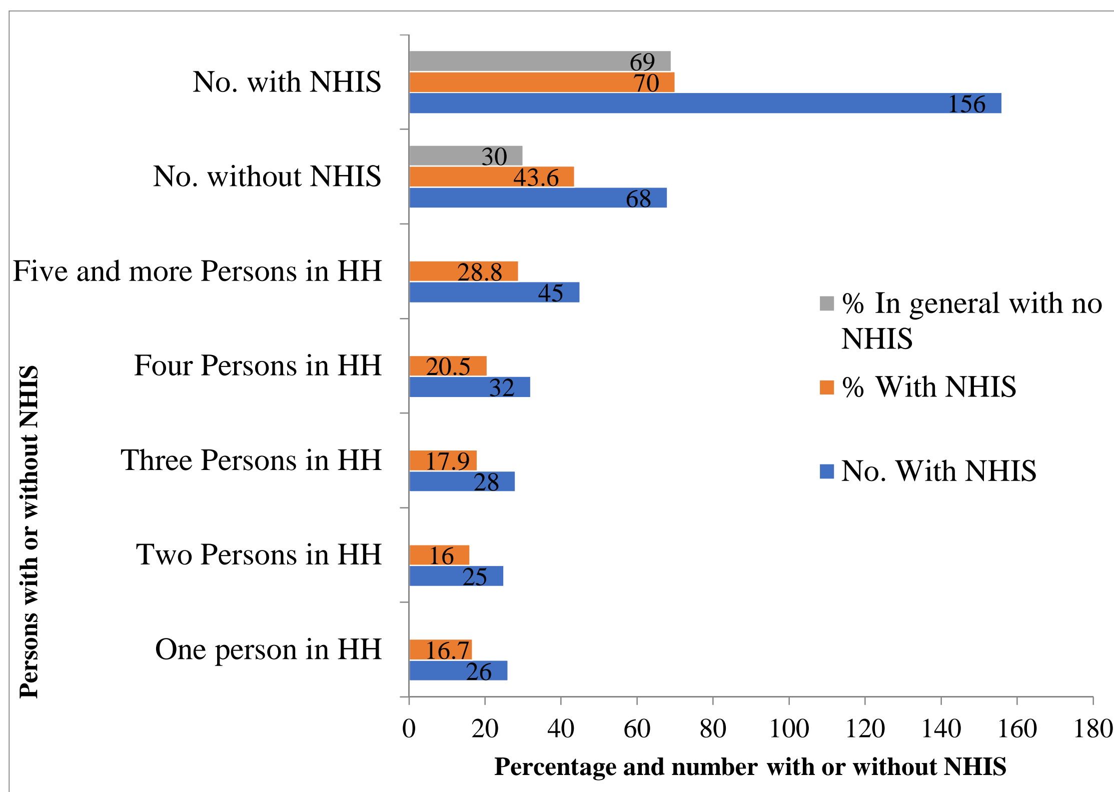

Figure 6: HH Members NHIS Status

(Source: Fieldwork, 2020)

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Service available to LEAP Beneficiary households as reported by respondents are presented in table 12. Majority of households (50.4%) indicated that NHIS (Registration and Renewal) & School feeding are the services available to them, whiles (19.2%) reported only NHIS (Registration and Renewal) as service available, and (10%) indicated NHIS, School feeding, Free health service (Treatment) and PWD Common as the available services to the household. Micro finance support was reported as the only service by (8.4%) of households as the only service available. Table 12 also showed that LIPWs, Micro finance support, NHIS registration & school feeding were report by (5.5%) of households as the services available whiles (4.9%) a combination of LIPWs, Agric inputs supply, YES programme & NHIS and Micronutrients support and

supplement under GHS as services available to the household. Also, Agric Input support, NHIS (Registration and Renewal), Support from PWD Common Fund LIPWs & school feeding & Psycho-social support was reported by (2.2%) of households as services available to them. However, less than 1% (0.4%) indicated there is no service available to the household.

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Table 12: Services available to LEAP Beneficiary HHs.

Service available	**No.**	**%**
LIPWs, Agric inputs supply, YES programme & NHIS and Micronutrients support and supplement under GHS	11	4.9
LIPWs, Micro finance support, NHIS registration & school feeding	10	5.5
None	1	0.4
Agric Input support, NHIS (Registration and Renewal), Support from PWD Common Fund LIPWs, school feeding & Psycho-social support	5	2.2
Micro finance support	19	8.4
NHIS (Registration and Renewal) & School feeding	113	50.4
NHIS (Registration and Renewal)	43	19.2
NHIS, School feeding, Free health service (Treatment), PWD Common Fund & Psycho-social support	23	10
Total	224	100

(Source: Fieldwork, 2020)

Complementary services implemented by institutions in the study area were also taken into consideration. These complementary services are presented in table 13. Nadowli-Kaleo District Health Issuance Authority (DHIA) implements National Health Insurance; Registration and Renewal. Social Welfare Department (Unit) facilitated in implementing Registration and Renewal of National Health Insurance for indigents (LEAP beneficiaries, PWDs and school feeding pupils), Labour Intensive Public Works with the District Assembly, Persons with Disability Fund and Psycho-social. The school feeding coordinating unit implements the school feeding programme. A local non- Governmental organisation (Centre for Development Initiatives-CDI) implements Micro- credit support Beneficiary charter).

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Table 13: Complementary Services Implemented by Institutions

Name of Agency and Institution	**Type of complementary services rendered**
Nadowli-Kaleo DHIA	NHIS Registration/ Renewal
Social Welfare Unit	NHIS, LIPWs, PWD Fund, School Feeding and Psycho-social support
District Assembly	Coordinating activities of agencies/institutions
Ghana School Feeding	Feeding Programme
District Education Office	Provision of enrolment data for Ghana School Feeding
CDI	Micro-credit support and Beneficiary charter
Ghana Health Service	

(Source: Fieldwork, 2020)

Linking beneficiaries to complementary services of LEAP is presented in table 14. The study wanted to find out from institution on arrangements made in linking LEAP beneficiaries to complementary services with focus on the functioning of the District and Community LEAP Implementation committee. Out of the seven institutions studied, only (29.6%) indicated that District/ Community LEAP Implementation Committee whiles majority, (71.4%).

Table 14: Arrangements by Institutions Linking LEAP Beneficiaries to Services

Name of institution	Activities/arrangements	Functioning of DLIC/CLIC
District Health Insurance Authority	Collaborating with DSWO to register LEAP beneficiaries on NHIS Registration of walk-in members who are poor or LEAP beneficiaries	Not functioning
Social Welfare Department Unit	Facilitate the registration and renewal of NHIS of LEAP beneficiaries, Facilitate the selection of beneficiaries onto LIPWs, PWD Fund	**Functioning** DLIC/CLIC
District Assembly	Coordinating activities of agencies/institutions	**Functioning** DLIC/CLIC
GSF programme	Collaborate with GES and Social Welfare to register pupils for NHIS	Not functioning
CDI	Micro-credit support, Psycho-social support, NHIS Registration and renewal of the poor and Dissemination of beneficiary charter of rights	Not functioning
GES	Provision of enrolment data for School Feeding	Not functioning
GHS	Free maternal health, free immunizations, free treatment of NHIS Card bearers	Not functioning
Response	Number	%
Functioning	5	29.6
Not functioning	2	71.4

(Source: Fieldwork, 2020)

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Of the services that are available in the study area, beneficiaries' knowledge on these services as complementary to the LEAP programme was examined and presented in table15. Majority of households (73%) are only aware of Labour intensive public, Agric input support, YES programme, NHIS registration and Renewal School feeding, Micronutrients support and supplement under GHS Free health & Psycho-social support as complementary services to the LEAP programme.

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Some households, (1.6%) have no knowledge on any of the services as complementary to the LEAP programme. However, (11.6%) of households are only aware of NHIS registration and renewal as complementary service and (1.7%) are aware of NHIS registration and renewal, support from PWD Common Fund &School feeding while (0.8%) are only aware of the school feeding programme as complementary service to the LEAP programme.

Table 15: Services that LEAP HHs are aware as complementary service

Services	No.	%
LIPWs, Agric input support, YES programme, NHIS registration/ renewal School feeding, Micronutrients support and supplement under GHS Free health & Psycho-social support	166	68
Not aware of services complementary to LEAP	26	11.6
NHIS registration and renewal	26	11.6
NHIS registration and renewal, support from PWD Common Fund & School feeding	4	1.7
School feeding	2	0.85
Total	224	100

(Source: Fieldwork, 2020)

The study also took data and assessed the knowledge level of beneficiaries in general, the complementary services of LEAP in the district and this is presented in figure 7 below. Households (44%) have very low knowledge on the various complementary services while (37%) has high knowledge on complementary services of LEAP. However, households (12%) also have low knowledge on LEAP complementary service while few households, (7%) has very high knowledge on LEAP complementary service.

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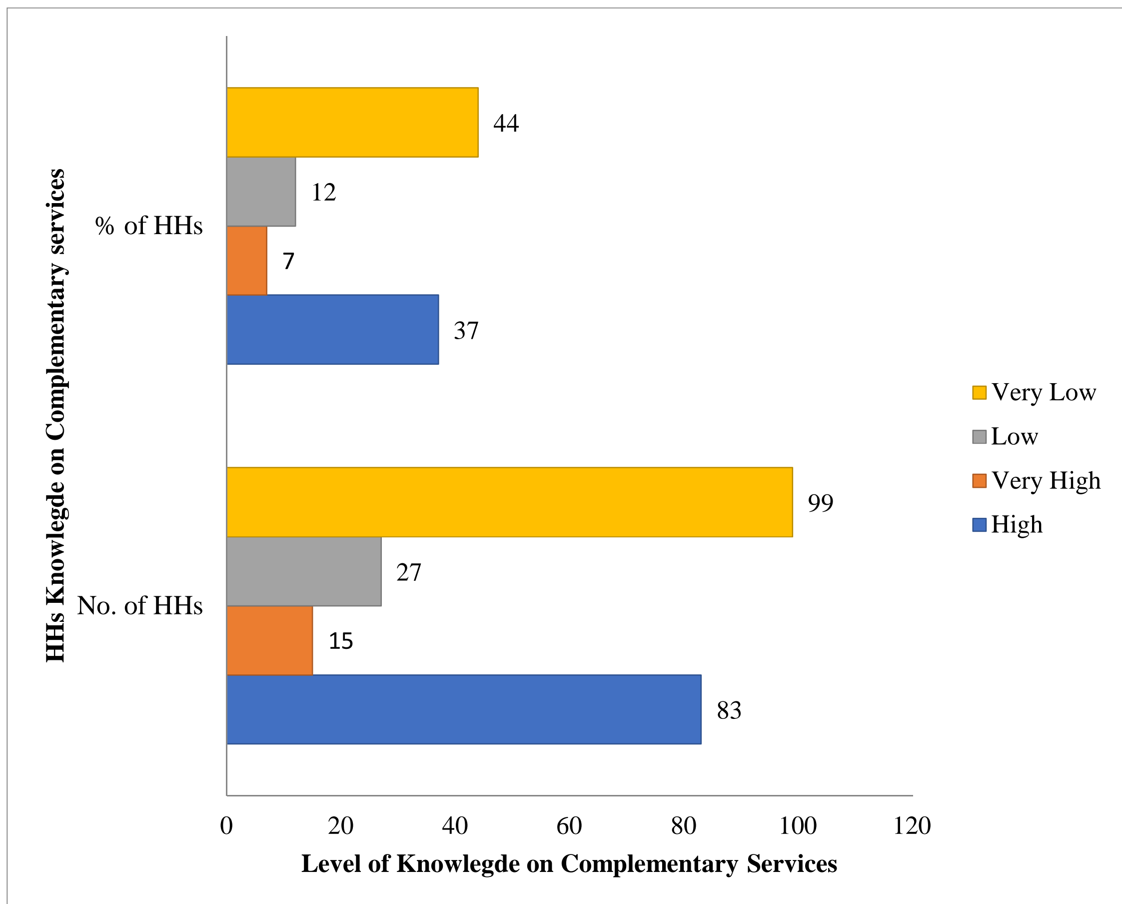

Figure 7: Knowledge Level of HH on complementary services

(Source: Fieldwork, 2020)

Access to complementary services by LEAP beneficiary households was an area covered in this study. Beneficiary households have access to a combination of these complementary services and are presented in table 16. Majority of beneficiaries (46%) have access to NHIS (registration and renewals) and School feeding while (27%) of households have access to only NHIS (registration and renewals). Households with access to three complementary service (NHIS, School feeding and Free Health Service(treatment) representing (7%) and households, (6%) have access to LIPWs, Agric inputs support, Micro Finance Support & NHIS. Households (5%) have access to Micro finance support, NHIS and School feeding and (2%) have access to Micro finance support and NHIS. However only (1%) of beneficiary households have access to youth employment programme.

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Table 16: Complementary Services accessed by LEAP HH members

Services	No.	%
LIPWs, Agric inputs support, Micro Finance Support & NHIS	13	6
Micro finance support & NHIS (registration and renewals)	4	2
Micro finance support, NHIS and School feeding	12	5
YES programme	3	1
NHIS (registration and renewals)	60	27
NHIS, Support from PWD Common Fund & School feeding	8	4
NHIS (registration and renewals) & School feeding	104	46
NHIS, School feeding and Free Health Service (treatment)	17	8
School feeding	3	1
Total	224	100

(Source: Fieldwork, 2020)

The number of household members ever accessing complementary services is presented in figure 8 below. Households (36%) has two members ever accessing complementary service followed by households with three members ever accessing complementary service to constitute (29%) whiles, households with one member and household with four members ever accessing LEAP complementary service constituting (15%% and 15% respectively). However, households with five and more members ever accessing complementary service only constitute (6%).

