

UNIVERSITY FOR DEVELOPMENT STUDIES

**NON-GOVERNMENTAL ORGANISATIONS APPROACH TO
THE DELIVERY OF WELFARE SERVICES: A CASE STUDY OF
CATHOLIC RELIEF SERVICES IN THE BULSA SOUTH
DISTRICT**

BY

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**THESIS SUBMITTED TO THE DEPARTMENT OF SOCIAL,
POLITICAL AND HISTORICAL STUDIES
FACULTY OF INTEGRATED DEVELOPMENT STUDIES**

UNIVERSITY FOR DEVELOPMENT STUDIES

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE AWARD OF MASTER OF PHILOSOPHY DEGREE IN
SOCIAL ADMINISTRATION**

JULY, 2022



DECLARATION


I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma at the University for Development Studies (UDS) or any other educational institution, except where due acknowledgment is made in the thesis.

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I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of dissertation or thesis laid down by the University for Development Studies (UDS) and that the laid down guidelines were strictly followed.

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ABSTRACT

The study investigated non-governmental organisations approach to the delivery of welfare services in the Bulsa South District. The study identified that the CRS is majorly into healthcare service in the Bulsa South District. Healthcare is a primary social service which correlation with micro-economic and macro-economic development is direct. Through targeting in universalism, prenatal and postnatal education led to reduced maternal and child mortality in the District. Also, through the rural emergency transport system, the CRS provided two (2) motorkings to facilitate emergency referral cases among pregnant women in two (2) communities. Again, healthcare service improved the socio-economic development of the beneficiaries through reduced family size.

The study adopted a mix method approach. Data was obtained from selected respondents using questionnaires. Purposive sampling technique was employed to obtain information from five (5) staff of the GHS in the Bulsa south district, three (3) community volunteers and fifty-nine (59) beneficiaries from three sampled communities. The obtained data were analysed manually; explanation of responses from the respondents and some few frequency tables.

In general, the study revealed that the welfare services provided by the CRS contributed positively to the living situations of the people of the Bulsa South District.



ACKNOWLEDGMENT

I would like to express my appreciation to the several people whose support and commitment have contributed enormously to this thesis. First, to Dr. Grace Alenoma for the comments, guidance and patience rendered throughout this work. Second, I would like to thank the people of Balsa south district especially the participants. Third, I should thank my loving family, parents, friends and others whose encouragement and assistance made this work possible. Last but not least, to all who helped in putting the work together.



DEDICATION

I dedicate this piece to the Almighty God for all that I have achieved so far.



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LIST OF ABBREVIATIONS

ACERS	Acute Care and Emergency Referral Systems
ADRA	Adventist Development Relief Agency
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
CBR	Crude Birth Rate
CCT	Conditional Cash Transfer
CHPS	Community Based Health Planning Services
GHS	Ghana Health Service
CRRPR	Center for Rural Reach and Poverty Reduction
CRS	Catholic Relief Services
DIT	District Implementation Team
FAE	Food-Assisted Education
GDP	Gross Domestic Product
GETFUND	Ghana Educational Trust Fund
GoG	Government of Ghana
GSS	Ghana Statistical Service
HIV	Human Immunodeficiency Virus
ICSW	International Council on Social Welfare
ILO	International Labour Organisation
iMBC	Integrated Mothers' and Babies' Courses
I-WANG	Improving Water in Northern Ghana
JICA	Japan International Cooperation Agency
KOICA	Korea International Cooperation Agency
LNGOs	Local Non-Governmental Organisations





MMDA	Metropolitan, Municipal and District Assembly
NGOs	Non-Governmental Organisations
NHIS	National Health Insurance Scheme
PAMSCAD	Programme of Action to Mitigate the Social Costs of Adjustment
PNC	Postnatal Care
PNDC	Provisional National Defence Council
PRABS	Practices, Rituals, Attitudes, Beliefs
PSP	Pregnancy School Plus
RDP	Reconstruction and Development Programme
REST4D	Rural Emergency Health Services and Transport for System Development
RESTII	Rural Emergency Transportation and Services
RSA	Republic of South Africa
SAP	Structural Adjustment Programme
SWN	Safe Water Network
TBAs	Traditional Birth Attendants
UNDESA	United Nations Department for Economic and Social Affairs
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific, Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRISD	United Nations Research Institute for Social

Development

USAID	United States Agency for International Development
USCCB	United States Conference of Catholic Bishops
VAPAP	Value Adding Pro-Poor Agribusiness Project
WASH	Water, Sanitation, and Hygiene
WHI	Water Health International
WHO	World Health Organisation
WSMT	Water and Sanitation Management Team



CHAPTER ONE

INTRODUCTION

1.1 Background

In the twenty-first century, governmental and private organisations have prospered in providing welfare services to poor, troubled, or vulnerable individuals or groups. The demands of the dependent young and old, as well as poverty, disease, and disability, predate civilization itself. How these difficulties were addressed in the past was heavily constrained by the laws of survival; taking up another's burden meant losing ground in the daily struggle. With the development of communities and its systems of interdependence among participants, more structured reactions to the conditions that made people, and hence society in general, susceptibility emerged. The vulnerability developed as members' requirements got more complicated and varied. To fulfill the demands of continuous population expansion, society's resources grew more limited (Pinker, 2012).

Religion and philosophy, according to Hasan (2017), have evolved to create frameworks for the practice of social welfare. Aoka's Buddhist edicts in India, the sociocultural philosophies of ancient Greece and Rome, and the fundamental rules of the first Christian communities are just a few examples of groups that addressed social needs. Many of the present legislative measures to combat poverty were inspired by the Elizabethan Poor Laws in England, which sought to relieve poverty via parish-level care services and indentured servitude. A stronger legal view of poverty as a moral failing in



Victorian times coupled with the growth of humanitarianism and a plethora of social reformers. Many of today's welfare initiatives are inspired by the social charities and philanthropic organizations founded by these pioneers (Hasan, 2017).

Welfare, often known as public help, is the providing of a particular degree of well-being and support for people. As a result, welfare services are acts that address people's and society's fundamental needs. Education, health, social protection, employment, and housing are all services that come under this umbrella (Surt Foundation, 2010). Welfare services can also span to include healthcare provisioning, capacity building and water accessibility.

The Swedish welfare state is a classical reference, citing the public sector as a welfare service delivery mechanism. In addition to providing extensive flat-rate and income-related benefits, social assistance, and pension plans to safeguard its citizens from income loss, the postwar welfare state in Sweden also aimed to build a sizable social service industry based on the principles of equality and universalism (Blomqvist, 2004). Taxes fund the system, which benefits all inhabitants regardless of their financial status, gender, age, or other considerations. This means that public welfare programs should be considered a public entitlement for all residents, even the wealthy. It also implies that public assets and services are distributed according to need (Fredriksson, 2012).

The main objective underlying these organisational arrangements was to guarantee that services were delivered equally to all residents. As a





consequence, the state took on the role of provider of well thought out and uniform services (Rothstein, 1994). Based on overwhelming political consensus, this institutional logic was created (Uddhammar, 1993). However, this resulted in a system where individuals had extremely limited options for selecting service providers or influencing how services were delivered (Rothstein, 1994). During the 1980s, the system was increasingly criticized. Left-wing politicians and commentators, as well as liberal-conservative ones, all voiced opposition. It emphasized the scale of the bureaucracy, inflexibility of services, economic inefficiency, and lack of user interaction (Blomqvist & Rothstein, 2000). The Swedish welfare system underwent a number of modifications in the late 1980s and early 1990s to improve economic efficiency, service variety, and user engagement in response to this crucial debate about the organisation of welfare states (Moberg, 2012).

The story in Africa was not entirely different from Sweden. South Africa developed a principle called "Developmental Social Welfare." The Republic of South Africa (RSA), Ministry for Social Welfare and Population Development, 1997a) developed the idea as a consequence of the country's transition from apartheid to democracy in 1994. It was unavoidable that the move would need a thorough review of current policies and the development of new ones across the board (Gray, 2006; Green, 2008 and Lombard, 2007). As a result, the social welfare sector was not immune to the issue of transitioning from a predominantly residual and institutional



paradigm to a developmental one (Patel, 2005). A White Paper for Social Welfare was approved in 1997 with the goal of promoting a welfare system that enables the development of human potential and self-reliance within a caring and supportive socio-economic environment (RSA, Ministry for Social Welfare and Population Development, 1997a). This White Paper on Social Welfare paved the way for a new approach to social welfare in the pursuit of national social development (RSA, 1997a, p.2). The core concept of developmental social welfare theory was to emphasize the assets of the poor and underprivileged (Ntjana, 2014).

Ghana also followed a similar path; statism was selected as the way to economic improvement. According to Ortiz, "Modern government is based on a social contract between citizens and the state in which rights and duties are agreed to by all to further the common interest. Citizens lend their support to a government through taxes and efforts to a country's good; in return, governments acquire legitimacy by protecting the people's rights and through public policies that benefit all" (Ortiz, 2007, p.6). The responsibility thus rests on the shoulders of governments to deliver welfare commodities to the citizenry.

The Ghanaian government has been addressing the problem of social commodity provisioning for the common benefit of the people from independence, through to the mid-1980s. But there is still work to be done to raise people's living conditions. This has been a result of the enfeeblement of the state, as the economy had suffered abysmal

performance; thus, educational and public health care institutions were left to rot (Hutchful, 2002).

In Ghana, the government's incapacity to provide effective and efficient services has often put individuals in unfavorable situations. Because of this, since the mid-1980s till current, the complementing function of Non-Governmental Organisations (NGOs) in welfare service delivery is important. Non-Governmental Organisations are legally constructed to be necessarily complementary (Akanle & Olutayo, 2011).

The Catholic Relief Services (CRS) is a global non-governmental organisation. The CRS is the international arm of the United States Conference of Catholic Bishops (USCCB), which is merely one of the Roman Catholic Church's organs (Ferrari, 2011). The CRS has been active in Ghana since 1958, barely one year after the country gained independence from the United Kingdom. Education, health, and agriculture are among the programs that the CRS has implemented in Ghana since 1958. For example, Catholic Relief Services has been working in the three northern areas since 1997, using USAID PL480 Title II funds to promote enrollment and attendance, particularly among females, via a school feeding program (Development Alternatives International, 2001). Children in primary schools and kindergarteners benefit from the meal program (Manful, Yeboah & Bempah, 2015).





Another social assistance initiative run by the CRS was the Value Adding Pro-Poor Agribusiness Project (VAPAP) in the sector of agriculture. The VAPAP was a two-year experiment that took place in northern Ghana between 2006 and 2007. Its goal was to secure long-term food security (Gyasi, Wiredu & Kombiok, 2008).

As a faith-based organization, the CRS is dedicated to offering programs that help the poor and disadvantaged in rural countries improve their lives. Balsa South is a growing area where the bulk of the population lives in poverty. The CRS has over the years worked in collaboration with a wide range of stakeholders, including the Government of Ghana (GoG), regional non-governmental organizations (NGOs), international NGOs, churches, and public/private sector partners, to implement programs in agriculture, health, HIV/AIDS, microfinance, school feeding, water, sanitation, emergency relief, and peacebuilding.

Based on the important role NGOs play in welfare service delivery, the research adopted developmental social welfare theory taking cognizance the themes and principles of the developmental social welfare theory vis-a'-vis the approaches NGOs adopt to deliver their welfare services. A well developed approach(es) to welfare service delivery by NGOs will help meet the themes and principles of the developmental social welfare theory which are key elements in any welfare service system.