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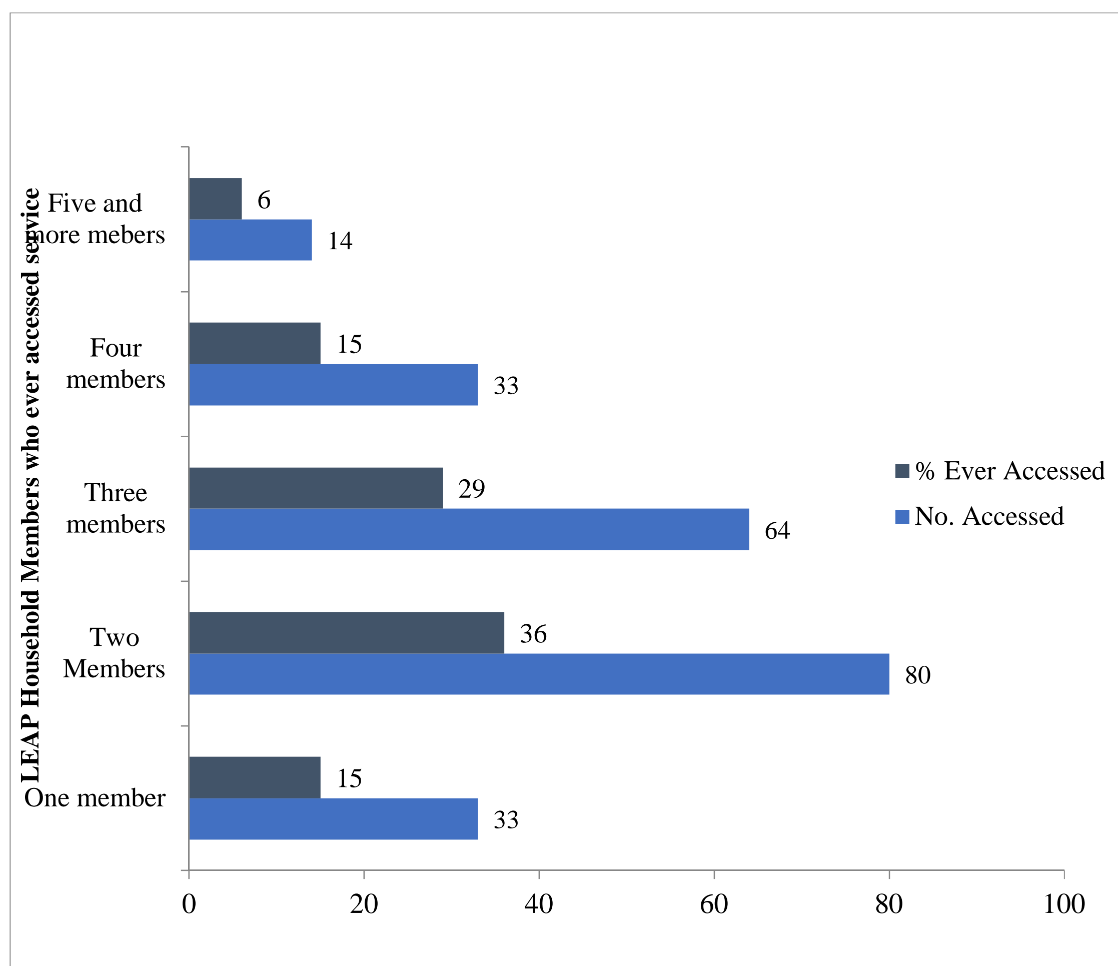

Figure 8: Number of HHs Members who have ever accessed Complementary Services

(Source: Fieldwork, 2020)

Access to complementary service with cost by LEAP beneficiaries is presented in figure 9. Out of the total number of beneficiary households, (49%) indicated accessing complementary service with cost while (51%) intimated they never accessed complementary service with cost.

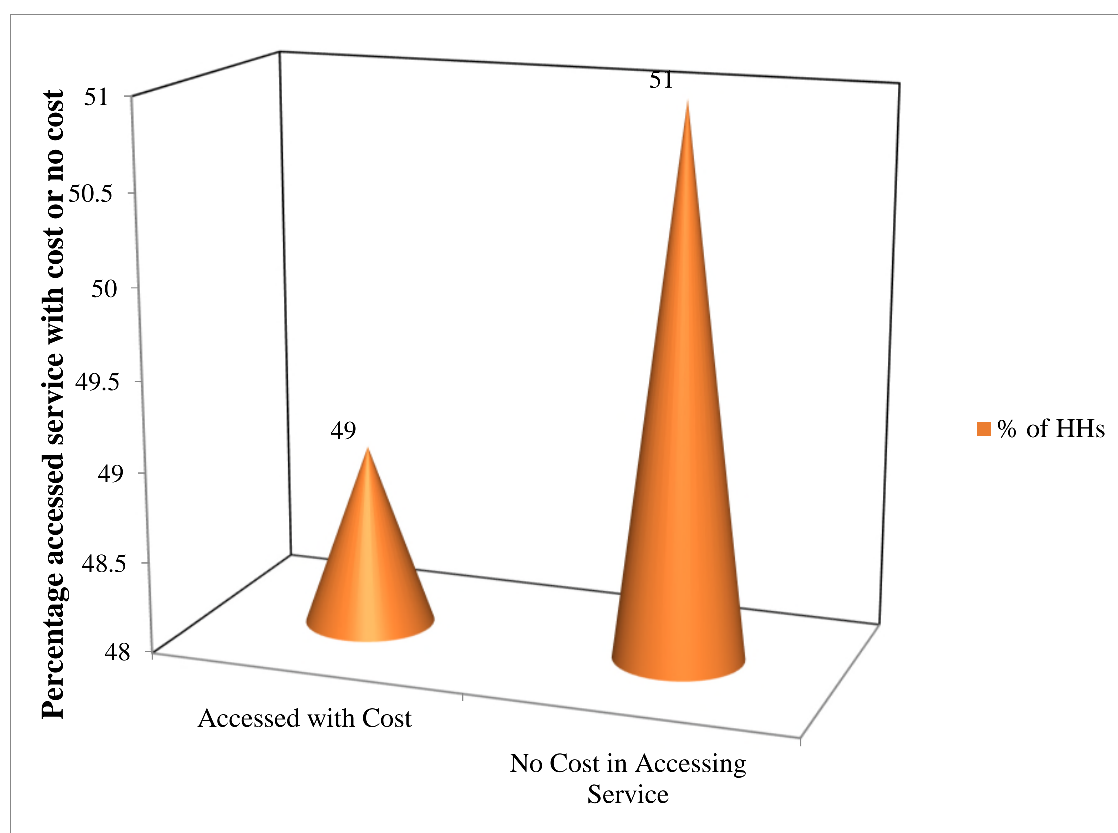

Figure 9: HHs Access to Complementary Services with Cost

(Source: Fieldwork, 2020)

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Barriers in accessing LEAP complementary services by LEAP beneficiaries was investigated in the study and presented in table 17. Though (20%) of households indicated not facing any form of barriers to accessing complementary services of LEAP, other households face one or a combination of barriers in accessing LEAP

complementary service. Majority of households (36%) face economic and resource barrier in accessing LEAP complementary service, whiles (14%) face a combination of Socio-cultural and Economic and resource; and (12%) face Economic and resource, Proximity & Geographical. However, (6%) of households face all five forms of barriers, thus Socio-cultural, Institutional, Economic and resource, Geographical & Proximity as depicted in table 17.

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Table 17: Barriers in Accessing LEAP Complementary Services

Barriers	No.	%
Socio-cultural, Institutional, Economic and resource, Geographical & Proximity	14	6
Socio-cultural & Economic and resource	31	14
Socio-cultural, Economic and resource & Geographical	10	4
Economic and resource	81	36
Economic and resource, Proximity & Geographical	27	12
Proximity & Geographical	17	8
None	46	20
Total	224	100

(Source: Fieldwork, 2020)

The study revealed that barriers in accessing LEAP complementary services were identified by institutions implementing services. These are presented in table 18. Institutions have identified geographical barriers as a major barrier with (33.3%) and

same as the main barrier mostly faced by LEAP beneficiaries in accessing complementary service representing (36.4%). This is followed by resource and economic barrier identified with (25%) and recorded (27.3%) as barriers faced by beneficiaries in accessing complementary. Institutional and socio-cultural barriers were identified with (8.3% and 25% respectively), and was seen as barriers faced by LEAP beneficiaries with (18.2% and 18.2% respectively) as barriers faced in accessing LEAP complementary services. Psychological barriers were only identified as a barrier with (8.3%) but were not seen to be a barrier faced in accessing LEAP complementary service.

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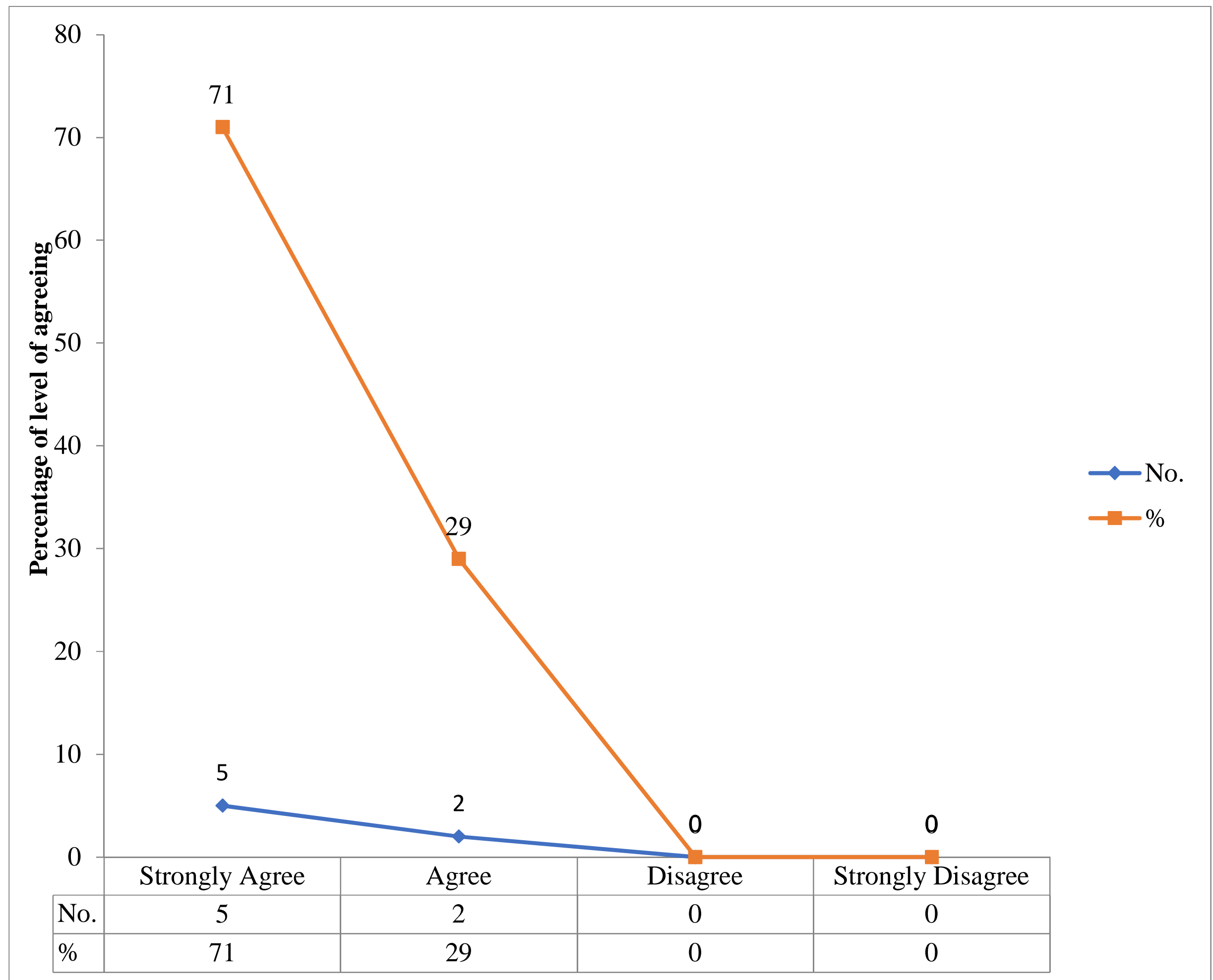
Table 18: Barriers in Accessing Complementary services identified by Institutions

Barriers identified	No. of times	%	Barriers faced by LEAP Beneficiaries	No. of times	%
Institutional barriers	1	8.3	Institutional barriers	2	18.2
Geographical barriers	4	33.3	Geographical barriers	4	36.4
Resource and economic barriers.	3	25	Resource and economic barriers.	3	27.3
Socio-cultural barriers	3	25	Socio-cultural barriers	2	18.2
Psychological barriers	1	8.3	Psychological barriers	0	0

(Source: Fieldwork, 2020)

The extent to which institutions agree LEAP beneficiaries in the study area was given prominence and is presented in figure 10 below. Majority of institutions (71%) strongly agree that LEAP beneficiaries face barriers in accessing complementary services in the

study area, and (29%) agree that beneficiaries face barriers in accessing complementary service. No institution disagrees or strongly disagree that LEAP beneficiaries face barriers in accessing services.



	Strongly Agree	Agree	Disagree	Strongly Disagree
No.	5	2	0	0
%	71	29	0	0

Figure 10: Extend to which institutions agree LEAP beneficiaries face barriers

(Source: Fieldwork, 2020)

The study also took into consideration, the number of times LEAP beneficiaries encounter barriers in accessing complementary services and is presented in figure 11 below. Majority of households 96 representing (43%) faced barriers twice in accessing

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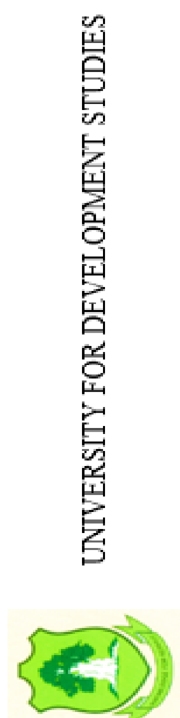
services. Households (20%) faced barriers once in accessing services, whiles households (14%, 2% and 1%) encounter barriers, three, four and five times respectively in accessing complementary services. However, households (20%) indicated ever encountered barriers in accessing services.



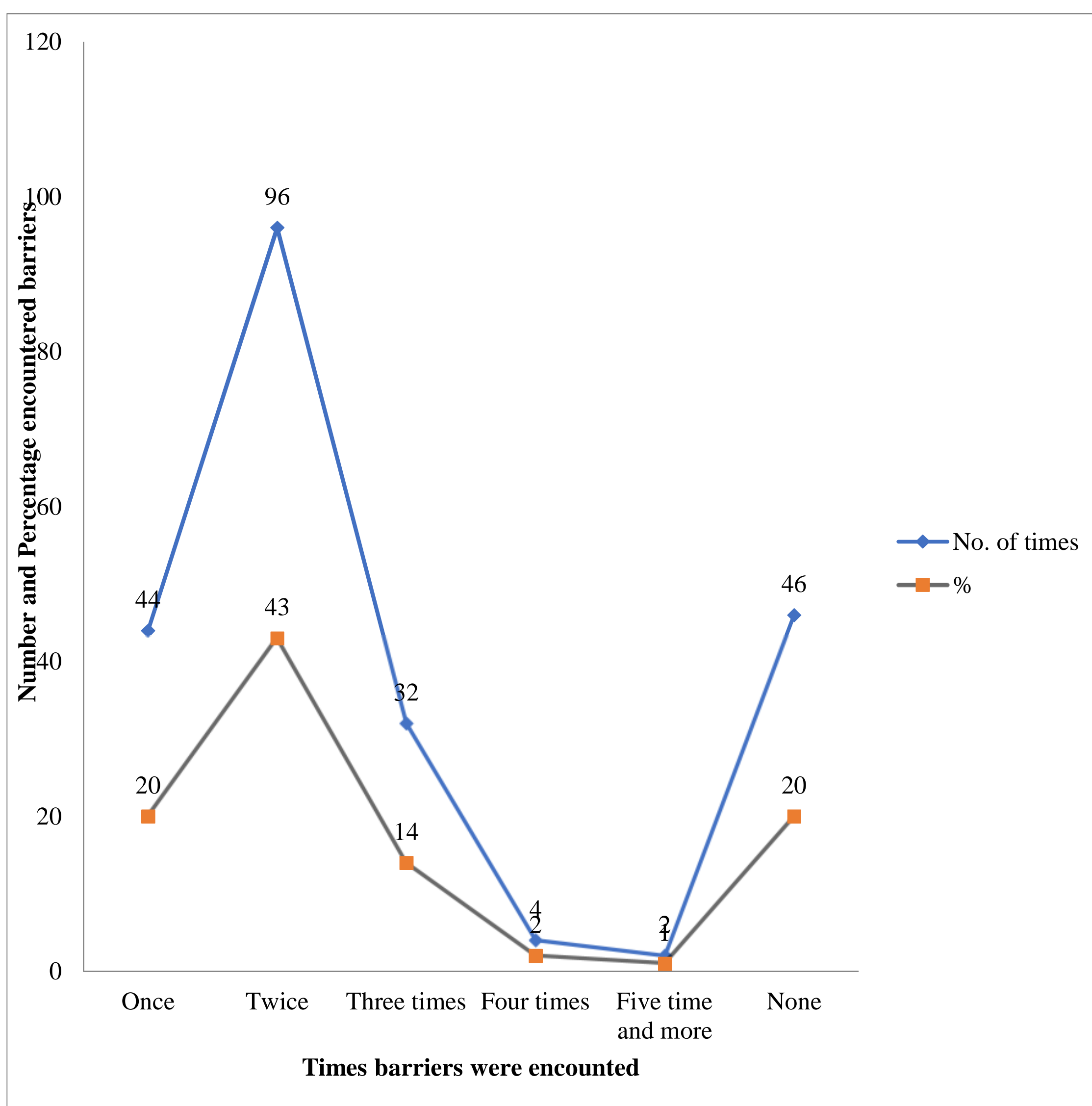


Figure 11: No. of times HH encountered Barriers in accessing service

(Source: Fieldwork, 2020)

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4.3 Qualitative Data Analysis

Two sets of qualitative methods of data collection were used thus Interviews and Focus Group Discussion. The interviews were face-to-face and recorded using an audio recorder. The FGD were in the form of group discussion and recorded using an audio recorder. Voice recording was done in all cases and fields notes kept. The voice recordings were transcribed and participants consent was taken before the analysis. Direct quotes enabled the researcher to represent participants' views. The researcher looked at number of criteria, thus by listening to the voice recordings of all participants and the quoted expression that were more convincing. The researcher also looked for repetitions, the use of meaning intensifiers and the number of respondents expressing similar ideas, examining the level of emphasis of tone of voice.