1.2 Statement of the problem

NGOs' origins and degrees of formality vary greatly (Srinivas, 2009). Despite the disparities in origin, formality, and attitude, one thing remains constant: their grassroots essence. The primary advantage that NGOs have is the connections they have at the local level, which enables them to design services and programs using cutting-edge and experimental methods that focus on community involvement (Bebbington et al., 2008). Through these programs, NGOs also empower marginalized groups and assist them in gaining voice in governance spaces from which they have previously been excluded. NGOs work to meet the needs of the poor, but they also want to support them in expressing those needs via techniques that are participatory, people-centered, and rights-based (Drabek, 1987). The question is, is that the case also for NGOs in Ghana with CRS in Bulsa south district in focus?

Lewis (2007) separates the methods used by NGOs into three groups, including implementers, catalysts (initiators), and partners, although he does not suggest that all NGOs utilize just one of these strategies. Clark (1991) discusses NGOs' approaches to local development in the context of their partnership with the government, including how they complement, reform, and/or oppose the government NGOs help the government and fill up the gaps left by governmental services by acting as service providers and development project implementers (Lillehammer, 2003; Thomas, 1992). NGOs' reforming approach is linked to their role as advocates and contributors to policy debates via "mediation" (Tandon, 1996). NGOs may





operate as watchdogs and keep governments responsible when they oppose the state, either directly via lobbying or indirectly through supporting organisations that are negatively impacted by government policies (Thomas, 1992). One crucial topic that remains unaddressed is how the CRS has operated in Ghana in terms of welfare service delivery.

According to Hadenius and Ugglå (1996), NGOs have pluralist and educative approaches. NGOs use a pluralist approach to guarantee that individual preferences and group decisions are as consistent as feasible (Riker, 1995 cited in Lillehammer, 2003). Their educational approach is founded on the belief that the only way to develop support for democracy's essential ideals is to participate in democratic processes repeatedly (Hadenius & Ugglå, 1996).

In their capacity as service providers, NGOs offer a wide range of services, from livelihood interventions to health and education services to more specialized fields like emergency response, democracy building, conflict resolution, human rights, finance, environmental management, and policy analysis. The Balsa South District have most of its rivers and streams overrunning their banks between July and September, flooding a number of roads, tracks, and foot trails, and cutting towns off from the center (BSDA, 2021). As a result, there is an urgent need for social service facilities in the District, particularly in the areas of education, health, water, and sanitation. There is therefore the need for NGOs working in the District to adopt

the best approach(es) to ensure the needed social services are provided for the benefit of the Bulsa South District.

The services of NGOs promote sustainability and self-reliance (Bebbington et al 2008; Lewis & Kanji, 2009). NGOs play an important role in Ghana's socioeconomic development, particularly in rural areas. They have won the hearts of many rural residents. According to Bob-Milliar (2005), the forced rollback of state services has not been the only factor driving interest in NGOs' contributions to welfare service delivery; their perceived comparative advantages in service delivery, such as their capacity for innovation and experimentation, their adaptability to quickly adopt new programs, and, most importantly, their connections with the grassroots that allow for participation in program design and implementation, have also played a role. Regardless, it is unclear what the status of the CRS operation in the Bulsa south area is, given the accolades the NGO sector has garnered in the field of social service delivery over the last decades. However, there are grounds for the reverse. As a result, there is a knowledge deficit regarding a critical evaluation of NGO approaches to welfare delivery.

Goetz and Jenkins (2002) assert that certain governments may just use NGOs as administrative tools to raise more money. They are referred to as briefcase NGOs in Uganda (Goetz & Jenkins, 2002). Barr et al. (2005) revealed that the NGO sector is seen with mixed views in certain countries,





such as Uganda, with widespread suspicion that the public good is not the main purpose driving NGOs. The dependence of such NGOs on governments for funding actual impede their role as essential social service providers. According to Edwards and Hulme (1996), this might impair NGOs' advocacy function since they are concerned about losing financing, and hence are seen as less independent and thus less credible. Even if no overt intervention occurs, an NGO's concern for the interests of its major contributors may cause it to overlook the requirements of its intended beneficiaries. To satisfy donors, they may professionalize and specialize in ways that cause them to lose contact with communities, and they may concentrate on short-term quantitative outcomes rather than systemic change (Edwards & Hulme, 1996). Such institutions may become more concerned with themselves than with their stated goals (Ganesh, 2003). Political impacts on NGOs in Africa have been postulated, with NGOs entering the patronage networks of political leaders (Brass, 2012). The kind of cooperation that exists between the CRS and state agencies in the delivery of social services, particularly in the Bulsa south area, is an important issue that has to be answered immediately.

In the Bulsa South District, there are a good number of NGOs who are into the provisioning of social services geared towards improving the living conditions of the people. Among these NGOs operating in the district, CRS has taken center stage in the field of welfare service delivery in the district. It is as a result of the leading role of CRS that this research is focused on



assessing its approach to welfare service delivery in the district. Traditionally, welfare is regarded as a social policy use to address the social needs of people. Welfare is basically about providing a particular degree of well-being and support for people (Surt Foundation, 2010). The International Council views welfare as a way of fostering all types of economic and social development aimed at reducing poverty, misery, and insecurity across the globe, particularly among the poor. It seeks to provide the recognition and protection of fundamental rights to food, shelter, education, health care, and security (International Council, 2003). Highlighting some welfare categories, social welfare is a very key category because of its wide spectrum.

The older version of service welfare has altered significantly in the contemporary period as the structure and nature of social service programs become more broad and diverse, involving ever more sections of society and satisfying more recognized needs. Referring to the modern day context, social welfare encompass public health, housing, education, and assistance. It is more closely related to the idea of the welfare state in this sense (Kwok, 2003). All aspects of social welfare are believed to contribute towards improving the living conditions of the people.

The study focused on the CRS due to the fact that, the CRS has been active in Ghana since 1958 especially Northern Ghana, barely one year after the country gained independence from the United Kingdom and offered a widespread social welfare help in sectors such as education and health.

Among the two Districts in Buluk, Balsa North and Balsa South Districts, it is in the Balsa South District that the CRS is operating and has undertaken a variety of social welfare services in the area health programs.

The Balsa South is agrarian in nature with limited social infrastructure. The presence of the CRS in the District is a blessing in a sense that the few social services will augment the existing government ones. It is worth it to therefore evaluate the approach the CRS is employing to carry out these health services for appropriate recommendations to be made for effective and efficient service provisioning.

1.3 Research Questions

Main Research Question:

How does CRS approach to welfare services delivery impact on the livelihood of people in the Balsa South District?

Sub Research Questions:

1. What welfare services has CRS delivered in the Balsa South District?
2. What is CRS's area of operation in the delivery of welfare services in the Balsa South District?
3. How has CRS used empowerment through an integrated approach to deliver welfare services in the Balsa South District?



4. How has the welfare service delivered by CRS in the District contribute to the livelihoods of the people?
5. What kind of relationship exist between CRS and the state departments at the District level in the delivery of welfare services?

1.4 Research Objectives

Main Research Objective:

To assess how the CRS approach to welfare service delivery impact on the livelihood of people in the Balsa South District.

Specific research objectives:

1. To identify the welfare services that the CRS has delivered in the Balsa South District.
2. To identify CRS' area of operation in the delivery of welfare services in the Balsa South District.
3. To explore the CRS' use of empowerment as an integrated approach to welfare services delivery in the Balsa South District.
4. To ascertain the effect of welfare services delivered by CRS in the District on livelihood of the people.
5. To find out the kind of collaboration that CRS has with the state departments at the District level in the delivery of welfare services.



1.5 Significance of the Study

In general, the importance of NGOs in providing social services has been thoroughly documented in the literature. In essence, they are trailblazers, champions, auditors, and, above all, collaborators in all aspects of humanitarian service delivery for the sake of their clients' socioeconomic growth. Nevertheless, in order to understand the challenges generated by the rising magnitude and diversity of NGOs' participation in humanitarian service delivery, the thesis contends that it is important to first determine the methodologies NGOs use in the area of humanitarian service delivery, particularly CRS. This research fills in the gaps in the CRS approach to welfare service delivery. It is also intended that the study's results would highlight the CRS' contributions to welfare service delivery in Ghana, particularly in northern Ghana, as well as the lessons gained. The research will also help the CRS and other NGOs and the Ghanaian state to identify and enhance areas of service delivery that need to be improved. In addition, the research will aid other NGOs working in the area of welfare service delivery in understanding the various methods to welfare service delivery and, as a result, adopting suitable ways in their own welfare service delivery. Finally, this work will help provide an invaluable and up-to-date data for development practitioners.





1.6 Scope of the study

Geographically, the study area covered the Balsa Bouth District in the Upper East Region of Ghana. The Balsa North District was excluded because the CRS operations in that part of the country covers only the Balsa South District. The Balsa South District comprised the following towns: Fumbisi, Kanjarga, Gbedema, Doninga, Bachonsa, Uwasi, Wiesi, Gbedembilisi, Kunkwak and Kadema south.

The study looked at the welfare services provided by CRS to the affected communities, specifically those in the Balsa South District and how these welfare services have helped the people improve their livelihoods. Health became a major area with the focus on maternal health programs and primary healthcare programs. Also, training and education programs targeting livelihood improvement was not absent. The impact of the welfare services was much positive with good testimonies from beneficiaries.

CRS used different approaches and delivered the social welfare services to the communities in Balsa South District depending on the type of service provided. CRS employed targeting in universalism approach and delivered social health care service especially the maternal health and training and education programs. This approach means that they target all populations but use means testing to determine the population that truly needs the services. Some few services such as water project were purely universalistic in nature. Beneficiaries indicated that they were satisfied with CRS social

welfare service delivery; implying that CRS welfare service delivery is appropriate and comprehensive. This also suggests CRS welfare service delivery approach has helped improve the people's livelihood in the Bulsa South District.

1.7 Limitation of the Study

Respondents' apathy was the challenge of the study. It was a problem having the full concentration of most respondents, especially, the end part of the interviews. Some respondents who were given prior notice did not turn up for the scheduled meetings and the researcher had to rely much on the volunteers to get them for the interviews and when they did turn up, their concentration level was very low. However, the researcher adopted a number of measures to minimise the challenge.

1.8 Organisation of the study

The thesis is categorised into five main chapters. These include the following; Chapter one entails the general introduction covering background of the study, statement of the problem, research questions, objectives of the study, scope of the study, significance of the study, research limitations and the general organisation of the report. Chapter two of the thesis reviews literature pertaining to the subject matter of the study. It extensively looked at scholarly works on the approaches to welfare delivery, main terminologies, types of Non-Governmental Organisations,



operational areas of Non-Governmental Organisations, Catholic Relief Services in welfare service delivery and the theoretical framework of the work. Chapter three of this thesis comprised the methodology aspect of the study. It detailed exactly how the thesis was carried out by demonstrating the selection of samples in the course of the study, the collection of data and the instruments used for the collection of the data, and the presentation and analysis of data. Chapter four of the thesis encompassed the results and discussions of the findings. Chapter five covered the summary of major findings, conclusion, and recommendations.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter contains relevant literature which has been reviewed. The review includes some approaches to welfare service delivery, the meaning of welfare services and why welfare services delivery is important, mechanisms for welfare service delivery, the Ghanaian state and welfare service delivery, welfare services NGOs usually deliver and the Catholic Relief Services (CRS) in welfare service delivery. The chapter also includes definitions and types of NGOs and the impact of the activities of NGOs on the lives of beneficiaries. The chapter concludes with the theoretical and conceptual frameworks of the study.

2.2 Approaches to the field of Welfare Service Delivery: Universalism vs. Targeting

Social policy has needed judgments on whether "universalism" or "targeting" should be the driving principle behind social provisioning throughout the majority of its history (Mkandawire, 2005, p1). Targeting differs from universalism in that it uses some type of means-testing to assess who is "truly deserving" of receiving social benefits rather than providing them to the whole population as a basic right (Mkandawire, 2005, p1). Policy regimes are seldom universal or solely targeted. They are frequently





hybrid and, depending on where they are on the continuum, may be significant in defining individuals' life prospects and societal order (Mkandawire, 2005). Indeed, in Esping-landmark Anderson's typology of welfare regimes, how much a policy regime leans toward either of these possibilities was a key aspect (Esping-Anderson 1990). As a result, one may reach the conclusion that two distinct methods to welfare service delivery have been established from the beginning of Social Provisioning: "Universalism" and "Targeting." This section is dedicated to analyzing these two approaches of welfare services delivery. Nonetheless, empowerment as a third approach will be added to the discussion.

Universalism is a term used often in the literature on social policy and welfare states to describe how a society's resource transfer is structured. Despite the fact that many academics use the phrase in their research, there is no widely agreed definition of the notion (Anttonen, Baldock, & Sipilä, 2003). As a result, the idea has become synonymous with the Nordic or social democratic welfare model, referring to a public system that serves the needs of the whole population rather than just certain social groupings (Kildal & Kuhnle, 2005). As a consequence, Moberg (2012) believes that a universal welfare system might at the very least be said to include social rights rather than discretionary assistance. According to Goul-Andersen (2012), eligibility is determined by residency and/or identity instead of contributions or work. Goul-Andersen was clear that welfare payments should be appropriate and liberal; if personal additions are required to



sustain a fair level of life for someone on assistance, the system cannot be called universalistic. According to Anttonen et al. (2003), a universalistic strategy to humanitarian service delivery necessitates the provision of identical services to all individuals throughout the country. This implies that all these services must be supplied by the government sector and used by overwhelming residents. This implies that all needy individuals employ the identical technique (Anttonen et al. 2003).

The notion of universalism may be seen as both a political aim and an administrative philosophy for the redistribution of resources and distribution of social goods and services (Moberg, 2012). Fundamentally, universalism's worth lies in its ability to foster economic justice and interclass cooperation (Anttonen 2002). In addition to communal funding and social inclusion, Anttonen (2002) argues that a universal social service sector should provide consistent services across the nation and equitable access to all residents. The idea of homogeneity or consistency might be interpreted as a mechanism for the state to provide equal service to all residents and generate wide support for the system by purposefully incorporating middle- and upper-middle-class individuals as recipients of social welfare services (Kildal & Kuhnle 2005). Rothstein (1994) supports this with reference to the Swedish economy; universalism in the social service sector was adopted as what he terms "the high-quality standard answer." During the post-war period, the rise of the public social service sector was guided by a dual policy rationale (Rothstein, 1994). First, the



quality-of-service ought to be of such a high degree that no better options are required, and second, all residents should get the same level of service regardless of their area of residence or socioeconomic position. Either of these rationales necessitate an active state that not only regulates the social service industry but also, in conjunction with competent experts, ensures that all residents get the same quality of service (Rothstein, 1994).

Moberg (2012) asserts that universalism in the domain of social service industry is comprised of three key qualities. First, the program is generally sponsored by taxes; secondly, all residents are included, suggesting that everyone in need utilizes the very same system; and third, the service quality is excellent and equitable for all recipients. The fundamental characteristics raised by Moberg on universalism are therefore similar to those outlined by Kildal & Kuhnle (2005), Goul-Andersen (2012) and Anttonen et al (2003). All assert that the target of universalism is the entire population as citizens lend their support to government via the payment of taxes and other forms of contributions. Governments are therefore required to meet the social needs of all citizens without discrimination. Also, according to Diego (2006), there are a number of characteristics that are associated with this approach. A first characteristic in this approach is that it does not recognize a fixed limit in the commitment of public welfare. The second is that it enhances the individual preference by focusing on the individual entitlements and their welfare, and the third is that the state will promote mechanisms of wide social solidarity. By implication, universalism refers

to the idea that the clients of social welfare are the whole population, where the conceptions of common and responsibility to society are founded on the concept of shared citizenship.

'Targeting' is the complete antithesis of 'universalism' in welfare service delivery. According to Diego (2006), marginal approaches pick welfare beneficiaries using criteria that exclude people who the system believes do not deserve assistance since their poverty level is not as high as a predetermined threshold. People or groups with unique needs in the social, economic, or political regimes are the subject of social policy (Diego, 2006). A reform of social assistance to restrict the scope of recipients is known as targeting. According to Gilbert (2001), the targeted beneficiaries are generally determined by means tests, income tests, and diagnosis. As Diego (2006) explains, targeting as a welfare method has distinct qualities that set it apart from other strategies. These characteristics include: first, a marginal welfare system directed at those people, or individuals, who are unable to self-help; second, a stratification issue determining the dimension of citizens' status; and third, social programs are temporary and limited to the budget and priorities set by the government. The conclusion is that targeting as a method of delivering social services has limitations. The provider's objective is not to sustain the whole population, but rather people whose economic standards are below the national average.

Debates over universal versus targeted approaches to welfare service delivery policies is not new. The drift to targeting as an alternative in the





delivery of welfare services was embraced by most developed and developing economies due to some factors that were eminent. In the 1960s and 1970s, universalist policies were popular, but by the 1980s, the balance had shifted dramatically in favor of targeted in both wealthy and developing nations (Mkandawire, 2005). The shifting view of assistance and the prominence of poverty in policy rhetoric are driving social policy toward targeting in help-dependent nations (Mkandawire, 2005). Aid has a vital influence in creating social policy in many nations. Aid policies are ingrained in the donor nations' overall policy. As a result, compliance from assistance recipient economies is required. The implication is that most aids are tied and the need to channel the aid to executing the specific project(s) the donor country has sanctioned. Another driving element for selectivity was the late 1970s fiscal constraint, which led to the sense of a necessity for financial austerity and, perhaps more crucially, to the overriding of all other factors in the selection of feasible social programs (Mkandawire, 2005). Therefore, the popularity of the targeting approach to welfare service delivery could be attributed generally to scarcity of resources in relation to the needs of citizens and the need to prioritize (Mkandawire, 2005). In the wake of this, it is prudent to target the deserving poor with these limited resources, stemming from the fact that taxation is the major source of revenue to all nations and most of them are unable to adequately generate revenue through taxes (Mkandawire, 2005).



The much-discussed strength of targeting as the best strategy to social service delivery has come under fire, making universalism the better option. According to Ortiz (2007), most emerging nations discovered that targeting came at a great administrative cost when it came to domestic growth, nation-building, and social norms. Mkandawire (2005) goes on to say that several studies clearly reveal that identifying the poor entails very high administrative expenses as well as administrative expertise and competence that may simply not exist in underdeveloped nations. This suggests that targeting as an approach to welfare service delivery may not be the right approach to yield the desired results in the field of welfare service delivery especially in developing economies. The literature indicates that there are some ills associated with the Targeting approach to welfare service delivery such as huge administrative cost in locating those who deserve the service, discrimination, and lack of government support. These challenges turn to make service delivery ineffective. There are examples of impoverished nations that have greatly decreased poverty via universalist methods to social support, and much may be learned from their experiences (Ghai 1999; Mehrotra & Jolly 1997a/1997b). Ortiz (2007) also supports a universalistic approach to welfare service delivery, asserting that there is a compelling case for implementing universal policies in emerging nations, especially if there are several impoverished and excluded populations. Several development agencies, including UNDESA, UNDP, ILO, WHO, UNRISD,

UNFPA, UNESCO, and the World Bank, have recommended universal public provisioning in certain cases (Ortiz, 2007).

From the above literature, the decision as to which approach is absolutely the best may seem problematic as each approach has its own strengths and weaknesses. Thus, one can argue that the two approaches to welfare service are complementary. Mkandawire (2005) indicated that in reality, governments and or organizations tend to have a mixture of both universal and targeted social policies. Skocpol (1990) also supported the mixed approach system of welfare service delivery and referred to the modern approach to welfare service delivery as “targeting within universalism”, whereby additional advantages are provided to low-income people within the framework of an all-encompassing policy concept.

2.2.1 Problems associated with Universalism as an approach to Welfare Service Delivery

The transition to targeting in the 1960s and 1980s reflected the Universalism dilemma in many nations, which was caused by a variety of circumstances. Mkandawire noted that since the 1980s, the budgetary foundation of current welfare regimes has been severely strained. Demographic trends and significant unemployment in wealthy nations led to the awareness that universal provision would have budgetary constraints. Furthermore, political developments in many countries had weakened the political





coalitions and social pacts that had underpinned universalist policy. One of universalism's key political flaws was the disparity between its universalistic declarations and the measures' real reach. In reality, universalism was segregated and sought to apply to social groupings immediately tied to the nation-building effort (state officials, military) and the industrialization project (industrialist chevaliers, etc). (Mkandawire, 2005). Regarding nations seeking import substitution industrialisation, such segregation was most pronounced, particularly in terms of social protection (Mkandawire, 2005). An earlier critique of stratified universalism, which blamed it for urban bias and the creation of labor aristocracies (Areskoug 1976; Arrighi 1973), was that it marginalized huge segments of the population in favor of a wealthy few (Mkandawire, 2005). As a result, what had been presented as policies and intended to benefit the whole society were shown to be exclusive advantages enjoyed by a select few in well-heeled sectors determined to prevent the expansion of these programs to include more people. It became possible for right-wing populism to take advantage of these advantages in order to make a profit, which had a disastrous effect on the policies of dirigisme-era governments (Mkandawire, 2005). Benefit entitlements in countries like Germany and Japan went to groups of employees who were critical to economic development, well-organized, and hence politically influential, such as skilled industrial workers (Manow, 2001). Rather than offering universal social rights to all citizens, Germany and Japan established themselves as



states by granting advantages to groups whose assistance in economic transformation and country was judged essential by the country's political and economic leaders (Mkandawire, 2005). As a result, the welfarism strategy was typically additive: additional recipients were added by specifying new qualifying requirements (Mkandawire, 2005). For the sake of universalism, however, services were not made accessible or enjoyed by anybody regardless of their social status.

A post-modernist critique of universalism stems from this focus on heterogeneity and diversity. Mkandawire argues that universalism was employed to create an illusion of unity, which obscured the reality that it discriminated against particular social groups based on gender and ethnicity, and that it imposed norms that were established by the dominant group on new groups via tutelage. Gender equality and cultural diversity are particularly relevant issues in emerging nations, when formerly universal approaches have turned out to be narrow and symptomatic of underlying prejudices (for example, racial or gender bias). There is an implicit requirement for selectivity, which allows for affirmative action or policies tailored to distinct populations, in the majority of these viewpoints. There is no prospect of finding an agreed-upon theoretical and moral basis on which to base the practice of allocating resources in any community if this viewpoint is applied in its most extreme form, which would render any society incoherent (Mkandawire, 2005). Ellison observed that this “not only risks anarchy of competing claims from a variety of combinations of subject



positions while offering no means of deciding among them, but also raises questions about how one can deal with those who seek to maintain, or alter, distribution outcomes at the expense of others” (Ellison 1999, p.70). The post-modern approach therefore enters a rut reminiscent of welfare economics, which was unable to offer anything helpful in formulating social policy due to its stress on the impossibility of individual comparisons (Mkandawire, 2005). This prompted the most effective feminist groups to take a two-pronged strategy, critiquing the false universalism that underpins male-biased arrangements while also advocating for universalistic social reforms to address forms of inequality in male breadwinner logic cultures (Sainsbury, 1996).