There were seventeen (17) participants in the three Focus Group Discussions conducted. The groups were composed of seven (7) males and ten (10) females. The ages of participants in the FG had majority below 60 years with few 61-67+ years. The FGDs were conducted in the following study communities, Gabile, Duong and Janguashi. The duration of the discussions varied from each community. In Gabile, the FG discussion lasted for 5o minutes and in Dougn the discussion lasted for 45 minutes whiles at Janguashi, the discussion lasted for 1 hour 10 minutes. There were three interviews conducted in this study. One Interviewee (IP 1) was a male and the other, two Interviewee (IP 2 and IP 3), were females. The ages of the Interviewee had the minimum age 33-39 whiles the maximum age fell 47-53 years. The interviews were conducted in the following study communities. Kaleo, Chari-sombo and Goli. The interview at Kaleo

lasted for 50 minutes and that of Goli lasted for 40 minutes. Prior to the FGD and the interviews, the communities were visited and informal meetings held with contact persons. Days were scheduled and some rescheduled before the day for each FGD and interviews. A total of five (5) separate days were used to conduct the FGD and the interviews. Three (3) days was used to conduct three (3) FGD while two (2) was used to conduct two separate interviews. The Focus Group Discussions (FGD) composed of eleven Care Givers, two Care Givers at the same time Beneficiary, and two direct Beneficiaries and two were HH Heads in the FGD. Two Interviewees (I P 1 and I P 2) are Care Givers whiles I P 3 is a direct beneficiary (severely disabled person).

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The researcher wanted to know from the qualitative study group, how LEAP programme and complementary services have influenced school attendance of beneficiary children. IP1 and IP3 both indicated that the LEAP programme and its complementary services have influenced greatly whiles IP2 did not think the LEAP programme and its complementary services has influenced school attendance. Participants in the FGD had a mixed response as to whether the LEAP programmes and its complementary services influence greatly or not in the area of school attendance by beneficiary children. FGD2 and FGD3 agreed that the programme and its complementary services influence school attendance but not greatly. FGD1 did not come to a conclusion as to whether the programme influenced greatly school attendance or not. Two (2) out of three (3) stated that the LEAP programme and its complementary service has not influence school attendance of beneficiary children. The qualitative study group also espoused complementary services available. Interview Participant 1 (IP 1)-GOLI and Interview

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Participant 2 (IP 2) indicated the National Health Insurance (NHIS) and the Labour Intensive Public Works (LIPWP) as the only complementary services available in the Nadowli-Kaleo District.

FGD1-Gabile, FGD 2- Doung and FGD 3-Janguashi also espoused that the most common and available complementary services of LEAP is the NHIS though there were other services such as the LIPW. IP 1, 2 and 3 were able to mention four services (NHIS, School Feeding, PWD Common Fund and LIPW) as complementary services of the LEAP programme. A list containing 10 complementary services (LIPW; Agric Support on inputs; Micro Finance; YES Programme; NHIS Registration/Renewal; Support from PWD Common Fund; Micronutrients Support and Supplement Under Ghana Health Service; Ghana School Feeding; Psycho-Social Support Under DSW and Free Health Treatment) was made available to assess their knowledge on those services and were ranked, High, Very high, Low and Very low. (Knowledge on 1-3= very low, 4=low, 5-7= high and 8-10= very high). Participants in FGD 1 and FGD 2 (few four), had knowledge on three services as complementary (NHIS, School Feeding and LPIW) and majority six) only knew NHIS and School Feeding as LEAP complementary services. Participants in FGD 3 only knew of NHIS as the only complementary service of the LEAP programme. IP 1, 2 and 3 mentioned economic and resource barriers in accessing complementary services. IP2 added Socio-cultural and Institutional barriers in accessing LEAP complementary services. IP3 indicated geographical barriers in accessing LEAP complementary service. Comparison of the quantitative and the qualitative results are given in Tables 21, 22, 23 and24.

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4.4 Comparison of Quantitative and Qualitative Results

Table 19: Characteristics of Respondents in Quantitative Study Group and Participants in Qualitative Study Groups

Variable	Characteristics	Qualitative Analysis				Quantitative Analysis			
		Interviews		FGD		HHs		Institutions	
		No.	%	No.	%	No.	%	No.	%
Gender of respondents	Male	1	33	7	41	83	37	3	43
	Female	2	67	10	59	141	63	4	57
Relation to LEAP HH	Care Giver	2	67	11	64	27	13		
	Care Giver and a direct beneficiary	0	0	2	12	46	20		
	Direct Beneficiary	1	33	2	12	66	29		
	HH Head	0	0	2	12	85	38		

Source: Field Study 2020

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Table 19 showed the quantitative results to have 83 (37%) males and 141 (63%) females of HH respondents 5 (71%) and 3 (43%) male and 4 (57%) females of Institutional respondents. The qualitative results show that IP1 is male whiles IP2 and IP3 are females. The FGD also had majority of participants being female and with few males (10 and 7 respectively). The quantitative results also showed 85 (38%) of respondents being Household heads, 66 (29%) Direct beneficiaries whiles respondents who are Care Giver

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and at the same time direct beneficiaries recording 27 (13%). The qualitative results have IP1 and IP2 being Caregivers and IP3 being a direct beneficiary.

Table 20: Complementary Service of LEAP Available in Nadowli-Kaleo District

Complementary Services of LEAP Available	Quantitative Analysis		Qualitative Analysis			
	Interviews	FGD	HH		Institutions	
	No.	No.	No.	%	No	%
LIPW, Agric inputs, YES programme, NHIS Micronutrients and supplement GHS	IP3	FGD 1,2,3	10	4	2	28.6
LIPW, Micro finance, NHIS & school feeding	IP1, IP2, IP3	FGD1	12	5	1	14.3
Agric Input, NHIS, PWD Fund, LIPW, school feeding and Psycho-social support	IP3	0	5	2	1	14.3
Micro finance support	0	0	19	8	0	0
NHIS and School feeding	0	0	113	50	2	28.6
NHIS	0	0	43	19	0	0
NHIS, School feeding, Free health service, PWD Fund and Psycho-social support	0	0	23	10	1	14.3

Source: Field Study 2020

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Table 20 present a comparison of the quantitative and qualitative data on complementary services available in the Nadowli-Kaleo District. Comparatively, both the quantitative and qualitative results showed that the main complementary services available are Labour Intensive public works (LIPW), Agric inputs supply, YES programme & NHIS registration and Micronutrients support and supplement under GHS. There is however a disagreement on specific services such as NHIS (Registration and Renewal) and School feeding as the only service complementary to the LEAP programme. Whiles the quantitative results showed, 50% indicating NHIS (Registration and Renewal) and School feeding as the only complementary service, the qualitative results did not agree with the quantitative results.

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Table 21 showed that, both quantitative and qualitative data agree partly on the knowledge of LEAP beneficiaries on complementary services. Whereas both results agreeing on knowledge on Labour intensive public, Agric input support, YES programme, NHIS Support from PWD Common Fund and School Feeding, they however, disagree on level of knowledge on complementary services. HHs 74% in the quantitative data has knowledge on service and the qualitative data showed IP1, IP2 & IP3 all having knowledge on services. Also, on the level of knowledge, 12% HHs had low level of knowledge whiles IP1, 2 and 3, also FGD1, 2, 3 recording low level of knowledge on complementary services. Both the quantitative and qualitative data agree at this level.

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Table 21: Knowledge of LEAP beneficiaries on complementary services

Knowledge of LEAP Beneficiaries on complementary Services	**Quantitative Analysis**		**Qualitative Analysis**	
	Interviews	FGD	HH	Institutions
	No.	No.	No.	% No.
LIPWs, Agric input, YES programme, NHIS, PWD Common Fund and School Feeding	IP1, IP2 & IP3	0	167	74
No knowledge on LEAP Complementary services	0	0	27	12
Knowledge on only NHIS registration and renewal	IP1	FGD1, 2 & 3	26	11
School feeding	0	0	4	2
Knowledge level of beneficiaries on complementary services				
High	0	0	83	37
Very high	0	0	15	7
Low	IP1,2,3	FGD1,2,3	27	12
Very low	0	0	99	44

(Source: Field work, 2010)

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Table 22 showed that the results of both quantitative and qualitative data partly agree. However, the area where both data do not agree lies in proximity and geographical barriers as no results were recorded for the qualitative study group whereas, the quantitative study group recorded 8%. Also whiles the quantitative data reported that 20% reported no barriers exist in accessing complementary service, the qualitative data showed all indicated that barriers exist in accessing complementary service. The results of both quantitative and qualitative data are complementary.

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Table 22: Barriers Accessing Complementary Services by LEAP Beneficiaries

Barriers	**Quantitative Analysis**		**Qualitative Analysis**			
	Interviews	FGD	HH		Institutions	
	No.	No	No	%	No	%
Socio-cultural, Institutional, Economic and resource, Geographical & Proximity	IP1,2,3	FGD 1,2,3	14	6	1	14.3
Socio-cultural & Economic and resource	IP3	FGD2	31	14	2	28.6
Socio-cultural, Economic and resource &Geographical	IP2	FGD3	10	4.5	1	14.3
Economic and resource barriers	IP1	FGD3	81	36	2	28.6
Economic and resource, Proximity & Geographical	IP1,2	FGD2 3	27	12	1	14.3
Proximity & Geographical			17	8	0	0
None			46	20	0	0

(Source: Field Work, 2020)

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4.5 Interpretation of Results

4.5.1 Complementary Services of Leap Available in the Nadowli-Kaleo District.

Complementary services available to LEAP Beneficiaries were identified in the study. These services were Labour Intensive public works, Agric inputs supply, Youth Employment Scheme programme & NHIS registration and renewal, Micronutrients support and supplement under GHS school feeding, Support from Persons with Disability (PWD) Common Fund and Micro finance support. These services though available to beneficiaries of the LEAP programme, however differ from HH to HH.

The first objective, indicates that, the quantitative results showed that of the 224 HH respondents 131(59%) indicating NHIS and school feeding as the complementary services available in the study area and 43 (19%) see only NHIS as the complementary service available. The quantitative results also showed 18(8%) sees only Micro-finance support as the complementary service available, whiles 14(7%) sees a combination of services; Labour Intensive public works, Agric inputs supply, YES programme and Micro finance support as the complementary services available. The data from the Institutions also showed 2 (28.6%) indicating Labour Intensive public works (LIPW), Agric inputs supply, YES programme & NHIS registration and Micronutrients support and supplement under GHS and another 2 (28.6) indicating only NHIS (Registration and Renewal) and School feeding as the only complementary services. The qualitative results showed IP1, IP2 and IP3 regarding NHIS as the only service available in the study area, also discussants in FGD1 regards NHIS as the only service available in the study area.

Specifically, whiles IP3 further saw a combination of NHIS, school feeding and free health service as services available, discussants in FGD1, FGD2 and FGD3 also saw a combination of NHIS, school feeding and free health services treatment as complementary services available. Only IP3 in the qualitative study group saw in addition support from the persons with disability fund as a service available in the study area. Emphasizing on the PWD fund, IP3 intimated that, *''I have been a beneficiary of the PWD support and was invited to go to Nadowli to pick my cash support, this I saw as a service complementary to the LEAP programme which I am a beneficiary''* (IP3 2020). The qualitative results did not however regards Labour Intensive public works, Agric inputs supply, YES programme and Micro finance support as services that are available in the study area.

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Majority of HHs (113) 51% indicated NHIS (Registration and Renewal) & School feeding were complementary services available. Households (43) 19% indicated that only NHIS (Registration and Renewal) was available to them. NHIS (Registration and Renewal), School feeding and Free health service (Treatment) was reported by (18) 8% of HHs as complementary services available whiles Micro finance support was reported by (18) 8% of HHs as the only complementary services available to them. Households (8) 4% see Labour Intensive public works, Agric inputs supply, YES programme & NHIS registration the only complementary services available and HHs (6) 3% regards Labour Intensive public s, Micro finance support, NHIS registration & school feeding as the only services available. One HH did not see any form of complementary service available.

Interview Participant 1 (IP1)-Goli and Interview Participant 2 (IP 2) indicated the National Health Insurance (NHIS) and the Labour Intensive Public Works (LIPWP) as the only complementary services available in the Nadowli-Kaleo District. IP1 intimated that, *'' I am aware of the National Health Insurance Scheme and the Labour Intensive Public Works'' (IP1, 2020)*. IP2 stated *''I usual go with my LEAP card to renew the NHIS of my grandmother and I also took part in the construction of the Samatigu road which was under the LIPW, this I know was services in addition to the LEAP programme of which my household is a beneficiary'' (IP2, 2020).* Data from Focus Group Discussions 1, 2 and 3 (FGD1-Gabile, FGD 2- Doung and FGD 3-Janguashi) also espoused that the most common and available complementary services of LEAP is the NHIS though there were other services such as the LIPW. Emphasis on NHIS as the available complementary service of LEAP, a FGD Discussant (FGD1) mentioned that, *''very often the NHIS of LEAP beneficiaries are gathered and renewed at the community level. Discussant in FGDs 2 and 3 however stated that, beneficiaries would have to travel to the District capital Nadowli, to have access to renewing their NHIS'' (FGD1 Discussant, 2020)*. A Discussant in FGD 3 however indicated that *''some of us now prefer to use the mobile renewal method than traveling to Nadowli, which is costly'' (FGD3 Discussant, 2020)*. IP1 –Goli also stated that *''due to the delay and costof travel, I now prefer to use the mobile phone to do my renewals which also comes with a cost'' (IP1, 2020).*

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The researcher wanted to be sure if the only complementary services accessed LEAP beneficiaries were NHIS and the LIPW and posed a question to IP (1, 2 and 3) and FGD

(1,2 and 3) ‘’is there no any other service that any household member of LEAP have accessed? IP1 recalled that she ever benefited from the common fund meant for persons with disabilities and think that is also a complementary service of the LEAP programme. Also, IP3 also recalled that all her three children aged, 4,6,11 years are attending a feeding school in Char-Sombo and thinks the school feeding is a complementary service of LEAP.