It should be concluded that the outlook of Universalism as the ideal welfare service approach is not entirely the case. The shortfalls of Universalism indicate a further search for the appropriate and convenient approach to welfare service provisioning by service providers. The resource constraint of most economies and organizations in relation to the needs of citizens, and political transformations among others are important to explicitly state that viewing universalism as the ultimate service provision approach will be a straight-jacket approach.

2.2.2 Problems associated with Targeting as an approach to Welfare Service Delivery

Ortiz (2007) provides six major problems associated with targeting and they are outlined below.

- It is expensive; means testing accounts for 15% of overall program expenses on average.
- Administratively difficult, requiring extensive civil service resources, and resulting in severe under-coverage (those not serviced), rendering targeted programs unsuccessful. The most effective targeted programs in the world have significant under-coverage rates. According to empirical statistics, the Bolsa Escola initiative in Brazil, which was based on a targeted strategy, failed to reach 73% of the poor. Again, the Food Stamps program in the United States did not reach 50% of the poor.
- It causes incentive misalignment and moral hazard.
- It establishes two tiers of services, one for upper-income groups and one for lower-income groups, with services for the poor often being subpar.
- Targeting has undermined middle-class services and damaged solidarity politics in several nations, leading to a residual welfare strategy. Targeting might backfire politically since middle-income people may not want their taxes to go to the impoverished while they are forced to pay for costly private treatments.



- When poverty is pervasive, the administrative costs and difficulties connected with program identification, monitoring, and delivery tend to exceed the benefits.

Bolsa Escola was a Conditional Cash Transfer (CCT) program that provided a monthly payment to mothers in low-income families if their children aged 6 to 15 attended school regularly. Between 2001 and 2003, the initiative was deployed across Brazil before being included into the larger Bolsa Familia Program (Lindert, 2005). One of the program's unique features is that it was decentralized at the local level, giving municipalities responsibilities in beneficiary selection and transfer execution (de Janvry, Finan, & Sadoulet, 2006). It is clear that the Bolsa Escola programme in the context of welfare service approach, classically was one that was purely targeted. There is a criterion for an eligible mother from a poor household to qualify for support.

A study on the involvement of municipalities in the Bolsa Escola program was published in 2005. The four municipal duties that were highlighted in the study were beneficiary selection, beneficiary identification, school attendance conditionality monitoring, verification, and enforcement, and implementation of accountability measures (de Janvry et al., 2005). According to the findings of the 2005 study, there was considerable local uncertainty concerning the responsibilities of the municipality and the program's central administration in beneficiary selection and coverage, as well as rampant fraud. Also, there were leakages from mayors on the bolsa





escola programme resources to benefit some non-poor citizens for votes (de Janvry et al., 2006). With all these, the programme did not achieve the desired results in terms of beneficiary coverage. From the above empirical evidence, one can underscore that discrimination and lack of government support as negatives of targeting can affect the effectiveness and efficiency of welfare service delivery. Therefore, targeting as a welfare service delivery approach cannot single-handedly achieve effective and efficient service delivery. This necessitates a further search for the appropriate approach to welfare service delivery in this work.

2.3 Empowerment through an integrated approach in welfare service delivery

Empowerment is the emergent of self-organizing networks from bottom-up process (Chambers 2005). Sen's definition of empowerment is based on the rights and capabilities approach. This approach emphasizes the value of opportunity, ability, and choice. That is, people should have the freedom to decide what they want to do, be functionally capable of doing so, and live in a setting that supports their ability to do so (Sen 2005). Similarly, other elements of empowerment have been considered, comprising starting resources, chances, freedom of choice, and individuals' and organizations' capacities to make wise decisions and turn them into desired outcomes (World Bank Development Report 2001; Narayan 2005; Alsop, Bertelsen, and Holland, 2006; Ibrahim & Alkire 2007). From Sen's freedom



component of empowerment, it is found that, “The concept of freedom emphasizes the importance of empowering people to help themselves, and of focusing on individuals as the actors of their own development” (Stiglitz, Sen and Fitoussi 2009, p.151). For the capability component, individuals' capacities to operate differently even when they have the same personal resources owing to a range of factors, including their physical or mental heterogeneity, disparities in non-personal resources, environmental diversity, and/or their relative positions to others (Sen, 2005). Dwelling on the view of Sen on what empowerment is, Ife and Zastrow agree, claiming that empowerment is significant when social workers assume responsibility for facilitating a process in which users' inner skills and functioning are unlocked in order to improve their personal, interpersonal, socioeconomic, and political conditions (Ife, 2001; Zastrow, 2009). As a result, empowerment is an active process in which individuals or groups are motivated to greater levels of capability in order to make choices that address all elements of people's lives (Green & Nieman, 2003). Gathering what is said so far on empowerment, empowerment is an instrument to enable deprived people and groups to be effective agents of their own human development. This is supported by Jha and Deolalikar's (2014) assertion that strengthening the assets of the poor and assisting them in escaping poverty requires empowerment. With empirical evidence from Kerala, a village in India, microfinance institutions improved the livelihoods of women via loans and gave them real freedom as they were



initially engaged in stone breaking for survival (Ibrahim & Alkire 2007). Aside the meaning to the concept of empowerment as an approach to welfare service delivery, another critical area to look on is the mechanisms through which empowerment can occur. A number of mechanisms can be used to empower citizens, such as rights-based entitlements, which grant people the right to information as well as certain social services and necessities (like food, employment, health care, and education), and participatory performance monitoring, which lets people keep an eye on their own performance. Community participation and community-driven development, in which groups of users or families and communities participate in the delivery of services, allowing them to directly control the quantity and quality of services provided, are other methods by which citizens and communities monitor and evaluate the execution and quality of government services, frequently using indicators they choose (Jha & Deolalikar, 2014). As a consequence, empowerment takes place on three separate yet interconnected levels. Examples of empowerment include societal empowerment on a community level, group empowerment on a group level, and personal empowerment on an individual level (Green & Nieman, 2003:163). All three levels of empowerment are interconnected and that the neglect of one level impedes the other level(s), thus affecting the whole essence of empowerment. Concluding, empowerment as an approach to welfare service delivery is to ensure that services delivered

become effective and efficient where the needs of the users are adequately taken care off for their livelihoods to improve.

2.4 Welfare Services: Meaning and why its delivery is important

Depending on the concerns they intend to address, scholars have employed welfare as a social policy in a number of different ways. It may also relate to extremely tangible elements of wellbeing, such as financial wealth. At other instances, it refers to intangible qualities like satisfaction, happiness, safety, and optimism for the future (Baldock, 2014). Quality of life studies is a field of study that aims to understand and quantify what individuals consider to be the most important components of their happiness (Balwin et al., 1990, p.20). Welfare services refer to services provided by governments to safeguard people from economic hazards and insecurity (Kwok, 2003). In reaction to industrialization in metropolitan areas, western-style social service programs were established. Over the years, nations have come to the conclusion that they are responsible for all persons who are unable to care for themselves for any reason. Welfare assistance is a matter of right, not need. The majority of governmental social welfare programs are funded using public funds. In this context, welfare is one of the transfer payment systems used to close the gap between the affluent and the poor. The older version of service welfare has altered significantly in the contemporary period as the structure and nature of social service programs become more



broad and diverse, involving ever more sections of society and satisfying more recognized needs.

In the modern day, social welfare is often referred to as covering public health, housing, education, and assistance. It is more closely related to the idea of the welfare state in this sense (Kwok, 2003). In a utopian welfare state, the government is essential to preserving and advancing citizens' economic and social well-being. based on the principles of equal opportunity, equitable income distribution, and public responsibility for those unable to afford the essentials for a decent standard of existence (Kwok, 2003). The International Council views welfare as a way of fostering all types of economic and social development aimed at reducing poverty, misery, and insecurity across the globe, particularly among the poor. It seeks to provide the recognition and protection of fundamental rights to food, shelter, education, health care, and security. It believes that these rights provide a crucial foundation for liberty, justice, and peace. Additionally, it seeks to advance justice, equality, freedom of expression, and access to social services (International Council, 2003).

According to the Surt Foundation (2010), welfare systems are acts or processes that address people's and society's fundamental needs. They may be supplied as a right of citizens, or they can be bargained in the market and administered by government and other organizations, as well as private players. These initiatives often aim to improve persons in need's financial





circumstances, but they may also aim to enhance their career prospects and a variety of other elements of their life, including their mental health. It is therefore not out of place to think of welfare as all-encompassing, and that it is about efforts, particularly on the part of government and institutions, to guarantee that people's physical, social, and financial circumstances are acceptable. All of these aspects of social services must be met in order for individuals to live lives that are meaningful.

2.5 Mechanisms for Welfare Service Delivery

There have been enormous debates regarding the “head” upon which the delivery of welfare services should rest on. According to Ortiz (2007), there are four (4) main welfare service delivery mechanisms:

- The public sector, via central line ministries and local governments, is usually the greatest way to accomplish coverage expansion and eliminate poverty and social exclusion throughout the country.
- Market-based, which is usually helpful for efficient service delivery to higher-income groups;
- NGOs and charitable institutions are often adept at engaging with communities; and
- Given the limitation of resources for welfare policy in underdeveloped nations, a combination of the aforementioned.

2.6 The Ghanaian State and Welfare Service Delivery

In the years before the structural adjustment programs (SAP), the Ghanaian state was the primary supplier of welfare goods to its citizens; however, this obligation took on a new meaning during the SAP implementation period. Most governments were hampered as sole providers of social services by the Structural Adjustment Programs, which came with their own set of conditions. Prior to official SAP announcements, Sawyerr (1988) claims that a number of African countries started testing structural adjustment plans for the improvement/development of their national economies. The majority of structural adjustment programs adopted by countries in Sub-Saharan Africa, including the Ghanaian economy, placed a strong emphasis on reducing or eliminating direct state intervention in the productive and distributive sectors of the economy as well as the state's responsibility for an institutional and policy framework supportive of the mobilization of private enterprise and initiative. Sawyerr (1988 cited in Barwa, 1995, p.1).

Non-intervention by the government, it was believed, would allow internal and external market forces to operate more freely, providing the necessary engine for economic growth and progress. Within this broad framework, Sub-Sharan African countries including Ghana implemented the following key mechanisms: reduced government spending, increased domestic savings, rationalization of state-owned firms, economic deregulation, export promotion, and encouragement of private foreign investment



(Barwa, 1995). The Ghanaian economy was unable to accept full responsibility for social program delivery due to this strategy.

A decade after the structural adjustment program was introduced in Ghana and other parts of Africa, there was a growing body of understanding, notably among proponents of the "social dimension" of development, that SAP had placed too much focus on speeding GDP growth while ignoring income distribution problems. Even though SAP met its growth goals, several component measures had a detrimental influence on the earnings and welfare of large demographic groups, notably the lowest elements of society, according to proponents of the "social dimension." Furthermore, SAP-induced budgetary deficit constraints on governments was to be blamed for limiting the growth of social services, particularly in education and health, which were the key pathways to better, more productive lives for low-income citizens. As a result, a clear correlation existed between adjustment programs and rising poverty and inequality (Mutis & Okuro, 2011, p.25). As a result, there was a clear connection between adjustment programs and rising poverty and inequality (Mutis & Okuro, 2011, p.25).

Despite the difficulties most nations had in providing efficient social services due to the SAP, Ghana did not renounce its position as a significant welfare provider. The Ghanaian state failed to provide but did not completely abdicate its social welfare responsibilities as a primary source of such goods for the private sector to take over and supply (Hutchful, 2002). Right from the start of the SAP implementation, it was clear that the



paradigm change was causing significant socioeconomic dislocations and impoverishment, necessitating the creation of measures to address these issues (Gasu, 2012).

As an example, the PNDC government supported the Programme of Actions to Mitigate the Social Expenses of Adjustment and Development (PAMSCAD) in 1987 due to the program's increasing costs (Gasu, 2012). "The PAMSCAD identified four target groups for implementation purposes: small farmers and hired labor; households with limited access to basic social services such as education, health, water, and sanitation; the unemployed and those with low incomes, particularly urban youth and households in the northern regions." Community initiative projects, job-generating projects, provision of necessities and services, education infrastructure and reintegration" were among the five kinds of programs to address the concerns of these groups (Ghana, as cited in Gasu, 2012, p. 231).

Other governmental initiatives to offer welfare services for the Ghanaian public followed the PAMSCAD to keep the social compact between the state and the people alive (Gasu, 2012). Ghana Educational Trust Fund (GETFUND) and National Health Insurance Scheme are two examples of such state-led initiatives (NHIS). In August 2000, the GETFUND was founded by an act of parliament (Acts 561) to augment state financing of education in response to ongoing requests from civil society and stakeholders for a more sustainable educational finance model. The fund's purpose was to provide funding to support the government's supply of



education at all levels (Gasu, 2012). The GETFUND's proceeds helped reduce parents' educational burdens since every part of Ghana's educational system was covered (Effah, 2006).

The GETFUND's success led to the establishment of the National Health Insurance Scheme (NHIS) in the health sector (Gasu, 2012). The NHIS 2003 was founded under the National Health Insurance Scheme Act of 2003 (Act 650). The National Health Insurance Scheme (NHIS) was established to make health care more accessible to all Ghanaians, especially the poor and vulnerable (Gasu, 2012). This resulted in a high level of accessibility coverage. It ascribed increased patient attendance to considerable publicity, which the (Daily Graphic, February 22, 2009) supported.

2.7 Welfare Services usually delivered by NGOs

Non-governmental organisations (NGOs) are increasingly proving to be a need rather than a luxury in contemporary communities. The welfare state and free market have repeatedly proved their failure to establish equitable and sustainable communities throughout history. Citizens all around the world have formed non-governmental organisations (NGOs) to assist solve a broad range of social issues, prompted by the state's and market's deficiencies (Heintz, 2006). As governments across the globe recede from direct delivery of many services, NGOs are progressively moving into areas of service delivery that the state has left unattended (Guthrie et al., 2005;





Gray et al., 2006). Non-governmental organisations (NGOs) engage in a variety of disciplines; Some have several development initiatives and serve multiple purposes, whereas some are singularly focused on a single fundamental function, single-purpose (Hague, 2002). In the framework of this research, the researcher is interested in identifying those parts of NGOs activities, especially, the CRS that may be linked to social change and improved quality of life, particularly among the local population. The aspect of social change that the research considered was in the area of socio-economic transformation of the people. Socio-economic transformation has the tendency of improving the living conditions of people, especially, rural inhabitants through reducing unemployment, increasing their education among, increasing their access to healthcare services and also, improving their income levels.

Whatever the governments involved thought about the situation of the disadvantaged, the entire point of humanitarian intervention was that NGOs and civil society organizations had both the right and the duty to act in solidarity with those in need or who were being subjected to repression or want by the forces that controlled them (Rieff, 2010). According to Frandsen (2009), the volume and range of activities in which NGOs engage has increased dramatically during the 1980s, with even more growth in the 1990s. Ha et al. (2007) provide a working definition of NGOs that includes the types of services that NGOs provide. The 12 major areas into which NGOs perform social services are highlighted in their definition. They



include network organisations, philanthropy and grantmaking, health, education, the environment, community/social welfare services, development, disaster and emergency relief, human rights, cultural, international, and others (perhaps, the undiscovered down-to-ground peculiar approach). Similar to this, Hague (2002) asserts that NGOs are engaged in activities related to national socio-economic rural development, including poverty alleviation, income generation, skill development, primary health care, rural loans, and agricultural inputs. Additionally, NGOs work to promote leadership and entrepreneurship, irrigation and water management techniques, the raising of chickens and cattle, fisheries, forests, and handicrafts (Newnham, 2000; Khandker and Khalily, 1996). Local NGOs in Cameroon, on the other hand, are plagued by a lack of expertise, poor administration, and financial difficulties. International NGOs, on the other hand, are better organized, more focused, technically competent, and financially viable in their activities (Tanga and Fonchingong, 2009). In the 1990s, feminist NGOs on Latin America specialized in providing social services, reviewing gender policies, and implementing projects, according to Alvarez (1998). According to the literature, NGOs provide health care, education, disaster and emergency assistance, financial services, agriculture, human rights, and entrepreneurial growth, among other services.



2.8 Non-governmental Organisations: Definitions and Functions they perform

There are several disagreements concerning what constitutes an NGO. The fact that the notion of NGOs is complicated, frequently confusing, and difficult to understand is one reason for the arguments (Dugle, Akanbang and Salakpi, 2015). Several definitions of NGOs have been used, including (Dugle, Akanbang, and Salakpi 2015; Gibbs, Kuby, and Fumo 1999; Holloway 2001; Edwards and Fowler 2002; Martens 2000; Park 2002; Ghana's NGO Policy Guideline 2007; United Nations 2005; and World Bank 1996) from different writers and institutions. NGOs are non-profit organisations that work to alleviate suffering, promote the poor's interests, preserve the environment, offer basic social services, and/or engage in community development (Gibbs, Kuby & Fumo 1999). Ghana's NGO Policy Guidelines define an NGO as an independent, non-profit, non-political, and charitable organisation with the primary goal of improving the social, cultural, and economic well-being of communities, with no religious, political, or ethnic bias in its operations (Ghana's NGO Policy Guideline 2007). NGOs, according to another definition, are a set of organisations separate from government institutions and commercial groups, with the specific attribute of being founded to complement, augment, and give alternatives to government development initiatives (Holloway, 2001). Holloway (2001) agrees with (Gibbs, Kuby, and Fumo 1999; and Ghana's



NGO Policy Guideline 2007) that NGOs are separate from government in terms of their creation and financing. NGOs are a subset of civic organisations that are distinguished by the fact that they are technically registered with the government and rely on voluntary donations for a large percentage of their revenue (usually alongside grants from government), and are governed by a board of trustees rather than the elected representatives of a constituency (Edwards & Fowler, 2002). According to this view, NGOs are not separate from government institutions since they receive government money.

A Non-Governmental Organisation (NGO) is a non-profit, volunteer citizens' organisation that works on a local, national, or worldwide level to solve problems that benefit the public good (United Nations, 2005, cited by Gray et al., 2006). Non-governmental organisations (NGOs) are created (professionalized) autonomous society groups whose major mission is to promote shared goals on a national or worldwide level (Martens, 2000). These two definitions go to affirm earlier assertions that NGOs are distinct organisations different from government organisations. However, these two definitions have added the operational scope of NGOs to include local, national, and international as earlier definitions are silent on that. Park (2002) outlined four (4) practical criteria that NGOs are to meet:

1. NGOs are organized differently from government organisations in terms of citizen engagement.

2. Inclusiveness, which makes NGOs accessible to people of all backgrounds, genders, and religions;
3. NGOs function on the basis of volunteerism; and
4. NGOs are distinguished from corporate groups by their public interest.

Thus, the abovementioned definitions clearly illustrate that NGOs are private, non-profit organisations whose operations supplement state actions for the benefit of citizens' and recipients' lives.

Non-Governmental Organisations are task-oriented and provide a wide range of services, including humanitarian functions, bringing citizens' concerns to the attention of governments, monitoring policy and program implementation, and encouraging civil society stakeholder participation at the community level. They also contribute research and knowledge, act as early warning systems, and assist in the monitoring and implementation of international accords. Some are focused on particular topics like human rights, the environment, or health (United Nations, 2005, cited by Gray et al, 2006). According to Lewis and Kanji (2009), NGOs provided an alternative and more flexible financing conduit for Western donors disgruntled with the typically bureaucratic and unproductive government-to-government project-based assistance, which possibly gave a larger possibility of grassroots engagement (Lewis & Kanji, 2009). This is related to Cernea's (1988) claim that NGOs had a "concept that emphasizes the primacy of people in development programs," and that this, along with other



variables, provided them with some "comparative advantages" over government and the public sector. NGOs might act as a counterbalance to balance public interests by doing community organizing and policy advocacy, particularly "against the excesses of the state and the market" (Howell & Pearce, 2001).

2.9 Types of Non-Governmental Organisations

A close examination of the structure of NGOs reveals that they differ greatly. According to Lewis and Kanji (2009), NGOs are difficult to divide into simple groupings since they reside in the space between governments and markets and assume many different organisational forms. According to Willetts (2002), the most effective way to distinguish between NGOs is to obtain precise data on a variety of variables: the number of full-time employees, members, and annual budget funding provide measures of an NGO's size; opinion poll data on recognition of and support for an NGO or its goals, as well as the frequency of positive mentions in the news media, provide measures of its political strength; and rather subject data on the number of full-time employees, members, and annual budget funding provide measures

Mostashari (2005) divided NGOs into two categories: operational and advocacy. He saw the distinction as a choice between small-scale change accomplished directly via initiatives vs large-scale change fostered indirectly through political system influence. Willetts (2002) found that operational NGOs strive to accomplish small-scale change directly via





initiatives, while advocacy NGOs seek to achieve large-scale change indirectly through political system influence. Willetts (2002) defines operational NGOs as those that perform programs, while advocacy NGOs are those that stage protests or campaigns to defend or promote a certain cause. Operational NGOs, on the other hand, need an effective headquarters administration in addition to operational workers on the ground, while advocacy NGOs do not have such administrative constraints. Operational NGOs are concerned with providing services and ensuring the well-being of its members. Advocacy NGOs, sometimes known as campaigning NGOs, work to increase knowledge, understanding, and acceptance via lobbying and activity.

Cousins (1991) divided NGOs into two groups based on their mission and degree of activity. The sort of activities that an NGO engages in is referred to as its orientation (for instance, human rights, environmental, or development work). The level at which an NGO operates, such as local, regional, national, or worldwide, is determined by its degree of operation (Vakil, 1997). Cousins (1991) identified four types of NGOs based on their orientation: charity, service, participatory, and transformative NGOs. The actions of charitable non-governmental organisations (NGOs) are aimed at satisfying the needs of the poor, such as the distribution of food, clothes, and medication, as well as the provision of housing, transportation, and schools. Orientation to service NGOs engage in activities such as providing health, family planning, or education services, in which the NGO designs



the program and individuals are expected to participate in its development and delivery. Cousins (1991) goes on to say that participatory NGOs are characterized by self-help programs in which local people contribute cash, tools, land, materials, and labor to the project's execution. Empowering NGOs, on the other hand, work to assist impoverished people get a better grasp of the social, political, and economic elements that impact their lives, as well as to increase their awareness of their own potential power over their life. Cousins (1991) distinguished between community-based, city-wide, national, and worldwide NGOs depending on their degree of activity. These categories make it easier to determine the scope of NGOs' activity.