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4.5.2 Knowledge of LEAP Beneficiaries on Services Available

Majority of HHs 166 (68%) are aware of the following services; LIPWs, Agric input support, YES programme, NHIS registration/ renewal School feeding, Micronutrients support and supplement under GHS Free health & Psycho-social support whiles (11.8%) of HHs are not aware of any service available. The rest of HHs, 26 (11.6%), 4 (1.7%) and 2 (0.85%) respectively are aware of only NHIS registration and renewal; combination of NHIS registration and renewal, support from PWD Common Fund & School feeding; and those aware of only School feeding as services available. There is one thing aware of service and have knowledge on the service.

On the knowledge level of LEAP beneficiaries on complementary services, the quantitative results revealed 99 (44%) of HHs have very low knowledge on complementary services of LEAP, whiles 83(37%) have high knowledge on complementary service of LEAP and 27(12%) HHs, having low knowledge whiles 15(7%) having very high knowledge on LEAP complementary services. The qualitative results show IP1, IP2, IP3 and discussants in FGD1, FGD2 and FGD3having low level of

knowledge on LEAP complementary services.

There is one thing having knowledge of the services as LEAP complementary service and access to these services. A total of (104) 46% has accessed NHIS (registration and renewals) & School feeding whiles (61) 27% of HHs has accessed only NHIS (registration and renewals). Accessed to NHIS (registration and renewals), School feeding & Free Health Service (treatment), saw (15) 7% of HHs. Also, access to Micro finance support, NHIS (registration and renewals) & School feeding recorded (12) 5% of HHs. The rest of the HHs recorded less than 5% in accessing various complementary services of the LEAP programme.

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The number of HH members' ever accessed service has been revealed in this study. Eighty (80) 36% of HHs had two members ever accessing LEAP complementary service, whiles (64) 29% of HHs recorded three members ever accessing Complementary service. One member and Four members ever accessing complementary service recorded (33) 15% each. However, five and more members ever accessing LEAP complementary services recorded (14) 6%.

The study also sought to know if LEAP beneficiaries access complementary service with cost. The study revealed that (114) 51% of HHs access LEAP complementary services with cost whiles (110) 49% of HHs do not enquire any cost in accessing LEAP complementary.

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The researcher also sought to assess the knowledge level of participants in the qualitative study group. IP1, IP2 and IP3 were asked to indicate their knowledge on complementary services of LEAP. They were asked to list services that were available to LEAP beneficiaries and later given a list of complementary services of LEAP which was used to assess their knowledge level. They were able to mentioned four (NHIS, School Feeding, PWD Common Fund and LIPW) as complementary services. Specifically, IP1-Goli, indicated NHIS, School Feeding and PWD common Fund. IP2 stated only NHIS as the complementary service of the LEAP programme, whiles IP3 listed NHIS, School Feeding and LIPW as the complementary services he is aware of. It was revealed that IP1, IP2, and IP3 all scored low as their knowledge on complementary services was only on four out of the ten in the list. Focus Group Discussants (FGD 1, 2, and 3) knowledge on complementary services of LEAP did not differ much from that of I P (1, 2, and 3). Participants in each FG were; FGD1=7, FGD2= 5 and FGD 3=5 (Gabile, Doung and Janguashi respectively). In FGD1 and FGD2, few participants only had knowledge on three services as complementary (NHIS, School Feeding and PILW) and the majority only knew NHIS and School Feeding as LEAP complementary services. Participants in FGD 3 only knew of NHIS as the only complementary service of the LEAP programme. Uponthepresentationofalistcontaining10complementaryservices, FG Discussants knew three out of the ten complementary services of LEAP; this was also ranked Low by participants on their knowledge level of LEAP complementary services. An FG Discussant emphasized that *'' we were not told or educated on other services that we could benefit as LEAP beneficiaries, what we have been told is that we were to renew our NHIS free of charge'' (FG3 Discussant,2020).*

4.5.3 Barriers in Accessing LEAP Complementary Services

Access to complementary services is faced with certain barriers. Some of the barriers faced by LEAP Beneficiaries in accessing complementary services were revealed by the study. Though some HHs (46) 20% in the study revealed that they do not face any form of barrier in accessing complementary services, a total of (178) 64% face one or more forms of barriers in accessing complementary services. Majority of the HHs, (81) 36% faced economic and resource barriers in accessing complementary services. Other forms of barriers faced by beneficiaries were Socio-cultural & Economic and resource e, (31) 14%, Economic and resource, Proximity & Geographical, (27) 4%, Proximity & Geographical barriers, (17) 5%. Others were Socio-cultural, Institutional, Economic and resource, Geographical & Proximity, (14) 16% as forms of barriers faced by LEAP beneficiaries in accessing complementary services. The institutional data also showed 5 (71%) identified ; 1) socio-cultural barriers, 2) Institutional barriers, 3) resource and economic barriers as a resulting inadequate infrastructure of roads, power, inadequate savings to raise investment, lack of opportunity for education, lack of money and poor nutrition intake; cost access a service and distance/transport costs, 4) Psychological barriers and 5) Geographical barriers.

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The researcher sought to identify barriers in accessing complementary services by LEAP beneficiaries. IP1, 2 and 3 revealed barriers such as economic and resource barriers to accessing complementary services. Specifically, IP3 further saw Socio-cultural & Economic and resource barriers; whiles IP2 regards Economic and resource, Proximity & Geographical barriers faced in accessing services. However, IP1 and IP2 see a

combination of Socio-cultural, Institutional, Economic and resource, Geographical & Proximity as barriers ever faced in accessing service. FGD 1, 2 and 3 Discussants also see economic and resource barriers in accessing LEAP complementary service. FGD2 identified Socio-cultural & Economic and resource as barriers in accessing service whiles FGD3 considers Economic and resource, Proximity & Geographical barriers in accessing complementary services. FGD2 specifically identified Proximity &Geographical barriers to complementary services. However, FGD2 and FGD3 see a combination of Socio-cultural, Institutional, Economic and resource, Geographical & Proximity barriers in accessing services.

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The qualitative results show, IP1, IP2 and IP3 and discussants in FGD1, FGD2 and FGD3 to consider economic and resource barriers as the main barriers in accessing complementary service. IP3 and discussants in FGD2 further indicate a combination of socio-cultural and economic and resource barriers as barriers in accessing complementary services. IP2 and discussants in FGD3 both saw a combination of Economic and resource, Geographical & Proximity as forms of barriers in accessing complementary services. The quantitative and qualitative findings are clearly seen to be most compatible.

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4.6 Discussion of Results

4.6.1 Category of Beneficiaries

The categories of LEAP beneficiaries in the study were mostly, in the aged poor, OVCs, Severely disabled person & mother of infant. Most beneficiaries in the HHs 46% fell in the aged poor category and HHs with only severely disable persons beneficiaries. There were HHs with more than just one category of beneficiaries; aged poor, OVCs, Severely disabled person & mother of infant. Few HHs less than 1% had beneficiaries that were in only the mother of infant child category. This corroborate with Sulemana *et al* (2018) on an assessment of the LEAP programme in Karaga district which revealed that majority of the beneficiaries 50% were aged poor 65 years and above with few 2% being poor pregnant women.

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4.6.2 Arrangement for Linking LEAP Beneficiaries to Complementary Service

The results of this study indicate that, the institutions that offer complementary services implement their individual programmes and activities. There is low level of coordination and collaboration. This therefore has the challenge of beneficiaries of the LEAP programme being linked to complementary services. This affirms Food and agricultural organization (2014) study on the broad range of impacts of the LEAP programme which suggested that there is a weakness in linking LEAP beneficiaries to health services which requires further attention. A review of literature suggests that the only arrangement to link beneficiaries of LEAP is the MoU signed by the LEAP programme with National Health Insurance Authority to register all LEAP beneficiaries onto the National Health Insurance Scheme. Also, the design of the LEAP programme has in it an institutional

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frame work, and at the district and community level, there is a District LEAP implementation Committee (DLIC) and Community LEAP Implementation Committee (CLIC). These were found to be nonfunctional at the time of this study. This corroborate well with Taylor (2008) that identified progress in linking (Productive Safety Net Programme four (PSNP4) clients with social services as slower than expected, and implementation modalities have been hampered by a lack of adequate multispectral collaboration (Taylor, 2008).

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4.6.3 Complementary Services Available in Nadowli-Kaleo District

Complementary services available in the Nadowli –Kaleo district are the indigent registration under the NHIS; the Ghana school feeding; micro-finance support and agricultural input support. However, the MoGCSP (then ministry of manpower and youth employment, 2008) outline of complementary services to include micronutrients support and supplement under Ghana Health Service; psycho-social support under DSW; skills training for Care Givers and Free Bus ride (MMYE, 2008). Another service observed was the complementary livelihood support scheme under the Ghana productivity safety net, a new emerging programme from the ministry of local government and rural development and MoGCSP.

4.6.3.1 Complementary Services Accessed By LEAPHHS

Complementary services available in the study area for LEAP beneficiaries ranged from Labour Intensive public works, NHIS registration and renewal, School feeding, support from persons with disabilities fund. These were identified by beneficiaries themselves

though study instruments; HHs questionnaires, Interviews and FGDs. Meanwhile, results from institutions in the study revealed that, other complementary services available in the district include, micro-credit support, productive inclusion under the Ghana productivity safety net programme, local economic development programme in the area of climate change and skill training. This therefore suggests that there is good number of complementary services that beneficiaries of LEAP in the district are not aware of. The lack of awareness of some beneficiaries on complementary services of LEAP makes vulnerability not universal for special groups as Fineman's' theory on vulnerability allude. It must be noted from this study that, even if vulnerability is universal, not everyone experiences it in the same manner or degree. With proper coordination and collaboration among institutions and beneficiaries, beneficiaries could link to these services for an enhance impact of social protection outcomes.

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Complementary services are not uniform across the globe. The MoGCSP (then ministry of manpower and youth employment, 2008) outline includes a) indigent registration under the NHISA, b) micronutrients support and supplement under Ghana Health Service c) the Ghana school Feeding, d) psycho-social support under DSW, e) micro-finance schemes, f) agricultural input support under MoFA and skills training for Care Givers (MMYE, 2008). Also included is the free bass ride. Though these services have been seen as complementary services, only few have been accessed by LEAP beneficiaries in this study. To what extent then are institutions and agencies rendering complementary services adequately empowered by the state both in terms of laws and resources as stipulated in Fineman's vulnerability theory. It must be noted that the vulnerability theory

did nothing on ways resources could be allocate in the context of population considered vulnerable, in designing social policies and interventions to be implemented by state institutions, vulnerability nevertheless may be a potent indicator to deigning social interventions.

4.6.3.2 LEAP and It Complementary Services in Nadowli-Kaleo District

The LEAP programme and its complementary services have influenced school attendance greatly. This was revealed by this study as the quantitative group shows (184) 68% of HHs indicating the programme and its complementary services has influenced greatly on school attendance children. The qualitative results complement the quantitative as both IP1 and IP3 indicated the LEAP programme and its complementary services have influenced greatly school attendance. Participants in the FGD had a mixed response. FGD2 and FGD3 also agreed that the programme and its complementary services influenced school attendance but not greatly. This finding confirms a study by Yue, *et al* (2014) in rural China Junior High School on school dropout and conditional cash transfer which revealed that conditional cash transfer reduces dropout rate by 60%. However, the study revealed that the number of children of school going age (68) 30% is attending a feeding school. This percentage is low and in achieving the aim of the Ghana School Feeding Programme that is providing social support, encourage school going among children, dietary, support local efforts for food cultivation and the outlined guidelines for the selection of beneficiary schools in 2010 (Draft National School Feeding Policy2015)

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Majority of LEAP beneficiaries (156) 70% has NHIS with 69% having active NHIS cards. This confirms Niyuni (2016) who indicated that under the LEAP Programme nearly 65% of beneficiary household members have been registered and linked onto the NHIS (Niyuni, 2016). This finding also upholds the accession by Kwaku, (2012) that 79% of respondents were registered under the NHIS while 21% were not registered, thesefindingssuggestthat31%ofbeneficiariesNHIScardsarenotactive, a situation that can deprive them of access to health care implying not all LEAP beneficiaries face the same level of vulnerability in accessing health care as those with active NHIS cards can access health care more quickly than those without active NHIS cards. The other strand is that, of the (68) 30% of HHs members without NHIS suggest that much is still needed for the programme to link beneficiaries to access complementary services in the area of health. This is in line with the findings by food and agricultural organization (2014) on the broad range of impacts of the LEAP programme which suggest that there are weaknesses in linking LEAP beneficiaries to health services which requires further attention (FAO, 2014). The point here is that vulnerability theory (Fineman, 2008) makes significant the need to modify institutional measures that create privileges and perpetuate disadvantages. The mode of registrations and renewal of NHIS where beneficiaries will have to travel to the district capital to get registered is partly the reason for the (30%) of HHs members without NHIS. This is a product of not decentralizing the registrations and renewal process.

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The results of this study did not reveal much, the labour intensive public works as complementary service of the LEAP programme. The design of the LIPW progamme

makes it a service complementary to the LEAP programme. The LIPW project identifies and registers working persons in LEAP beneficiary households who are willing and able to work and engage them in activities that earn them additional income to improve their living conditions. Both the quantitative and qualitative study groups saw the LIPW with a combination of other services as complementary to the LEAP programme. This revelation suggests that beneficiaries of the LEAP programme were not considered in the selection and recruitment of persons in the implementation of the LIPW in the study district. This study however revealed that, there is a new component of the LIPW known as Ghana Productivity safety net programme operated under the Ghana Productive Safety Net Projects (GPSNP). This was revealed by an institutional respondent from the Nadowli-Kaleo District Assembly (Planner). The respondent who stated that the programme is meant to create access to income earnings opportunities for extremely poor households (LEAP and LIPW households) through the provision of; Vocational skills training, Small grants, Business management and skills training and Creating market linkages. This is an emerging complementary service that beneficiaries of LEAP can take opportunity of when properly linked to the GPSNP.

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The design of the LEAP programme has it that, household members that do not fall under any of the category of LEAP eligible beneficiaries could be link to other services such as apprenticeship and skills training of which the Youth Employment Schemes (YES) could service that. Though the study revealed that, Youth Employment Scheme (YES) is seen by beneficiaries as complementary service, no household member in the study communities have ever benefited from any YES programme. This implies that though

the service is seen as complementary, access to it by members of LEAP HHs has not been possible. An Interview Participant (IP2) stated *''I have a son who completed senior high school and is not able to further his education, he has been trying to get the youth employment but is not possible'' (Female IP2, 202).* However, there is growing evidence ontheimpactofCCTprogrammeswithYouthEmploymentSchemes.ForinstanceinBrazil and Colombia, CCTs are noted for robust vocational training programmes that they provide to their beneficiaries (CEPAL,2014).

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4.6.4 Knowledge of LEAP Beneficiaries on Complementary Services

Beneficiary knowledge on complementary services is key to accessing services. This study revealed 74% has knowledge on Labour intensive public, Agric input support, YES programme, NHIS Support from PWD Common Fund and School Feeding this was same in the qualitative group reported by IP1, IP2 & IP3. However, 56% have low level (12% low and 44% very low) of knowledge in general on complementary services whiles 44% have in general high knowledge on complementary services (37% high and very high 7%).