Cornman, Cunt, and Sujata (2005) divided NGOs into two categories: local and international. Local non-governmental organisations (LNGOs) are owned and controlled by nationals; they are created on local initiative rather than by donors, and they are motivated by a desire to recognize specific felt needs or situations and discover local answers to challenges and opportunities (Turary, 2002; Cornman et al., 2005). Other categories include Northern NGOs and international NGOs (INGOs), which are non-governmental organisations (NGOs) that get money from bilateral, multilateral, or private-sector sources and have global headquarters outside of the country (Cornman et al., 2005; Malunga, 2007). Others have classified NGOs according to their autonomy, geography, and area of work (Farrington & Lewis, 1993; Paul, 2000). Another method to categorize them is by the principal goals and roles they pursue: welfare NGOs, development



NGOs, service NGOs, environmental NGOs, advocacy NGOs, human rights NGOs, women's NGOs, and religious NGOs (Gallin, 1999; Tvedt, 1998). The legal position of NGOs has also been differentiated. Stillman (2007) classified NGOs into four broad family groupings depending on their legal status: unincorporated and voluntary associations, trusts, charities and foundations, companies not for profit, and entities founded or registered under specific NGO or non-profit legislation.

NGOs are classified in a variety of ways, with some groups naturally overlapping. Because of these differences, NGOs might occasionally disagree on one subject yet work on another. Regardless of how NGOs are classified, the goal should be to define their coverage in terms of geographical possession, functional coverage, and growth (change) direction (Dugle, Akanbang and Salakpi, 2015). According to Lekorwe (2007), the word NGO is imprecise and encompasses a wide spectrum of civil society organizations, from political action groups to sports clubs. As a result, NGOs must be classified in order to determine the frameworks within which they function. Although all NGOs may be considered civil society organisations, not all civil society organisations are NGOs, as Lekorwe (2007) argues.

2.10 Impact of NGOs activities on the lives of beneficiaries

Non-governmental organisations (NGOs) are professionally staffed groups that work to alleviate human suffering and help disadvantaged nations grow (Streeten, 2000). They achieve this in a variety of methods, including



sponsoring initiatives, participating in service delivery and capacity development, raising awareness, fostering group self-organization, and promoting health and education services (Baccaro,2001). Meanwhile, (Desai 2005) said that NGOs play an essential role in assisting women, men, and families, and that they are required to satisfy these groups' needs. NGOs have proven comparative advantage in activities such as capability to reach rural poor and outreach to distant regions, promotion of local involvement, cost efficiency, flexibility, and innovativeness, according to Dhakal (2002) in a comparable function. In both rich and developing cultures, NGOs have been an important collective player (Dhakal, 2002).

Although Adjei, Agyemang, and Kwadwo (2012) recognised the difficulties that NGOs have in reaching the poor in neglected areas of both developed and developing nations, they did not ignore the influence that these NGOs' initiatives have had over the previous decade. Without a doubt, NGOs' actions have a significant influence on the lives of recipients. Through the self-reported and participatory assessments of NGOs beneficiaries in Northern Ghana, Adjei, Agyemang, and Kwadwo discovered the influence of NGOs' methods in the form of training, microfinance, and input loans, among other services, on productivity and incomes. Despite the fact that respondents had difficulty recalling the actual levels of their economic output and revenue before the NGOs' initiatives and the actual levels after benefiting from the NGOs' ability to make a living development programme, owing to poor record keeping, they were better able to assess



the situation before and after using their household's productivity and income condition before and after the NGOs' initiatives. The findings of the respondents' self-reported assessments of the impact of NGOs' activities on their productivity and income levels show that, when evaluating the productivity of NGOs, they are more productive and a large proportion of the respondents had seen an increase in their earnings and productivity levels as of the period of the research when they were benefiting from the interventions of the NGOs, compared to the scenario before the interventions of the NGOs (Adjei, Agyemang & Kwadwo, 2012). Muyatwa (2006) and Ansoglenang (2006) verified their findings by doing research on the impact of NGOs on rural food security and income in Ghana's northern regions. Significant numbers of families in northern Ghana's rural villages are able to satisfy their food and other basic requirements thanks to the efforts of non-governmental organisations (NGOs). After repaying the loans, families may grow their profit and investments thanks to the financial assistance and input loans provided by NGOs, which are often in the form of animals for raising and fertilizer for crop development. After repaying the loans, families may grow their profit and investments thanks to the financial assistance and input loans provided by NGOs, which are often in the form of animals for raising and fertilizer for crop development.

A number of NGOs, like the Adventist Relief and Development Agency (ADRA), the Centre for Rural Research and Poverty Reduction (CRRPR), and the Hunger Project, have also played a key role in fostering an effective



network of micro-enterprises in rural regions throughout Africa (Adjei, Agyemang & Kwadwo, 2012). Through different capacity development programs for poverty reduction, these micro-enterprises improve rural agriculture and empower women entrepreneurs (Aboagye et. al., 2007). 'Empowerment,' according to Nayaran (2005), is the growth of one's freedom of choice and action to shape one's life, especially in the areas of resource management and decision making. The inference is that by advancing the path of women via empowerment tactics, NGOs assist them in gaining independence within the socio-cultural environment, allowing them to actively engage in problems that impact them, so eventually dissipating the feminine form of poverty (Adjei, Agyemang & Kwadwo, 2012).

NGOs' activities in rural Africa have resulted in significant improvements in health and educational facilities, improved access to potable water sources, and the provision of employment opportunities and employable skills, all of which have helped to reduce poverty and improve the quality of life for the poor and other vulnerable groups, especially women and children (Adjei, Agyemang & Kwadwo, 2012). According to Wamani (2007), NGOs contribute roughly 14 to 50 percent of both rehabilitative and preventative health and medical services to the poor in most developing economies, including Kenya. NGOs such as World Vision and Plan International continue to be recognized in the educational and health sectors for using alternative systems to help the state's efforts to reach the



underserved in remote disadvantaged areas (Farrel and Hartwell, 2008). In Ghana, for example, community-based NGOs Safe Water Network (SWN) and Water Health International (WHI) have delivered safe drinking water and sanitation facilities to rural homes in Amasaman in the Greater Accra Region, in collaboration with local government entities (Okyere, 2010). In 2009, Green Cross International, an Australian environmental NGO, helped a number of basic schools in Ghana's Volta Region to enhance their water and sanitation facilities via the Smart Water for Green School Project (Ghana News Agency, November 9, 2010). Bangladesh has also benefited from NGOs' generosity in the field of education (Adjei, Agyemang & Kwadwo, 2012). Recognizing the challenges of providing enough basic school facilities for rural people, the Bangladesh government partnered with NGOs to assist informal and primary education in the nation. Nearly 43,000 schools and centers are administered by NGOs and sanctioned by the government as part of this cooperation; a program that has significantly increased literacy and post-literacy education among the country's adolescents and adults (Chigumira, 2003; UNDP and UNICEF, 2003).

2.11 Catholic Relief Services (CRS) in Welfare Service Delivery

The Catholic Relief Services (CRS) is a worldwide faith-based non-governmental organization that provides social services in Ghana. CRS carries out the Bishops of the United States' commitment to help the impoverished and vulnerable across the world. They are inspired by Jesus

Christ's Gospel to protect, maintain, and promote every human life's sanctity and dignity, to develop compassion and justice, and to reflect Catholic social and moral teaching as they act to:

1. Respond to catastrophic crises, battle sickness and poverty, and foster peaceful and fair communities to promote human progress; and
2. Assist American Catholics in living their faith in solidarity with their brothers and sisters across the globe.

They collaborate with local, national, and worldwide Catholic institutions and structures, as well as other groups, to help individuals based on need, not creed, race, or nationality, as part of the Catholic Church's global mission. Furthermore, as members of the Universal Church, Catholic organizations are preferred partners in their efforts to reach all persons who need assistance. They also take part in charitable missions carried out by a variety of organizations, including states, non-governmental religion communities, and state institutions.

The CRS has been active in Ghana since 1958, barely one year after the country gained independence from the United Kingdom. CRS's programmes offered widespread help rather than focusing on the poor or disadvantaged. In the 1950s, for example, food assistance was supplied to schools, hospitals, and teacher-training institutes, with a particular concentration on Catholic institutions. Ghana's Health Ministry invited CRS to help government health institutions around the nation in the 1970s. CRS





made this choice after successfully completing a modest trial program that offered meals to moms and children, as well as growth charts, instructional materials, and scales. CRS continued to work with 25 Catholic hospitals, but it also started working with government-run institutions, eventually reaching a total of more than 130. During the early to mid-1980s, Ghanaians were devastated by an economic collapse in the late 1970s, which was followed by droughts and food shortages. CRS continues to help individuals in need, especially families with small children. However, CRS acknowledged that even adults did not have enough food since crops had failed and there were few alternatives to farming. The CRS reacted with food-for-work programs that provided meals to individuals who helped with community development projects like digging wells and constructing infrastructure. As Ghana's economy grew more stable in the early 1990s, CRS started to question its goals. School nutrition remained a priority, but it became clear that the largest need was in rural Ghana, where Ghanaians lacked access to adequate health care. The CRS redirected funding away from Ministry of Health institutions and toward community-based health care. By the mid-1990s, the CRS had concentrated most of its efforts on the most vulnerable districts in northern Ghana, which were subsequently divided into three regions. CRS Ghana made still another move in the decade after that, from food-supported programs to a greater focus on technical assistance and capacity development for sponsored communities.



Education and health are two sectors where CRS has provided significant help and/or cooperation. The CRS has a variety of educational assistance programs in place in Ghana. Since 1958, the School Feeding Programme, also known as Food - Assisted Education (FAE), has sponsored school meal programs to achieve short- and long-term objectives in education, nutrition, and food security. The school feeding programme has been combined with other educational activities aimed at improving educational quality, increasing access to education for females, support for educators, health education and services for kids, infrastructural improvements at schools, and a rise in parental and community participation. It is important to note that the school feeding programme primarily aids young children in preschool and primary school in rural regions with food insecurity. School feeding helps children to enroll in school and attend on a regular basis in the short term since they get a meal at school. Children acquire critical nourishment via the school lunch, which helps them study better. This meal is also an incentive for parents to take their children to school since they know they will eat properly at school and won't have to spend limited family cash and time preparing a midday meal. This would promote equitable access to education for kids in rural and urban areas and raise educational involvement in rural communities. Rural inhabitants will invest more in education, and future generations will gain useful skills and be able to care for the elderly and their own needs.



In the area of healthcare, CRS is well known for carrying out food distribution programs that are supported by the US government and executed in hospitals all around the world. These programmes have gradually migrated out of clinics and into communities over the last decade, with a renewed emphasis on increasing community ownership over its own health development. Additionally, there is a lot more focus on the technical quality of health interventions, which is accomplished by researching unmet medical requirements, creating innovative programs to address those needs, educating community-based health professionals, and assessing the outcome of the intervention. Another top aim is to encourage more community participation in identifying health needs, developing community health programs, and evaluate their success. As a result, the CRS Community Health programme takes priority activities that have been proven to be effective and establishes a sustainable community group capable of coordinating activities with health and development partners, including child survival, maternal and child health development, and HIV and AIDS programmes. According to the Pontifical Council for Health Care Ministry, Catholic health care institutions offer more than 25% of global HIV/AIDS services (Ferrari, 2011).

Infrastructure, health worker training, medical treatments, and preventative efforts, among other things, have gone a long way toward providing health care for disadvantaged communities' vulnerable populations (women of reproductive age, newborns, and very young children). These



disadvantaged groups have low socio-economic status, poor health statistics, and restricted access to or low-quality health care. Catholic NGOs, for example, have a special spiritual lens through which they understand sickness and public health (Ferrari, 2011). The Catholic Church runs hospitals, schools, orphanages, shelters, child-care centers, hospices, clinics, and a variety of less formal sources of health care, sustenance, and other support around the world, in addition to the ecclesial services it provides worldwide (administering sacraments, catechetical training of the laity, recruitment and formation of religious personnel) (Ferrari, 2011). The Catholic Church is the world's greatest supplier of health care, with over 5000 hospitals, 17,000 dispensaries, 500 leprosy clinics, and 15,000 residences for the ill and elderly. These clinics are more than just places where the ill and dying may get medical help. They are components of a vast infrastructure that is intricately woven into a country's social fabric and the greater international community's political, economic, and cultural strands (Ferrari, 2011).

2.12 Theoretical Framework

This research is based on the principle of "Developmental Social Welfare." The Republic of South Africa (RSA), Ministry for Social Welfare and Population Development, 1997a) developed the idea as a consequence of the country's transition from apartheid to democracy in 1994. It was unavoidable that the move would need a thorough review of current policies



and the development of new ones across the board (Gray, 2006; Green, 2008 and Lombard, 2007). As a result, the social welfare sector was not immune to the issue of transitioning from a predominantly residual and institutional paradigm to a developmental one (Patel, 2005). Wilensky and Lebeaux (1969) describe a residual welfare system as founded on the idea that the family and the market are the two natural avenues for addressing people's needs, according to Hölscher (2008, p.115). As a result, eligibility is contingent on demonstrating a need (Dolgoff, Feldstein, & Steinik, 1993, in Hölscher, 2008). This claim about social service delivery is both incorrect and restrictive. A White Paper for Social Welfare was approved in 1997 with the goal of promoting a welfare system that enables the development of human potential and self-reliance within a caring and supportive socio-economic environment (RSA, Ministry for Social Welfare and Population Development, 1997a). This White Paper on Social Welfare paved the way for a new approach to social welfare in the pursuit of national social development (RSA, 1997a, p.2). "The progressive social welfare strategy was therefore established in South Africa against the backdrop of widespread poverty, racially aligned wealth inequities, and significant unemployment arising from inadequate apartheid economic policies," according to Sewpaul (Sewpaul, 1997, p.2).

With the dawn of a new age in Republic South Africa, the expectation became clear: the socio-economic realities of post-democratic South Africa would need a more proactive, responsive, and adequate attitude to the



demands of the people (Patel, 2005). The Reconstruction and Development Programme (RDP) of 1994, which was a socio-economic policy framework aimed at adapting programs and services to assist historically marginalized communities in eradicating poverty and building a representative democracy future for all South Africans, included a road map to developmental social welfare (Green, 2008). Additionally, human rights ideas were established in the 1996 Constitution of the Republic of South Africa, which included a Bill of Rights (Green, 2008). A look at White Paper for Social Welfare (RSA, 1997a) shows that the social welfare sector had to return to its core values of social justice, by recognizing fundamentals such as basic welfare rights, involvement and cooperation as well as developing resources while also facilitating the integration of social as well as economic development (RSA) (Midgley, 1995).

South Africa's new welfare system is known as the "developmental social welfare theory" (Gray, 2006). The social development theory, which garnered a lot of attention in the early 1990s, informs this strategy (Gray, 2006). In order to achieve the goals of social development outlined in the Copenhagen World Summit of Social Development (ICSW), comprehensive Millennium Development Goals, the Reconstruction and Development Programme (ANC, 1994), and the Constitution of South Africa, this approach has been implemented. In addition, the strategy aims to foster social change through addressing social issues encountered by those who utilize social services. Focusing on both the individual and their



surroundings, as well as the interaction between them, is how this is done (Kirst-Ashman & Hull, 201; Patel, 2005, Potgieter, 1998). As a result, unlike prior theoretical approaches that blamed social pathologies on individuals while ignoring the role of the environment, this theoretical approach believes that social pathologies are not blamed on people (Patel, 2005; Potgieter, 1998). Individuals are impoverished because of unemployment, and people cannot find work if there are no job prospects in their surroundings, as per developmental social welfare. To affect change and enhance people's social performance, one must address poverty, which has a detrimental impact on the masses' quality of life (Ntjana, 2014). The objective of developmental social welfare theory, according to Landman and Lombard (2006), is to reduce and eliminate poverty, which is the most serious social issue that affects the majority of people.

Poor individuals should be given the option to engage in the active economy in order to avoid being imprisoned in their circumstances, according to developmental social welfare theory (Midgley & Sherraden, 2000). However, as Midgley (2010) points out, the poor will not be able to escape poverty if the environment is unfavorable. "There is a need for an enabling environment to be developed for disadvantaged people to engage actively in the economy," Midgley (2010b, p.22) says. According to Mhiribidi (2010), developmental social welfare should discourage reliance and encourage active, constructive participation in one's own growth. This helps to explain why social development theory advocates for the integration of

social and economic development (Patel & Hochfeld, 2008), since it has been shown to be a potentially successful technique for breaking the poverty cycle (Midgley & Sherraden, 2000; O'Brien & Mazibuko, 1998).

The core concept of developmental social welfare theory is to emphasize the assets of the poor and underprivileged (Ntjana, 2014). "The vulnerable and disadvantaged are handled in a way that emphasizes on their strength and ability for growth and development," says the Department of Social Development (2006, p.20). "Poor individuals, regardless of their living situations, have strengths, inner resources, and potential," as said, "in the strength-based approach" (Midgley, 2010b. p.14; Lombard, 2007, p. 301; Saleebey, 2000, p.129; Sen, 1999, p.87). This is acknowledged in the White Paper for Social Welfare (RSA, 1997a), which specifies that interventions for service users should concentrate on their strengths rather than their flaws. "Because the poor and vulnerable, particularly those who live in rural regions, experience emotions of worthlessness and inadequacy," Zastrow (2009, p.79) "emphasis on their capabilities can increase their self-esteem." "...the customers and communities' strengths are the point of departure," explains by Lombard (2007, p.301).

Developmental social welfare is organized around five core topics that influence the implementation of developmental social welfare services (Patel, 2005). To begin with, it is a rights-based approach, which means that it is founded on respect for human rights, dignity, and social justice while providing developmental social welfare services (RSA, 1997a). Human





rights also encompass welfare rights for everyone, regardless of race, creed, or religion (ANC, 1994). As a result, human rights include access to social services and support when needed (RSA, 1997a). "Rights alone are not enough; social workers should capacitate people and communities to access and use their rights, including the right to legal counsel if required," Van Eeden, Ryke, and De Necker (2000) said in Green (2008:176).

The link between social policy and economic growth is the second main element important to the concept of developmental social welfare (Patel, 2005). Through social investments, social policies should encourage impoverished individuals to participate in the productive sector (Midgley, 2010a; Midgley & Sherraden, 2000; Patel, 2005; and Patel & Hochfeld, 2008). The rationale for this is because through participating in the productive sector, disadvantaged people would be able to satisfy their social requirements and improve their well-being (Hall & Midgley, 2004).

The engagement of disadvantaged people in development is the third concept that guides developmental social welfare delivery (Patel, 2005). This is because impoverished people are active participants in all intervention procedures, rather than passive users of social assistance (Lombard, 2003; 2007). They have the ability to describe their difficulties and provide solutions. As a result, social workers should encourage engagement throughout the intervention process (Morifi, 2004).

Fourth, collaboration is the theme of progressive social welfare service delivery (Patel, 2005), which urges the government, the commercial sector,

civil society, communities, and people to collaborate to achieve social development (Hall & Midgley, 2004; Patel, 2005; Patel & Hochfeld, 2008). As a result, welfare policies and programs will need to be established and promoted in collaboration with civil society groups, the commercial sector, and government agencies (RSA, 1997a). It is critical to remember that in rural areas, the intervention process should engage all local structures, including chiefs, headmen, village elders, and local residents (Ntjana, 2014).

Finally, bridging the micro-macro gap is the sixth topic (Patel, 2005). This fundamental topic promotes the improvement and empowerment of underprivileged individuals and communities via micro-to-macro actions and skills (Patel, 2005; Patel & Hochfeld, 2008). The poor, particularly rural inhabitants, are free to engage in their development after the micro-macro barrier is crossed.

Several concepts provided in the White Paper for Social Welfare (RSA, 1997a) to assist social workers in the delivery of developmental social welfare services are included in the five core themes. These ideas provide the groundwork for moving away from previous methodologies and toward a developmental social welfare approach. The following are the underlying assumptions of developmental social welfare theory:

First, capacity development. Capacity development is defined by the United Nations Development Programme (UNDP) (1997, p.1) as "a process through which people, organizations, institutions, and communities acquire



capacities to allow them not just to fulfill particular duties but also to solve their issues." The poor are not impoverished because they want to be poor; rather, poverty is entrenched in people's lives due to structural issues (Ife, 2001). Capacity development in rural areas with intergenerational poverty and persistent unemployment should begin with addressing these structural issues (Lombard, 2008a). This is accomplished through recognizing the limitations that the impoverished, underprivileged, and vulnerable confront (Eade, 1997). Furthermore, improving ability will enable individuals to cope with these obstacles and enhance their living situations (Ife, 2001). As a result, capacity development might help impoverished people overcome their dependency and deficit mindset and empower them to take charge of their lives (Ntjana, 2014).

The empowerment principle is the second principle. The notion of empowerment is strongly tied to the strength-based approach and capacity development because it recognizes that individuals have the ability to operate and live their lives in the ways they want (Saleebey, 2000; Sen, 1999). Moving ahead, empowerment should assist a process in which users' inner capacities and functions are unlocked "in order to develop their personal, interpersonal, socioeconomic, and political strengths in order to improve their situations" (Ife, 2001, p.152; Zastrow, 2009, p.82). According to Green and Nieman (2003), empowerment includes personal empowerment on an individual level, group empowerment on a group level, and societal empowerment on a community level, and when rural people



are empowered, they will be responsible for taking control of their lives regardless of their living conditions and presenting solutions that work in their contexts. Empowerment is a process in which individuals or groups are stimulated to greater levels of capability in order to make choices to address issues (Green & Nieman, 2003), and it considers all elements of people's life (Ntjana, 2014).

Accessibility is the third principle. Social welfare services are defined by their influence on individuals and their ability to change their situations; consequently, they should be available to everyone. The White Paper on Social Welfare (RSA, 1997a) pledged to make organizations and institutions accessible and responsive to all individuals in need, as well as to eliminate any obstacles that prevent certain people from receiving social assistance. This considers physical and geographical circumstances, as well as time, language, and demands (Department of Social Development, 2004). The goal is to guarantee that individuals in rural and isolated locations have access to social services, reversing a long-standing pattern in which services were concentrated in metropolitan areas (Schoeman, 2001).

People-centeredness is the fourth premise of developmental social welfare theory. Intervention efforts must be focused on people (Davids, Theron & Maphunye, 2005). This suggests that all intervention attempts revolve on the individual, family, and community (Davids et al., 2005). People, according to Kirst-Ashman and Hull (2011), are products of the systems in which they live. This idea stresses that developmental social services begin



with individuals and the systems they function in (Davids et al., 2005). This is accomplished through encouraging citizen engagement and amplifying the poor's voice in decision-making (Patel, 2005).

Sustainability is the fifth principle. People's lives are examined in terms of their political, social, environmental, economic, and cultural dimensions (Davids et al., 2005; Lombard, 2003). Sustainability is derived from the concept of sustainable development, which means "development that fulfills current demands without jeopardizing future generations' capacity to satisfy their own needs" (Midgley, 2010b, p.21; UNDP, 2003, p.2). Sustainability is concerned with increasing the quality of life as well as meeting current human requirements while also addressing future human needs (De Beer & Swanepoel, 2011). As a result, the UNDP defines social service sustainability as services that are offered in an integrated way that considers both social and economic growth, as well as environmental conservation, which is critical for long-term social development (UNDP, 2003).