4.6.5 Barriers Accessing Complementary Services by LEAP Beneficiaries

The study revealed that majority of LEAP beneficiaries face barriers related to extra cost in accessing complementary services. In the quantitative results 81(36%) of HHs indicated economic and resource barriers in accessing complementary services. A combination of socio-cultural, economic and resource barriers recorded 31(14%) in accessing LEAP complementary services. The qualitative results also show, IP1, IP2 and

IP3 and discussants in FGD1, FGD2 and FGD3 to consider economic and resource barriers as the main barriers in accessing complementary service. These findings corroborate with Palermo *et al* (2019) that identified, that barriers to renewal of NHIS by LEAP beneficiaries included long time waiting, competition, demands wit work, cost of transport and poor road condition (Palermo *et al*, 2019).

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The findings in this study revealed that almost half (110) 49% indicating they access services with cost whiles (114) 51% reported no cost in accessing service. This confirms a study by Witter, Brikci, Harris, Williams, Keen, Mujica, & Renner (2016) which indicated that in terms of health outputs (use of health care provision) the poor continue to face barriers in accessing health care due to the indirect costs in travelling and related costs of consultation and treatment *(*Witter *et al,*2016)*)* and Jaha, *et al* (2015) on challenges of LEAP programme in the Upper West Region which revealed that, LEAP beneficiaries face the challenge of incurring additional cost of transporting themselves to Wa town to renew their NHIS cards and sometimes without money to transport themselves back (Jaha, *et al,* 2015). The cost in accessing complementary services were primarily on cost of traveling to access service and renewal of NHIS damaged or expired cards. Other cost which is related to access barriers was the fact that beneficiaries of LEAP with NHIS pays for drugs in accessing health care services especially drugs that are not at the health facilities but rather at the pharmacy. An FG discussant narrated that, *''I have on several occasions told that the drugs I am to be given are not in the hospital so I should get them at the drug store, which mean apart from the hospital card that was free, my medication was not free'' (Female FG3 Discussant, 2020).* This finding

corroborates with a study by Sackey, & Remoaldo, (2019) regarding, difficulty in accessing complementary services with experiences of beneficiaries paying for drugs and other health provisions though with NHIS by LEAP beneficiaries and also upholds the accession. The actual predicament of sometimes beneficiaries paying for health services was equally captured by a study by Agbaam and Dinbabo (2014). The barriers (related to extra cost in accessing complementary services, socio-cultural, economic and resource barriers, institutional and other barriers) identified in this study as a result of formal equality approaches may have the counterproductive effect of furthering inequality by validating and facilitating existing inequalities thereby rendering LEAP beneficiaries more vulnerable to experiencing the impacts of the LEAP cash programme. The tongue of vulnerability theory, the person with diversified portfolio is not less vulnerable but rather more resilient. However, continue encountering of barriers in accessing LEAP complementary services has the potential of killing the resilience of beneficiaries who has the capacity of accessing services as resilience is the same with capacity.

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Agbaam and Dinbabo however think that the fact that beneficiaries spend part of the grant as registration for health insurance or paying for health care related expenditures shows that the poor themselves appreciate the essence of the grant and thus invest it into safeguarding or minimizing the financial barriers associated with the risk of ill health (Agbaam and Dinbabo, 2014). However (114) 51% indicated they do not access service with cost.

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CHAPTER FIVE

SUMMARY OF FINDINGS, RECOMMENDATION AND CONCLUSION

5.1 Introduction

The purpose of this chapter is to present in summary, the key findings of this study. Predicate to the summary is a recommendation for policy direction and implementation and also for future research. Conclusions drawn in this study are also postulated in this chapter.

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5.2 Summary of Findings

The categories of LEAP beneficiaries in the study were mostly, in the aged poor, OVCs, Severely disabled person & mother of infant.

LEAP programme and its complementary services have influenced school attendance greatly. This was revealed by this study as the quantitative group shows (184) 68% of HHs indicating the programme and its complementary services has influenced greatly on school attendance children. The qualitative results complement the quantitative as both IP1 and IP3 indicated the LEAP programme and its complementary services have influenced greatly school attendance. The number of children of school going age (68) 30% is attending a feeding school.

Majority of LEAP beneficiaries (156) 70% has NHIS with 69% having active NHIS cards whiles 31% of beneficiaries NHIS cards are not active, a situation that can deprive them of access to health care.

Arrangement(s) in Linking LEAP Beneficiaries to Complementary Services.

The institutions that offer complementary services implement their individual programmes and activities and there is low level of coordination and collaboration posing a challenge linking beneficiaries to complementary services. The institutional frame work, which had DLIC and the CLIC are not functional at the time of this study.

Complementary services available in the Nadowli-Kaleo District

The results showed indigent registration under the NHISA; the Ghana school feeding; micro-finance support and agricultural input support as the only complementary in the area. The study did not reveal much, the labour intensive public works as complementary service of the LEAP programme. However, a new component of the LIPW known as Ghana Productivity safety net programme operated under the Ghana Productive Safety Net Projects (GPSNP) meant to create access to income earnings opportunities for extremely poor households (LEAP and LIPW households) through the provision of; Vocational skills training, Small grants, Business management and skills training and Creating market linkages.

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Though the study revealed that, youth employment scheme (YES) is seen by beneficiaries as complementary service, no LEAP household member in the study communities ever benefited from any YES programme. This implies that though the service is seen as complementary, access to it by members of LEAP HHs has not been possible.

The Knowledge Level of LEAP Beneficiaries on Complementary Services Available

A total of 74% HHs has knowledge on Labour intensive public, Agric input support, YES programme, NHIS Support from PWD Common Fund and School Feeding this was same in the qualitative group reported by IP1, IP2 & IP3. However, 56% (low 12% and 44%) have low level of knowledge in general on complementary services whiles 44% have in general low level on complementary services (37% high and very high 7%).

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Barriers Accessing LEAP Complementary Services by Beneficiaries

The study revealed majority of LEAP beneficiaries face barriers related to extra cost in accessing complementary services. A combination of socio-cultural, economic and resource barriers recorded 31(14%) in accessing LEAP complementary services. The qualitative results also show, IP1, IP2 and IP3 and discussants in FGD1, FGD2 and FGD3 to consider economic and resource barriers as the main barriers in accessing complementary service. Almost half (110) 49% indicating they access services with cost whiles (114) 51% reported no cost in accessing service. Other cost which is related to access barriers was the fact that beneficiaries of LEAP with NHIS pays for drugs in accessing health care services especially drugs that are not at the health facilities but rather at the pharmacy. A FG discussant narrated that, *''I have on several occasions told that the drugs I am to be given are not in the hospital so I should get them at the drug store, which mean apart from the hospital card that was free, my medication was not free'' (Female FG3 Discussant, 2020).*

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5.3 Recommendations

Arrangement(s) in linking LEAP beneficiaries to complementary services

There should be a strengthening of institutional frame work with the district and community level. The District LEAP Implementation Committee as well as the Community LEAP Implementation Committees should be revitalized. This should be an effort made by the District Assemblies since there is some sought of decentralization on the implementation of the LEAP programme. This will be a leverage point of linking beneficiaries to complementary services since the composition of the DLIC is a representation of institutions offering services that are complementary to the cash transfer programme. Therefore, Institutional setups such as the establishment and functioning of the District and Community LEAP Implementation Committees that ought to corroborate with efforts at creating opportunities and linking beneficiaries to other social services need to be relooked at, hence the need for revitalization of these institutional frame works.

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Knowledge Level of LEAP Beneficiaries on Complementary Services

More focus should be given on educating and sensitizing LEAP beneficiaries on possible services that can complement the cash grant they benefit from. This could dovetail into forming safety nets through establishment of cooperatives and other networks so as to ensure that, the gains in the programme are sustained after graduation of beneficiaries.

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Barriers Accessing LEAP Complementary Services by Beneficiaries

There should be efforts by the MoGCSP and MMDAs to enter into a MoU with agencies offering services targeted at the vulnerable i.e. LEAP beneficiaries just as is done between the MoGCSP and the National Health Insurance Authority. The lack of coordination and collaborations within institutions could be harnessed through getting into more agreement between the LEAP programme and the other institutions offering services. Future research should be conducted to assess the effects of barriers to complementary services on the lives of LEAP beneficiaries and how these barriers can hamper the likelihood of leaping beneficiaries of cash transfers out of the malaise of extreme poverty. Again, future research should also be geared towards recommending ways by which the LEAP programme can graduate beneficiaries since that has not been done by the programme since its establishment.

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5.4 Limitation

This study has a number of limitations. The first is that, the study was only interested in the knowledge level of complementary services of LEAP and not how these complementary services have impacted on LEAP beneficiaries. The second is that, regarding the level of knowledge of LEAP beneficiaries on complementary services, this was only assessed using the quantitative study group, no FGD or Interview was conducted to assess that. Again, the study did not come out with effects of barriers to services on the lives of beneficiaries. Lastly, the findings in this study reflect a portion of complementary services of cash transfers and LEAP beneficiaries in the milieu under which the study was conducted and therefore cannot be generalized.

5.5 Conclusion

Knowledge on services is an important component to beneficiary access to services. It facilitates efforts at linking clients to services that are complementary to interventions. Waltson and Palermo noted, complementing cash transfer with added inputs, service components or linkages to external services or a combination of the above can subsist successful in achieving the preferred impacts and ensuring their sustainability than only cash (Watson and Palermo, 2016). Beneficiaries of the LEAP programme in the Nadowli-Kaleo District has knowledge of few complementary services of the programme, this has an implication on how firm beneficiaries have become to leap out of the malaise of extreme poverty especially should the cash transfer programme to an end or have to graduate beneficiaries. Institutional setups such as the establishment and functioning of the District and Community LEAP Implementation Committees that ought to corroborate with efforts at creating opportunities and linking beneficiaries to other social services need to be relooked at, hence the need for revitalization of these institutional frameworks.

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Access to complementary services may hamper the gains made in the implementation of cash transfer programmes. Ghana LEAP programme, especially in the study area is faced with a number of access barriers such as factors preventing access to and use of services arising as a result of low investment portfolio, lack of opportunity for education, limitation in natural endowment, poor and/or paucity of infrastructure and meeting the cost of accessing a service. Also, natural and physical factors either as a result of location resulting in distance and lack of proximity in accessing other social interventions complementary to LEAP inhibits beneficiary access to complementary service. Other

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barriers relate to factors limiting access as a result of policy and structural weaknesses hindering access and utilization of services complementary to the LEAP cash programme.

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UNIVERSITY FOR DEVELOPMENT STUDIES

References

Agbaam, C., & Dinbabo, M. F. (2014). Social grants and poverty reduction at the household level: Empirical evidence from Ghana. *Journal of Social Sciences*, *39*(3), 293-302.

Agbenyo, F., Galaa, S. Z., & Abiiro, G. A. (2017). Challenges of the targeting approach to social protection: An assessment of the Ghana Livelihood Empowerment against Poverty Programme in the Wa Municipality of Ghana. *Ghana Journal of Development Studies*, *14*(1),19-38.

Agyepong, I. A., Abankwah, D. N. Y., Abroso, A., Chun, C., Dodoo, J. N. O., Lee, S., ... & Park, J. (2016). The "Universal" in UHC and Ghana's National Health Insurance Scheme: policy and implementation challenges and dilemmas of a lower middle income country. *BMC Health Services Research*, *16*(1),1-14.

Aidoo, A. A. (2017). Putting Children First: Identifying Solutions and Taking Action to Tackle Poverty and Inequality in Africa.

Aikins, A. D. G., & Koram, K. (2017). Health and Healthcare in Ghana, 1957–2017. *The economy of Ghana sixty years after independence*, 365.

Alatinga, K. A., Daniel, M., & Bayor, I. (2020, January). Community Experiences with Cash Transfers in Relation to Five SDGs: Exploring Evidence from Ghana's Livelihood Empowerment Against Poverty (LEAP) Programme. In *Forum for Development Studies* (Vol. 47, No. 1, pp. 89-112). Routledge.

Albertson Fineman, M. (2008). The vulnerable subject: Anchoring equality in the human condition. *Yale JL & Feminism*, *20*, 1.

Al-Hassan, R., & Poulton, C. (2009). Agriculture and social protection in Ghana.

Almalki, S. (2016). Integrating Quantitative and Qualitative Data in Mixed Methods Research--Challenges and Benefits. *Journal of education and learning*,

www.udsspace.uds.edu.gh

5(3), 288- 296.

Aloryito, G. K. (2019). Linking Participation and Economic Advancement. Ghana Civil Society Platform on the IMF Programme: Case Study.Region, A. (2016). Ghana: Social Protection Assessment and Public Expenditure Review.

Amoako, R. (2015). *Assessing the effectiveness of the capitation grant to basic schools in Ghana: a case study of Oforikrom Sub-Metro* (Doctoral dissertation).

Amuzu, C., Jones, N., &Pereznieto, P. (2010). Gendered risks, poverty and vulnerability in Ghana: To what extent is the LEAP cash transfer programme making a difference. *London: ODI*.

Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: does it matter?.*Journal of health and social behavior*,1-10.

Anderson, R., & Newman, J. F. (1973). Societal and Individual Determinants of 154 KOREA JOURNAL OF POPULATION AND DEVELOPMENT Medical Care

Utilization in the US. *Milbank Memorial Fund Quarterly*, 51-95.

Aoyama, H. (1954). A study of the stratified random sampling. *Annals of the Institute of Statistical Mathematics*, *6*(1), 1-36.

UNIVERSITY FOR DEVELOPMENT STUDIES

Araujo de Carvalho, I., Byles, J., Aquah, C., Amofah, G., Biritwum, R., Panisset, U.,& Beard, J. (2014). Informing evidence-based policies for ageing and health in Ghana. *Bulletin of the World Health Organization*, *93*, 47-51.

Arksey, H., Jackson, K., Wallace, A., Baldwin, S., Golder, S., Newbronner, E., & Hare, P. (2003). Access to health care for carers: barriers and interventions.

Asante-Asare, A. (2008). The National Social Protection Strategy: Investing in People.

Asogwa, V. C., & Musa, S. (2018). Issues in E-Marketing for Prospective Entrepreneurs in Agribusiness.

www.udsspace.uds.edu.gh

Atulley, K. A. (2016). *An assessment of the livelihood empowerment against poverty programme in the Bongo District, Ghana* (Doctoral dissertation).

Atulley, K. A. (2016). *An assessment of the livelihood empowerment against poverty programme in the Bongo District, Ghana* (Doctoral dissertation).

Barrientos, A., Byrne, J., Peña, P., & Villa, J. M. (2014). Social transfers and child protection in the South. *Children and Youth Services Review*, *47*, 105-112.

Batler, T. (Octorber 26, 2018, October 26). *What are economic barriers?* Retrieved September 16, 2019, from Qura: https://www.quora.com

Bawelle, E. B. G. (2016). Impact of livelihood empowerment against poverty programme in Ghana: The case of Wa West District. *International Journal of Social Science Research*, *4*(2), 24-43.

Benjamin, M. (1992). Ethics in nursing.

Biringer, E., Davidson, L., Sundfør, B., Lier, H. Ø., & Borg, M. (2016). Coping with mental health issues: subjective experiences of self-help and helpful contextual factors at the start of mental health treatment. *Journal of mental health*, *25*(1), 23- 27.

UNIVERSITY FOR DEVELOPMENT STUDIES

Bless, C. Higson-Smith, C. 2000. *Fundamentals of social research methods: an African perspective*, *3*.

Bnafudeme Euguen, G. B. (2016). Impact of Livelihood Empowerment against Poverty Programme in Ghana: The Case of Wa West. *International Journal of Social Science Research, Perth Western Australia* .

Bretschneider, P. J., Cirilli, S., Jones, T., Lynch, S., & Wilson, N. A. (2017). *Document review as a qualitative research data collection method for teacher research*. SAGE Publications Ltd.

Bruni, L. M., Guven, M., & Monsalve, E. (2018). Harnessing Resources to Expand and

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

Sustain Social Safety Nets.

Bryman, A. (2006). Integrating quantitative and qualitative research: how is it done?.*Qualitative research*, *6*(1), 97-113.

Busler, M., &Mubaraki, H. A. (2011). Critical activity of successful business incubation. *Int. j. emerg. sci*, *1*(3), 455-464.

Byrne, M. (2001). The concept of informed consent in qualitative research.(Research Corner). *AORN journal*, *74*(3), 401-404.

Callistus, A. A. (2013). Assessing the impact of the livelihood empowerment against poverty (leap) social grant programme on household poverty reduction in rural Ghana: a case study of the Tolon-Kumbungu district in northern Ghana.

Camacho, L. A., &Kreibaum, M. (2017). *Cash transfers, food security and resilience in fragile contexts: general evidence and the German experience* (No. 9/2017). Discussion Paper.

Carey, J. K. (2018). *Preschool Teachers, Outdoor Environments, and Nature: A Phenomenological Study* (Doctoral dissertation, Northcentral University).

CEPAL, N. (2014). The employment situation in Latin America and the Caribbean: Conditional transfer programmes and the labour market.

Chaudhry, A. S., & Al-Adwani, A. (2019). Reading practices of EFL students: A survey of Kuwaiti college students. *English language teaching*, *12*(5), 130-144.

Chisoro-Dube, S., Dube, C., & Matsika, W. (2019). *Exploring the potential for growth and trade in fruit and oilseed-to-edible oils value chains following political shifts in Zimbabwe* (No. 2019/72). WIDER Working Paper.

Chliova, M., Brinckmann, J., & Rosenbusch, N. (2015). Is microcredit a blessing for the poor? A meta-analysis examining development outcomes and contextual considerations. *Journal of business Venturing*, *30*(3), 467-487.

www.udsspace.uds.edu.gh

UNIVERSITY FOR DEVELOPMENT STUDIES

Christ, T. W. (2013). The worldview matrix as a strategy when designing mixed methods research. *International Journal of Multiple Research Approaches*, *7*(1), 110-118.

Cooke, E., Hague, S., & McKay, A. (2016). The Ghana poverty and inequality report: Using the 6th Ghana living standards survey. *University of Sussex*.

Cosgrove, P. B. (2020). Implications of Mixing Methods: Balancing Paradigmatic and Validation Distinctive. In *Applied Social Science Approaches to Mixed Methods Research* (pp. 1-24). IGI Global.

Dako-Gyeke, M., & Oduro, R. (2013). Effects of household size on cash transfer utilization for orphans and vulnerable children in rural Ghana. *Academic Journal of Interdisciplinary Studies*, *2*(1), 239.

Daniel O. Gilligan, J. H. (2009). The Impact of Ethiopia's Productive Safety Net Programme and its Linkages. *The Journal of Development Studies,* Vol 45.

Daniel, E. (2016). The Usefulness of Qualitative and Quantitative Approaches and Methods in Researching Problem-Solving Ability in Science Education Curriculum . *Journal of Education and Practice,* Vol.7, No.15.

De Groot, R., Handa, S., Park, M., Darko, R. O., Osei-Akoto, I., Bhalla, G., &Ragno, L. P. (2015). Heterogeneous Impacts of an Unconditional Cash Transfer Programme on Schooling: Evidence from the Ghana LEAP Programme. *UNICEF Office of Research–Innocenti Working Paper WP-2015-10*.

De Groot, R., Palermo, T., Handa, S., Ragno, L. P., & Peterman, A. (2015). Cash transfers and child nutrition: what we know and what we need toknow.

Dervereus, S. (2011). Introduction: Social Protection for Social Justice. *IDS Bulletin banna* , 1-9.

Devereux, S., Roelen, K., & Ulrichs, M. (2015). *Where next for social protection?* (No. IDS Evidence Report; 124). IDS.

deWalque, D., Fernald, L., Gertler, P., &Hidrobo, M. (2017). Cash transfers and child and adolescent development. In *Child and Adolescent Health and Development. 3rd edition*. The International Bank for Reconstruction and Development/The World Bank.

Dhillon, R. S., Bonds, M. H., Fraden, M., Ndahiro, D., & Ruxin, J. (2012). The impact of reducing financial barriers on utilisation of a primary health care facility in Rwanda. *Global public health*, *7*(1), 71-86.

Dudovskiy, J. (2018). Pragmatism research philosophy.

Els, C., Mansour, K., &Carstensen, N. (2016). Between sub-contracting and partnerships.

Esser, A., Bilo, C., & Tebaldi, R. (2019). *How can cash transfer programmes work for women and children? A review of gender-and child-sensitive design features* (No. 178). Working Paper.

F, Y. E. (2015). Effects of National School Feeding Programme on Pupil's Enrolment, Attendance and Retention:" A Case Study of Nyoglo of the Savelugu-Nantong Municipality, Ghana. *British Journal of Education, Society and Bahavioural Science. B BJESBS.*

UNIVERSITY FOR DEVELOPMENT STUDIES

FAO (2014). *Policy Brief, the Broad Range of Impacts of the LEAP.*

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International journal of qualitative methods*, *5*(1), 80-92.

Ferré, C., & Sharif, I. (2014). *Can conditional cash transfers improve education and nutrition outcomes for poor children in Bangladesh? Evidence from a pilot project*. The World Bank.

Field, K. S., & Briggs, D. J. (2001). Socio- economic and locational determinants of accessibility and utilization of primary health- care. *Health & social care in the community*, *9*(5), 294-308.

Flynn, B. B., Sakakibara, S., Schroeder, R. G., Bates, K. A., & Flynn, E. J. (1990). Empirical research methods in operations management. *Journal of operations management*, *9*(2), 250-284.

Fuseini M (2019). Utilization of Livelihood Empowrment against Poverty Transfers, Evidence from the Upper West Region. *ResearchGate* .

Fuseini, M. N., Enu-Kwesi, F., & Sulemana, M. (2019). Poverty reduction in Upper West Region, Ghana: role of the Livelihood Empowerment against Poverty programme. *Development in Practice*, *29*(6), 760-773.

Gaarder, M. M., Glassman, A., & Todd, J. E. (2010). Conditional cash transfers and health: unpacking the causal chain. *Journal of development effectiveness*, *2*(1), 6-50.

Ganle, J. K., Parker, M., Fitzpatrick, R., & Otupiri, E. (2014). Inequities in accessibility to and utilisation of maternal health services in Ghana after user-fee exemption: a descriptive study. *International journal for equity in health*, *13*(1), 89.

Ghana Statistical Service. (2014). 2010 Population and Housing Census. District Analytical Report. *Prestea/Huni Valley District*.

UNIVERSITY FOR DEVELOPMENT STUDIES

Ghana, (2007) National Social Protection Policy (NSPS, 2007 P:11)

Ghana, (2012). *Ministry of Employment and Social Welfare Annual Report.*

Ghana, (2015) National Social Protection Policy Ghana, (2016). LEAP Management Secretariat

Gideon, E. B. (2016). Impact of Livelihood Empowerment against Poverty. The case of Wa West District. *International Journal of Social Science Research,* Vol. 4, No 2.

Grebe, E. (2015). The evolution of social protection policy in Ghana's 'Fourth Republic':

www.udsspace.uds.edu.gh

Contributory social insurance reform and limited social assistance for the 'extreme poor' under NPP and NDC governments,2000-2014.

Gulliford, M. (2003). Equity and access to health care. *Access to health care*, 36-60.

Halpern-Felsher, B. L., & Cauffman, E. (2001). Costs and benefits of a decision: Decision-making competence in adolescents and adults. *Journal of Applied Developmental Psychology*, *22*(3), 257-273.

Handa, S., Daidone, S., Peterman, A., Davis, B., Pereira, A., Palermo, T., &Yablonski, J. (2018). Myth-busting? Confronting six common perceptions about unconditional cash transfers as a poverty reduction strategy in Africa. *The World Bank Research Observer*, *33*(2), 259-298.

Handa, S., Park, M., Darko, R. O., Osei-Akoto, I., Davis, B., & Daidone, S. (2013). Livelihood empowerment against poverty program impact evaluation. *Carolina Population Center, Chapel Hill, NC: University of North Carolina*.

Hobbs, C., & Jackson, R. (2016). Cash Transfer Programming In The Pacific.

Hotmes, R., Samson, M., Wendy, Magoronge, Akinrimisi, B. & Morgan. (February 2012). *The Potential of Cash Transfer in Nigeria.*

UNIVERSITY FOR DEVELOPMENT STUDIES

Hycner, R. H. (1985). Some guidelines for the phenomenological analysis of interview data. *Human studies*, *8*(3), 279-303.

Jaha, I. R., & Sika-Bright, S. (2015). Challenges of the Livelihood Empowerment Against Poverty programme in the Upper West region of Ghana: the institutional perspective. *UDS International Journal of Development*, *2*(1),188-205.

Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Toward a definition of mixed methods research. *Journal of mixed methods research*, *1*(2), 112-133.

Jones, N., & Shahrokh, T. (2013). Social protection pathways.

www.udsspace.uds.edu.gh

Khanassov, V., Pluye, P., Descoteaux, S., Haggerty, J. L., Russell, G., Gunn, J., & Levesque, J. F. (2016). Organizational interventions improving access to community-based primary health care for vulnerable populations: a scoping review. *International journal for equity in health*, *15*(1), 168.

Kitzinger, J. (1995). Qualitative research: introducing focus groups. *Bmj*, *311*(7000), 299-302.

Kvale, S. (1994). Ten standard objections to qualitative research interviews. *Journal of phenomenological psychology*, *25*(2), 147-173.

Kvale, S. (1996). *Interviews: an introduction to qualitative research interviewing*. Sage.

Kwaku, L. F. (2012). *Compliance with national health insurance registration conditionality in LEAP beneficiary households in Yilo Krobo* (Doctoral dissertation, University of Ghana).

Leroy, J. L., Ruel, M., &Verhofstadt, E. (2009). The impact of conditional cash transfer programmes on child nutrition: a review of evidence using a programme theory framework. *Journal of development effectiveness*, *1*(2), 103-129.

UNIVERSITY FOR DEVELOPMENT STUDIES

Levesque, J. F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International journal for equity in health*, *12*(1), 18.

Loomis, D. K., & Paterson, S. (2018). A comparison of data collection methods: Mail versus online surveys. *Journal of Leisure Research*, *49*(2), 133-149.

Lungu, E. A., Biesma, R., Chirwa, M., & Darker, C. (2016). Healthcare seeking practices and barriers to accessing under-five child health services in urban slums in

Malawi: a qualitative study. *BMC health services research*, *16*(1), 410.

M. E., Del Ninno, C., Tesliuc, E., & Ouerghi, A. (2008). *For protection and promotion: The design and implementation of effective safety nets*. The World Bank.

www.udsspace.uds.edu.gh

Margaret Grosh, Carlo del Ninno, Emil Tesliuc and Azedine Ouerghi. For Protection and Promotion: The Design and Implementation of Effective SafetyNets. *Croatianeconomic survey...*, *12*(1), 207.

Macotin, E. J., Divinagrcia, J. A., Mabaga, J. C., & Salvado, E. A. G. (2018). DUTERTE LEADERSHIP: From the Perspective of Local Officials in the Philippines.

Martin, L., Elsadani-Salem, H., Mc Grenra, D., & Hurley, J. (2019). Republic of Ghana Country Strategic Opportunities Programme.

Medium-term Development Plan, 2018-2021; Nadowli-Kaleo District

Miller, C. M., Tsoka, M., Reichert, K., & Hussaini, A. (2010). Interrupting the intergenerational cycle of poverty with the Malawi Social Cash Transfer. *Vulnerable Children and Youth Studies*, *5*(2), 108-121.

Miller, M. H.(I977). *THE JOURNAL OF FINANCE*, *32*(2),

National Development Planning Commission. (2005). *Growth and Poverty Reduction Strategy (GPRS II) (2006 – 2009).* Government of Ghana.

Norton, A., Conway, T., & Foster, M. (2001). *Social protection concepts and approaches: Implications for policy and practice in international development*. London: Overseas Development Institute.

UNIVERSITY FOR DEVELOPMENT STUDIES

Okoh, R. N., & Isitor, C. U. (2009). Microfinance for small-scale enterprises development in Anambra State, Nigeria: a gender analysis. *The Nigerian Journal of Research and Production, 15*(2),

Oliveira, V. (2014). The food assistance landscape: FY 2013 annual report. *USDA-ERS Economic Information Bulletin*, (120).

Omeje, J. E. (2017). *Effects of Capital Structure of Small and Medium Scale Agro-enterprise on Access to Microfinance Banks Credit In Enugu state* (Doctoral dissertation).

Opdenakker, R. (2006, September). Advantages and disadvantages of four interview techniques in qualitative research. In *Forum qualitative sozialforschung/forum: Qualitative social research* (Vol. 7, No. 4).

Östlund, U., Kidd, L., Wengström, Y., & Rowa-Dewar, N. (2011). Combining qualitative and quantitative research within mixed method research designs: a methodological review. *International journal of nursing studies*, *48*(3),369-383.

Palermo, T. M., Valli, E., Ángeles-Tagliaferro, G., de Milliano, M., Adamba, C., Spadafora, T. R., & Barrington, C. (2019). Impact evaluation of a social protection programme paired with fee waivers on enrolment in Ghana's National Health Insurance Scheme. *BMJ open*,*9*(11).

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., &Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and policy in mental health and mental health services research*, *42*(5), 533-544.

Palmer, R. (2009). Skills development, employment and sustained growth in Ghana: Sustainability challenges. *International Journal of Educational Development*, *29*(2), 133-139.

UNIVERSITY FOR DEVELOPMENT STUDIES

Pamela J. Bretcheidneider, S. C. (2017). Document Review as a Qualitative Research Data Collection Method for Teacher Research. *SAGE research methods* .

Penchansky, R., & Thomas, J. W. (1981). The concept of access: definition and relationship to consumer satisfaction. *Medical care*, 127-140.

Peprah, P., Kyiyaga, E. M., Afful, H., Abalo, E. M., & Agyemang-Duah, W. (2017). Does the Ghanaian livelihood empowerment against poverty programme lead to an increase in household productive livelihood assets? Analysing the Ashanti scenario. *Cogent Social Sciences*, *3*(1),1298174.

Roelen, K., Devereux, S., &Kebede, D. (2017). Evaluation of the UNICEF Social Cash

www.udsspace.uds.edu.gh

Transfer Pilot Programme in SNNPR, Ethiopia. Midline Report Final.

Roelen, K., Devereux, S., Abdulai, A. G., Martorano, B., Palermo, T., &Ragno, L. P. (2017). How to make 'cash plus' work: linking cash transfers to services and sectors. *UNICEF Office of Research*.

Ruohonen, J., Hyrynsalmi, S., Rauti, S., & Leppänen, V. (2017). Mining social networks of open source CVE coordination. In *Proceedings of the 27th International Workshop on Software Measurement and 12th International Conference on Software Process and Product Measurement* (pp. 176-188).

Sackey, P. K., & Remoaldo, P. (2019). Ghana's Livelihood Empowerment Against Poverty (LEAP) programme is leaking: Irregularities watering down the impact of the flagship LEAP programme. *Cogent Social Sciences*, *5*(1), 1627789.

Sanchez, A., Melendez, G., & Behrman, J. (2016). The impact of the Juntos conditional cash transfer programme in Peru on nutritional and cognitive outcomes: Does the age of exposure matter?

Schade, K., La, J., & Pick, A. (2019). Financing social protection in Namibia.

Sinthumule, N. I. (2020). Borders and border people in the Greater Mapungubwe Transfrontier. *Landscape Research*, *45*(3), 280-291.

Smith, T., Noble, M., Noble, S., Wright, G., McLennan, D., & Plunkett, E. (2015). The English indices of deprivation 2015. *London: Department for Communities and Local Government*.

Srinivasan, S., & Jino, M. J. (2016). Social protection: a human right to promote social justice and equity. In *Social Development and Social Work Perspectives on Social Protection* (pp. 72-95). Routledge.

Stinger, E. T. (1999). *Action Research.* Curtin University of Technology: SAQGE Publication Inc.

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

Sulemana, M., Malongza, B. F. I., &Abdulai, M. (2019). Assessment of the Livelihood Empowerment against Poverty programme in Karaga district, Ghana. *Development in Practice*, *29*(4), 437-447.

Swain, J. (2018). *A hybrid approach to thematic analysis in qualitative research: Using a practical example*. SAGE Publications Ltd.

Swanevelder, R., Reddy, R., Chowdhury, D., Olmsted, M., Brambilla, D., Jentsch, U.,& REDS- III South Africa Investigators. (2019). Using a motivator and deterrent questionnaire to predict actual donation return behavior among first- time African- origin blood donors. *Transfusion*, *59*(9), 2885-2892.

Tabor, S. R. (2002). Assisting the poor with cash: Design and implementation of social transfer programs. *World Bank Social Protection Discussion Paper*, *223*, 79-97.

Tabor, S. R., & Sawit, M. H. (2001). Social protection via rice: the OPK rice subsidy program in Indonesia. *The Developing Economies*, *39*(3), 267-294.

Tashakkori, A., &Teddlie, C. (Eds.). (2010). *Sage handbook of mixed methods in social & behavioral research*. Sage.

Taylor, V. (2008). Social protection in Africa: An overview of the challenges. *Prepared for the African union*.

UNIVERSITY FOR DEVELOPMENT STUDIES

Thayer, H. S. (1981). *Meaning and action: A critical history of pragmatism*. Hackett Publishing.

Tirivayi, N., Knowles, M., & Davis, B. (2016). The interaction between social protection and agriculture: A review of evidence. *Global Food Security*, *10*, 52-62.

Ullah, A. A. (2014). Refugee Safety and Humanitarianism Discourse. In *Refugee Politics in the Middle East and North Africa* (pp. 78-102). Palgrave Macmillan, London.

Untoro, J., Childs, R., Bose, I., Winichagoon, P., Rudert, C., Hall, A., & de Pee, S. (2017). Tools to improve planning, implementation, monitoring, and evaluation of

www.udsspace.uds.edu.gh

complementary feeding programmes. *Maternal & Child Nutrition*, *13*,e12438.

Veras Soares, F., Knowles, M., Daidone, S., &Tirivayi, N. (2017). Combined effects and synergies between agricultural and social protection interventions: what is the evidence so far.*Food and Agriculture Organization of the United Nations (FAO).*

W, N. (2016). LINKING SOCIAL PROTECTION PROGRAMMES IN GHANA; the Case of the LEAP cash transfer programme. *Symposium on Social Protection Systems* , (p. 9).

Wasike, S. L. (2014). *Challenges facing women in accessing and controlling natural resources in Tuuti ward, Bungoma County in western Part of Kenya (Doctoral* dissertation, University of Nairobi).

Weyrich, P. (2016). *Barriers to climate change adaptation in urban areas in Germany* (Doctoral dissertation, Climate Service Center Germany (GERICS)).

Whitfield, S. (2019). Kasserian Injera: And How Are the Children? The Lived Experiences and Perceptions of Participants, Black and White, Who Attended Both Segregated and Desegregated Schools.

Witter, S., Brikci, N., Harris, T., Williams, R., Keen, S., Mujica, A., ... & Renner, A. (2016). The Sierra Leone free health care initiative (FHCI): process and effectiveness review.

Yamane, T. (1967). Sampling Formula. *E-Book www albookez com.*

Yendaw, E., &Dayour, F. (2015). Effect of The National School Feeding Programme On Pupils' enrolment, Attendance And Retention: A Case Study Of Nyoglo Of The Savelugu-Nantong Municipality, Ghana.

Yi, L. (2008). *Cultural exclusion in China: State education, social mobility and cultural difference*. Routledge.

UNIVERSITY FOR DEVELOPMENT STUDIES

Yue, A., Shi, Y., Chang, F., Yang, C., Wang, H., Hongmei, Y. I & Rozelle, S. (2014). Dormitory management and boarding students in China's rural primary schools. *China Agricultural Economic Review*.

Yvonne Feilzer, M. (2010). Doing mixed methods research pragmatically: Implications for the rediscovery of pragmatism as a research paradigm. *Journal of mixed methods research*, *4*(1), 6-16.

Zainal, Z. (2007). Case study as a research method. *Journal Kemanusiaan*, *5*(1).

Zembe-Mkabile, W., Ramokolo, V., Sanders, D., Jackson, D., & Doherty, T. (2016). The dynamic relationship between cash transfers and child health: can the child support grant in South Africa make a difference to child nutrition? *Public health nutrition*, *19*(2), 356-362.

Zeney, G. (2019). Overcoming the implementation challenges of the Ghana School Feeding Programme. *Government of Ghana Official Portal, Information Service Department.*

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Appendices

i) **FOCUS GROUP DISCUSSION**

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THESIS ON ACCESS TO COMPLEMENTARY SERVICES OF LIVELIHOOD EMPOWERMENT AGAINST POVERTY-LEAP;

NADOWLI-KALEO DISTRICT

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Please answer the following questions in the spaces provided, circle or tick the most appropriate options.

1. Age…………………………………………………………………………
2. Are you: (please tick as necessary) □ Male □ Female

3. What is role in the LEAP beneficiary Household?
   - □ Primary Care Giver
   - □ Secondary Care Giver
   - □ OVC Beneficiary
   - □ Aged poor 65+ beneficiary
   - □ Head of family
   - □Other family member: (please describe)

   ____

4. How many Services other than the LEAP cash transfer have you and your household accessed in the last 12 month (approximately)? _______________
5. How many years have you lived with you LEAP household?
   - □ <1 Year □ 1-2 Years
   - □ 2-5 Years □ 5-10 Years
   - □ >10 Years

6. How long have you knowledge about the LEAP programme (optional):

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□ <1 Year □ 1-2 Years
□ 2-5 Years □ 5-10 Years
□ >10 Years

Thank you for taking the time to complete this questionnaire

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FOCUS GROUP DISCUSSION GUIDE

1. **Researcher (Facilitator's) welcome, introduction and instructions to participants**

Welcome and thank you for volunteering to take part in this focus group. You have been asked to participate as your point of view is important. I realize you are a busy person and I appreciate your sacrifices of time.

Introduction: This focus group discussion is designed to assess your knowledge, experiences and level of understanding of the LEAP programme and its complementary services. We will be looking at **Access Barriers to Complementary Services of the LEAP Progamme** of which your household is a beneficiary. The focus group discussion will take not more than 45 minutes. May I tape the discussion to facilitate its recollection? (if yes, then I will switch on the recorder)

Anonymity: Despite being taped, I would like to assure you that the discussion will be anonymous. The tapes will be kept safely in a locked facility until they are transcribed word for word, then they will be destroyed. The transcribed notes of the focus group will not contain information that would allow individual participants to be linked to specific statements. I will be pleased you try to answer and comment as accurately and honestly as possible. I appreciate it if participants in this focus group would abstain from discussing the comments of other group members outside the focus group. If there are any questions or discussions that you do not wish to answer or participate in, you are permitted to do so; I however encourage you to be involved in the discussion

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GROUND RULES

- One person speaks at a time. No person should interfere in the other person contribution until he or she is given the chance to contribute
- There are no right or wrong answers
- You do not have to speak in any particular order
- When you do have something to say, please raise your hand and you would be given the chance. There are many of you in the group and it is important that I obtain the views of each of you
- You do not have to agree with the views of other people in the group
- Does anyone have any questions? (Answers).
- OK, let's begin

Warm up

- I will like everyone to introduce him/her self. (Start with myself; Researcher) then take a pattern and say Can you tell us your name?

INTRODUCTORY QUESTION

I am just going to give you a couple of minutes to think about your experience of being in a household that is a beneficiary of the LEAP Cash programme. Is anyone happy and ready to share his or her experience?

Guiding questions

- What are the attitudes of you and other members of your household towards the LEAP programme? (What did people think/say/do?)
- What drove the positive/negative reaction? If negative, how could it be rectified?
- What do you think about the aims of having the LEAP Cash programme (NB. I will provide a reminder of important things one must do and the other benefits of the LEAP Proggramme? (explore beneficiaries cash grants, conditionalities, complementary services, institutional framework and other district and community level activities of the LEAP programme)
- Do you think the LEAP is likely to improve the lives of beneficiaries? If not, why not? (similar questions for cash grants, conditionalities, complementary services, institutional framework and other district and community level activities of the LEAP programme
- What are your thoughts on what the LEAP programme aimed at? Is there anything that you think is not going on well? If yes, can you explain what you think is not going well (NB NEED TO REMIND PARTICIPANTS ON important things one must do and the other benefits of the LEAP Proggramme? (explore beneficiaries cash grants, conditionalities, complementary services, institutional framework and other district and community level activities of the LEAP programme)
- Do we have some of these services (mention complementary services) that you are aware of? which of them is available to you as LEAP beneficiaries) Are you able to access these services? (If yes you go ahead to find out whether it comes with a cost)
- When thinking back to how these services were accessed, were there any barriers that hindered your access to these services? Pease mention the barriers faced in accessing these services
- Are ways we could overcome these barriers? Please mention some of these ways of reducing these barriers.
- What are the main issues around actually accessing services that are complementary to the LEAP cash programme?
- What are the barriers to using the checklist? What are the enablers?

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- Did you feel comfortable anytime accessing complementary services? What might account for this?
- How would you make it easier to access complementary service of LEAP?

Concluding question

- Of all the things we've discussed today, what would you say are the most important issues you would like to express about the LEAP Programme and complementary services?

Conclusion

- Thank you for participating. This has been a very successful discussion
- Your opinions will be a valuable asset to the study
- I hope you have found the discussion interesting
- If there is anything you are unhappy with or wish to complain about, please contact OR speak to me later
- I would like to remind you that any comments featuring in this report will be anonymous
- Before you leave, please hand in your completed personal details questionnaire

THE REPORT WILL BE WRITTEN BASED ON THE RESULTS OF THE FOCUS GROUP. PLEASE REMEMBER TO MAINTAIN CONFIDENTIALITY OF THE PARTICIPATING INDIVIDUALS WILL BE ASSURED

THANK YOU ONCE AGAIN

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ii) HOUSEHOLD QUESTIONNAIRE

Serial No:………………………
Date Of Interview……………………Name Of Interviewer……………………………
Name Of Community:……………………Name Of Household……………………
Section A. Personal Details of The Respondent

A-1 Name of Respondent	
A-2 Sex of Respondent	[1] Male[2] Female [ ]
A-3 Age of Respondent	[ ] years
A-4 Relationship of Respondent to LEAP Household beneficiary (ies)	[1] Household head [ ] [2] Spouse [ ] [3] Care Giver [ ] [4] Father or Mother [ ] [5] Child [ ] [6] Brother or Sister [ ] [7] Beneficiary [ ] [8] Other………………………………………………..

Section B. Information about Household

B-1 how many people live in the household	[1] Adult men aged 18 and above [ ] [2] Adult women aged 18 and above [ ] [3] Boy children 3-17yrs [ ] [4] Girl children 3-17yrs [ ] [5] Babies boy 3 and below [ ] [6] Baby girls 3 and below [ ]
B-2 How many people are direct beneficiaries of the LEAP	[1] Adult men aged 18 and above [ ] [2] Adult women aged 18 and above [ ] [3] Boy children 3-17yrs [ ] [4] Girl children 3-17yrs [ ] [5] Babies boy 3 and below [ ] [6] Baby girls 3 and below [ ]
B-3 How many beneficiaries	[1] Aged poor 65+ [ ]

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fall in these categories	[2] OVCs [ ] [3] Severely Disable Person [ ] [4] mother of infant 0-5yrs [ ]
B-4 How many children of school going age are in school	[1] Boys 3-17yrs [ ] [2] Girl 3-17yrs [ ]
B-5 How many children attend a school that is a feeding school	[1] Boys 3-17yrs [ ] [2] Girl 3-17yrs [ ]
B-6 How many members of the household has NHIS	[1] Adult men aged 18 and above [ ] [2] Adult women aged 18 and above [ ] [3] Boy children 3-17yrs [ ] [4] Girl children 3-17yrs [ ] [5] Babies boy 3 and below [ ] [6] Baby girls 3 and below [ ]
B-7 How many members with NHIS that has Active NHIS Cards	[1] Adult men aged 18 and above [ ] [2] Adult women aged 18 and above [ ] [3] Boy children 3-17yrs [ ] [4] Girl children 3-17yrs [ ] [5] Babies boy 3 and below [ ] [6] Baby girls 3 and below [ ]

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Section C: Beneficiary Knowledge On Complementary Services

C-1 Which of these services is household members aware of	***NB: Tick as Many That Apply*** [1] Labour Intensive Public Works [2] Agricultural Input Support [3] Micro Finance Support [4] Youth Employment Support Programme, [5] NHIS (Registration and Renewal) [6] Support from PWD Common Fund [7] Micronutrients Support and Supplement Under Ghana Health Service

	[8] Ghana School Feeding, [9] Psycho-Social Support Under DSW [10] Free Health Services (Treatment)
C-2 Which of these services is available to the household	***NB: Tick As Many That Apply*** [1] Labour Intensive Public Works [ ] [2] Agricultural Input Support [ ] [3] Micro Finance Support [ ] [4] Youth Employment Support Programme [ ] [5] NHIS (Registration And Renewal) [ ] [6] Support From PWD Common Fund [ ] [7] Micronutrients Support And Supplement Under Ghana Health Service [ ] [8] Ghana School Feeding [ ] [9] Psycho-Social Support Under DSW [ ] [10] Free Health Services (Treatment) [ ]
C-3 How many of these services is household aware is/are complementary to the LEAP Cash Programme	***NB: Tick As Many That Apply*** [1] Labour Intensive Public Works [ ] [2] Agricultural Input Support [ ] [3] Micro Finance Support [ ] [4] Youth Employment Support Programme [ ] [5] NHIS (Registration And Renewal) [ ] [6] Support From PWD Common Fund [ ] [7] Micronutrients Support And Supplement Under Ghana Health Service [ ] [8] Ghana School Feeding [ ] [9] Psycho-Social Support Under DSW [ ] [10] Free Health Services (Treatment) [ ]
C-4 How would you rate the knowledge level of household members on these services as	[1] High [ ] [2] Very high [ ] [3] Low [ ]

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complementary to the LEAP programme	[4] Very low [ ] [5] Don't Know [ ]

Section D Household Access to Complementary Services

D-1 Which of these services has any member of the household accessed	***NB: Tick As Many That Apply*** [1] Labour Intensive Public Works [ ] [2] Agricultural Input Support [ ] [3] Micro Finance Support [ ] [4] Youth Employment Support Programme [ ] [5] NHIS (Registration And Renewal) [ ] [6] Support From PWD Common Fund [ ] [7] Micronutrients Support And Supplement Under Ghana Health Service [ ] [8] Ghana School Feeding [ ] [9] Psycho-Social Support Under DSW [ ] [10] Free Health Services (Treatment) [ ]
D-2 How many members ever accessed	***NB: Tick As Many That Apply*** [1] Labour Intensive Public Works [ ] [2] Agricultural Input Support [ ] [3] Micro Finance Support [ ] [4] Youth Employment Support Programme [ ] [5] NHIS (Registration And Renewal) [ ] [6] Support From PWD Common Fund [ ] [7] Micronutrients Support And Supplement Under Ghana Health Service [ ] [8] Ghana School Feeding [ ] [9] Psycho-Social Support Under DSW [ ] [10] Free Health Services (Treatment) [ ]
D-3 The last time a member (s) accessed services, did it come	[1] YES [ ] [2] NO [ ]

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with a cost	
D-4 If cost was encountered in accessing services, what was the reason for the cost	…………………………………………………………………….. …………………………………………………………………….. ……………………………………………………………………..

Section E: Barriers to Accessing Complementary Services Of LEAP

E-1 Are there instances where household members are unable to access services listed in C above	[1] YES [ ] [2] NO [ ] NB if YES continue with E-2
E-2 What were some of the barriers encountered in accessing service (s)	[1] Socio-cultural barriers [2] Institutional/physical barriers [3] Economic and resource barriers [4] Political barriers [5] Proximity barriers [6] Geographical Barrier [7] Other (specify)……………………………………

NB Read and explain the following barriers to respondent and household:

Socio-Cultural

This study defines socio-cultural barriers as barriers arising as a result of differences perceived to exist among individuals, groups and households in accessing social interventions

b) Institutional and Physical Barriers

Institutional barriers can therefore be defined as barriers limiting access as a result of policy and structural weaknesses hindering access and utilization of services complementary to cash transfers. Physical barriers are objects that prevent an individual

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<table>
<tr><td colspan="2">from getting where they must go e.g. a wheelchair user is unable to enter a building because the doorway is too narrow or there are steps so they can't get to the entrance

c) Economic and Resource Barriers

In this study, economic and resource barriers are factors preventing access to and use of services arising as a result of low investment portfolio, lack of opportunity for education, limitation in natural endowment, poor and/or paucity of infrastructure and meeting the cost of accessing a service.

d) Psychological Barriers

Shame or embarrassment about what they need (basic skills, treatment for STD's) or fear of failure keep many people from seeking services, from using such public amenities as libraries, or even from registering to vote.

e) Geographical Barrier
Geographical barriers can therefore be defined as natural and physical factors either as a result of location resulting in distance and lack of proximity in accessing other social interventions complementary to LEAP.</td></tr>
<tr><td>E-3 How many times have you or any member encountered these barriers</td><td>[1] Socio-cultural barriers [ ]
[2] Institutional/physical barriers [ ]
[3] Economic and resource barriers [ ]
[4] Political barriers [ ]
[5] Proximity barriers [ ]
[6] Geographical Barrier [ ]
[7] Other (specify)……… [ ]</td></tr>
<tr><td>E-4 Do you think these barriers could have been avoided</td><td>[1] YES [ ]
[2] NO [ ]
IF YES/NO why and how…………………………………</td></tr>
</table>

Section F: Improving Access to Complementary Services of LEAP Cash Transfer

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Programme

F-1 Of all the services and your experience in accessing them as a beneficiary household of LEAP what do you think can be done to reduce the barriers in accessing these services	
Thank you for your time	

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iv) INTERVIEW OF CARE GIVERS/BENEFICIARIES

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Pre-interview Questions

1. ***Introduction.***

I am Biliguo Shirazudeen E., an Mphil Student from the University for Development Studies, Wa Campus, and Studying Development Management, please can you introduce yourself

2. ***Proceed to some version of the following script:***

I am glad you've agreed to be interviewed. I want to explain how this will work. I will spend close to 30-minutes in this interview that will be tape recorded, transcribed, and then edited into something we call a "profile" that will include only your words, with my questions edited out.

In the interview, I would like to focus on a particular project that is the LEAP cash transfer program that shows how complementary services of the LEAP are and how you are able or not able to access these services. It's important that we focus the interview on a specific area, so we can get a close look into what makes the programme work with your access to complementary services. We want to understand what complementary services are available and processes in linking your house hold to these services.

I would be pleased you to focus on the LEAP and other services, how you and members of your household access these service and barriers if any in accessing other services that are complementary to the LEAP programme. You have the option of whether or not you want to be identified or remain anonymous in the final profile. I will send you a permission form where you can indicate the level of confidentiality you want to secure. I will not use your profile in any way that you do not personally approve."

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3. Do you have a specific service that comes to mind that might serve as the focus for our interview? Can you give me a quick overview of it? What was your specific role or roles in helping your household members to access these services? (**NB** Ask prompting and clarifying questions to see what the story is and how they tell it.)
4. (IF THE STORY IS GOOD AND STRONG) That sounds like a great story. Let's set up a time for the interview.
5. (IF THE STORY IS WEAK) What other services are available that might fit what we're looking for?
6. Once there is an agreement on the SERVICE story (complementary service), I will explain to the Care Giver that the interview will be divided into three roughly equal parts: (1) an overview of their life story and experiences regarding the LEAP Programme, (2) the SERVICE (complementary service) story, and (3) reflections. NB I will make sure they get a chance to ask any
7. Clarifying questions they might have. Finally, schedule the interview.

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Interview Questions

Part One: Life Story and Experiences

1. What's your current position as far as the LEAP programme if concern (Primary Care Giver /Secondary Care Giver/just a member of the household? How long have you been in this position? Can you give me a brief overview of what it is you do in your house hold as far as LEAP is concern?
2. What would you say most motivates you to do what you do? What are you most excited or passionate about in terms of the LEAP programme and complementary services? What are the goals you most want to accomplish for in your role in respect of the LEAP? Not so much the goals that are in your personal work description, but the goals you hold personally?
3. I want to understand how and why you ended up helping your household on the LEAP Programme as working as Primary Care Giver /Secondary Care Giver/just a member of the household. What led you to accepting this role? What were you doing before you became Primary Care Giver /Secondary Care Giver/just a member of the household? What attracted you to work for your household?
4. Now if we can, I will like to go way back for a little while. Where did you grow up? What was it like to grow up in _______? Did you go to school? Where did you reach, and what was that like?
5. Did you have any key mentors or people who deeply influenced who you are, what you believe in and what you're committed to in your work and life? Tell me about them.
6. Did you have any life-changing experiences that put you on the path that led you to be doing what you're doing today? Tell me about them.

Part Two: The Practice Story

1. So, let's move on now to the story you're going to tell. What's the specific service you're going to be telling me about today? Give a brief overview of it.
2. Tell us about your specific role and contributions in this LEAP Programme (probe). Let's start with the first thing you did. What was it? (Use lots of prompting questions to get the story out and keep it focused on what they did. (**NB** THIS IS THE HEART OF THE INTERVIEW!)
3. Course of getting the story, the following QUESTIONS MUST FOLLOW:

   - Were there any key turning points in this LEAP Programme?
   - Were there any surprises? (example, good human relation, refused services, etc)
   - did you pay for the service? How much on an average do you spend in accessing the service? Were you told what the money was meant for? What did they say the money you paid was for
   - What were the key relationships that mattered most? What were the key sources of support or resistance you encountered in accessing other services complementary to the LEAP programme? (NEED TO PROBE)
   - Tell me about some of the memorable instances in this story, the ones that give this story color, or brought in drama, comedy, conflict, etc.
   - What was most difficult or challenging in accessing services? What did you do to deal with these challenges?
   - are they instances where you or any member of the household was in need of service but could not access it? What was the reason?
   - what were the reasons for not been able to overcome the challenges?
   - Did the work fail in some ways? How? What might you have done to prevent those areas of partial failure?
   - What was most rewarding

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Part Three: Reflections and Lessons

1. What are the lessons for someone like me, or for another household that wish to be enrolled onto the LEAP Programme?
2. If you could do this project over again, would you do anything differently? Why, and what would you do?
3. What did you learn from the people you came into contact in accessing other services that are complementary to the LEAP Programme?
4. What do you think you were able to let them know your right to accessing these services?
5. Do you view your contributions as successful? In what ways?
6. Do any metaphors come to mind to describe the kind of work you do, especially in this LEAP Programme? (If needed, examples like "excellent Care Giver" "coach," "an honest person", "a good monitor", etc.)
7. What were the skills you had to have to do the work you just told me about? Where and how did you learn those skills?
8. What does the service you've just talked about tell us about services to extremely poor persons? What exactly is a LEAP complementary service to you? Who

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taught you what the LEAP Programme means and how it works? What did you learn from them? How did they teach you?

9. What do the services you've just talked about tell us about the benefits and challenges of linking LEAP beneficiaries to other services?
10. When you think of the future of the kind of work you've talked about here, what gives you a sense of hope? What makes you concerned or worried?
11. What are you looking forward to?
12. In all what will you say your level of knowledge on complementary services of LEAP programme is HIGH, VERY HIGH, LOW, VERY LOW (NEED to give examples of LEAP complementary services)

Thank you for spending time with me in this interview. Am most grateful

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v) INSTITUTIONAL QUESTIONNAIRE

<table>
<tr><td colspan="2">Introduction: I am Biliguo Shirazudeen Enoch, an Mphil Student from the University for Development Studies, Wa Campus, and Studying Development Management. I am writing my Thesis on Access Barriers to Complementary Services of the Livelihood Empowerment against Poverty (LEAP) programme. I will be pleased you complete this Questionnaire for me. Please be assured that information provided will be treated with confidentiality and used for the purposes of this study only.</td></tr>
<tr><td colspan="2">A= Personal Information:
A =1 Age………A 2. Gender: [1] =M [2] =F [ ]
A 5. Educational level: [1] Tertiary [ ]; [2] Secondary [ ]; [3] JHS/MSLC [ ] [4] Primary [ ]</td></tr>
<tr><td colspan="2">B= Institution/Agency Information: Name</td></tr>
<tr><td>B=1 Please How Long Have You Been Working in This Institutions</td><td>[1]0 – 1year [ ]
[2]2- 3years [ ]
[3] 4-5years [ ]
[4]6years + [ ]</td></tr>
<tr><td>B=2 Please What Role Do You Play in Your agency/institution</td><td>…………………………………………………………
…………..
…………………………………………………………</td></tr>
<tr><td colspan="2">Part C Complementary Services of Leap and Access to Service</td></tr>
<tr><td>C=1 Which of The Following</td><td>[1] The Labour Intensive Public Works [ ]</td></tr>
</table>

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Services Do You Render to poor and vulnerable populations.	[2] Agricultural Input Support [ ] [3] Micro Finance Support [ ] [4] Youth Employment support Programme [ ] [5] NHIS registration and renewal [ ] [6] PWD common fund [ ] [7] micronutrients support and supplement [ ] under Ghana Health Service [8] Ghana school Feeding [ ] [9] psycho-social support under DSW [ ] [10] others(specify)………………………………
C=2. Which of The Following Services Do You Render to Beneficiaries of The Livelihood Empowerment Against Poverty-LEAP Programme	[1] The Labour Intensive Public Works [ ] [2] Agricultural Input Support [ ] [3] Micro Finance Support [ ] [4] Youth Employment support Programme [ ] [5] NHIS registration and renewal [ ] [6] PWD common fund [ ] [7] micronutrients support and supplement [ ] under Ghana Health Service [8] Ghana school Feeding [ ] [9] psycho-social support under DSW [ ] [10] Others (specify)………………………………
C=3 Of the Services (Complementary Services)	[1] YES; [2] NO [ ] If YES or NO, please explain why?..........................

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Listed in C2, Do Beneficiaries Pay in Accessing these Services?	……………………………………………………… ………………………………………………………
C=4. Are there plans to ensure that beneficiaries of the LEAP programme access these services?	[1] YES, [2] NO If YES or NO? ………………………………………. ……………………………………………………….. ………………………………………………………
C=5 What Arrangement(s) has been put in Linking Beneficiaries to Service within and outside your Agency/Institution/Organisation	Please List ……………………………………………………… ……………………………………………………… ……………………………………………………… ………………………………………………………
C=6 What activities do you undertake that target LEAP beneficiaries?	……………………………………………………….. ………………………………………………………..
C=7 Are you part of the DLIC	YES/NO IF YES when was the last time the DLIC met……………………. What can you say about the functioning of the DLIC in this district………………………….. IF you are not part of the DLIC why……………………………….

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Part D. Barriers In Accessing Complementary Services By LEAP Beneficiaries	
D=1 To What Extend Do You Agree or Disagree That Beneficiaries of The LEAP Programme faces Barriers in Accessing The Service Listed In C1	[1] Strongly Agree [ ] [2] Agree [ ] [3] Disagree [ ] [4] Strongly Disagree [ ]
D2 Please Indicate Which of These You Think Are Barriers That LEAP Beneficiaries Are Facing in Accessing Other Social Services	***PLEASE TICK AS MANY THAT APPLY*** **[1]**= socio-cultural barriers (as a result of differences (inequality), in gender, ethnicity, race, religion, health or socio-economic status between individuals or groups that prevent them from achieving or accomplishing their goals, or deny their opportunity to access resources and to advance their interest) **[2]** =Institutional barriers (policies, procedures or situations that systematically disadvantage certain group of people) and Physical barriers (objects that prevent an individual from getting where they must go e.g. a wheelchair user is unable to enter a building because the doorway is too narrow or there are steps so they can't get to the entrance) **[3]** = inadequate infrastructure of roads, power, inadequate savings to raise investment, lack of opportunity for education, lack of money and poor nutrition intake; cost access a service and distance/transport costs

	[4] = individual feels unwell but they are worried about finding out what is wrong, Shame or embarrassment about what they need (basic skills, treatment for STD's) or fear of failure. **[5]** = geographical barriers (such as something that blocks the pathway e.g natural feature such as mountains that prevent easy movement from one place to another a body of water, or a large expenses of climate difference (e.g. desert) and location of the person seeking the service.
D3 Of The Barriers Indicated In D2, Which Of Them Do Beneficiaries Of LEAP Face In Accessing Service In Your Agency/Institution/Organisation	Please tick as many that apply ***(refer to responses in D2 above)*** 1= [ ] 2= [ ] 3 = [ ] 4 = [ ] 5= [ ] 6=All [ ]
D4 Of the Barriers Mentioned in D3, What measures/Strategies/Steps Are Put In Place In Minimizing Them	Please List …………………………………………………………… …………………………………………………………… ………………

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THANK YOU FOR YOUR TIME