Appropriateness is the sixth principle. The White Paper on Social Welfare (RSA, 1997a) defines suitable social welfare services and programs as those that are responsive to people's needs and difficulties, as well as social, economic, and political contexts. In the case of rural communities, social services should be tailored to the circumstances to guarantee that customers get services despite infrastructural and resource constraints (Ntjana, 2014). Also, services should be tailored to the targeted target groups, taking into

account their social, economic, cultural, and political differences (Department of Social Development, 2006).

Finally, social justice is the seventh principle. The provision of improved living conditions and life situations for individuals who are poor, vulnerable, oppressed, and marginalized in society is referred to as social justice (Banerjee, 2005). Many inequities and unfair allocation of resources characterized the previous welfare system (Patel, 2005). As a result, the notion of social justice is about undoing previous inequities, responding to the needs of the disadvantaged and vulnerable, and establishing circumstances for fair resource distribution and equal access to welfare resources (Barker, 1999 in Banerjee, 2005; Patel, 2005). Applying developmental social welfare theory to the study which aimed at assessing non-governmental organisations approach to the delivery of welfare services is found to be suitable as the themes and principles of developmental social welfare are appropriate. Non-governmental organisations by nature are developmental oriented and mostly, targeting the marginalized in society. Though the study is rooted in the developmental social welfare framework, a more integrated approach is adopted as the conceptual framework for the study. The themes and principles of developmental social framework are going to form part of the conceptual framework and were used to measure how NGOs deliver welfare services in the Balsa south district.

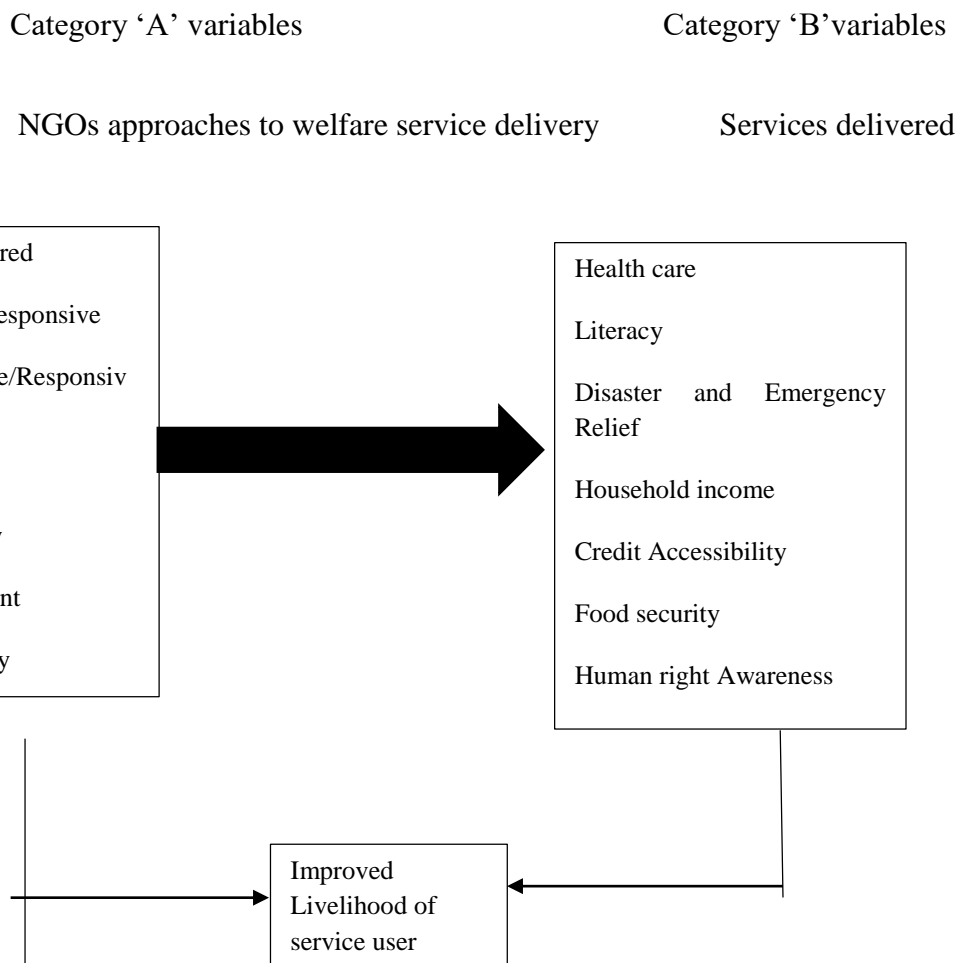


2.13 Conceptual Framework

The study assessed Non-Governmental Organisations approach (es) in the delivery of welfare service using the CRS in the Bulsa south district. On the approach (es) used to deliver welfare services, the literature pointed out three approaches: universalism, targeting and empowerment. Developmental social welfare theory literature has also indicated some themes and principles regarding welfare service delivery. The themes included: rights-based approach, relationship between social policies and economic development, participation of the poor people in development, collaborative partnership and bridging of the micro-macro divide. The principles included: capacity building, empowerment, accessibility, appropriateness and social justice. The labeled diagram depicts the conceptual framework.



FIGURE 2.1: Conceptual framework of the impact of themes/principles of welfare service delivery on the outcome of social service provisioning.



Source: Researcher's own, March 2021

This framework is meant to help understand the CRS delivery of welfare services; looking at the NGOs approaches to welfare service delivery vis-à-vis the welfare services they deliver. The welfare services include healthcare provisioning, capacity building and water accessibility.

In this thesis as indicated in figure 2.1, there are NGOs approaches to welfare service delivery and welfare services NGOs deliver. The NGOs



approaches to welfare service delivery are a blend of some selected themes and principles in the field of welfare service delivery captured as category 'A' variables and some welfare services that NGOs deliver in general, captured as category 'B' variables which are delivered by the CRS in general terms. The expectation is that, given the mix approach system used by the CRS to deliver welfare services in the Balsa south district, employing the approaches of NGOs to welfare service delivery, these approaches will lead to well delivered welfare services that would lead to improved livelihood of service users.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 The Study Area

On June 7, 2012, the Bulsa South District was established. It was created from the former Bulsa District. Fumbisi serves as the administrative capital. Between longitudes 1° 05' West and 1° 35' West, and latitudes 10° 20' North and 10° 50' North of the equator, the Bulsa South District is located. The District is bordered to the north by the Bulsa North District, to the south by Mamprugu- Moaduri District, west by Sissala East District and east by West Mamprusi District. (GSS, 2021). In terms of closeness to the Bulsa south district, the neighboring districts are relatively far apart (GSS, 2021). This poses a significant difficulty in terms of access to social service facilities, particularly in the areas of health and education, as well as the necessity for appropriate social service facilities in the district to mitigate the proximity issue.

The district's geography is undulating, with slopes ranging from 200 to 300 meters in the western and northern parts. The slopes are milder in the valleys of Kulpawn, Besibeli, Asibelika, and Azimzim, ranging from 150 to 200 meters. In general, the land's low-lying nature exposes a large portion of it to floods during years of heavy rainfall (GSS, 2021). As a result, movement between districts is hampered in the case of floods.





A substantial section of the area, like much of northern Ghana, is within the Volta basin and is strongly dissected by a number of notable tributaries of the White Volta, including the Kulpawn, Asebelika, and Belipieni, resulting in a high drainage density. Most of these streams, however, are seasonal and dry up during the longer dry season, posing a threat to both agricultural and household water supplies. The district's high drainage density, along with its low-lying topography, makes it difficult to get about, particularly during the rainy season. Most rivers and streams overrun their banks between July and September, flooding a number of roads, tracks, and foot trails, and cutting towns off from the center (GSS, 2021). As a result, there is an urgent need for social service facilities in the region, particularly in the areas of education, health, water, and sanitation.

The district's vegetation is savannah woodland, with deciduous, widely spread fire and drought tolerant trees of varied sizes and densities, as well as distributed perennial grasses and accompanying plants. The wooded savannah has been reduced to open parkland as a result of man's activities, with only economically valuable trees such as baobab, acacia, sheanut, and dawadawa surviving. Domestic needs for fire wood and lumber for local dwelling construction, cattle kraals, vegetable garden fencing, and handicraft materials are met by these trees (GSS, 2021).

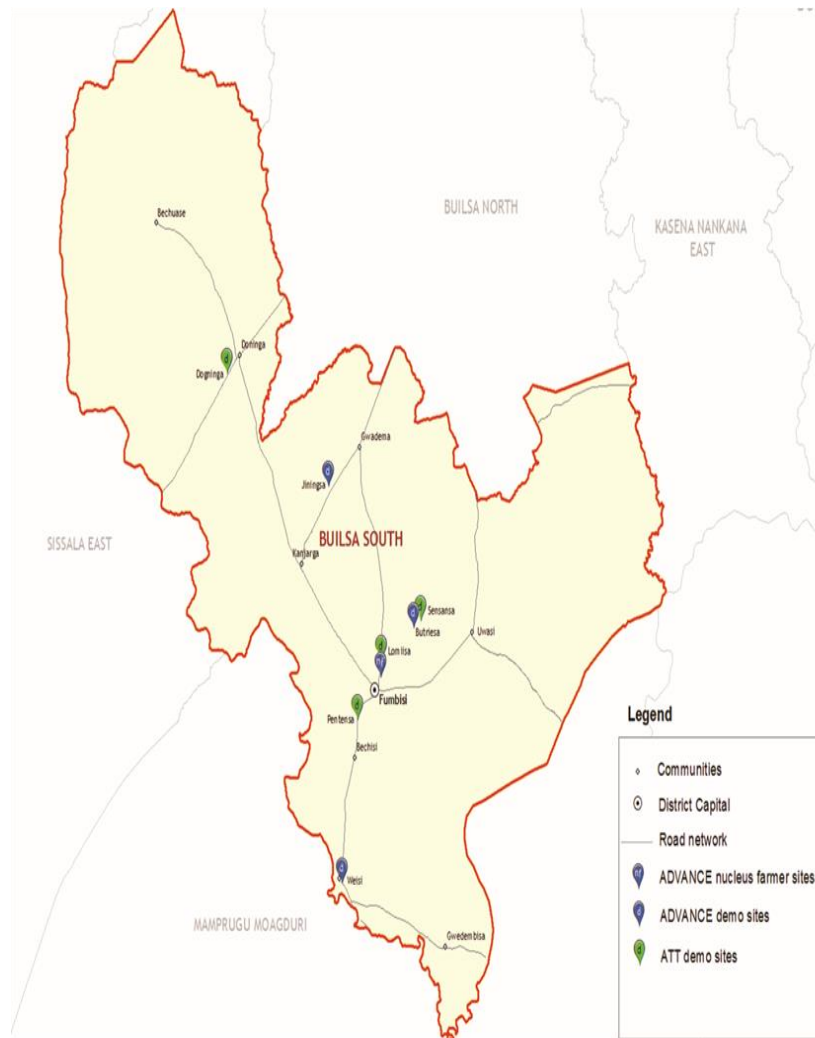


A wide range of social infrastructure may be found across the Balsa South District. There are 38 Kindergartens schools, 16 Junior High Schools, 32 Primary Schools, 3 Private Schools and 2 Senior High Schools.. The District also has seventeen (17) health facilities made up of 2 health centres (Fumbisi and Kanjarga), fourteen (14) Community Based Health Planning Services (CHPS) (GSS, 2021). Despite the current social infrastructure, the district's social infrastructure must be significantly expanded in order to provide effective and efficient social service delivery taking into consideration the increasing population of the District. According to the 2020 Population and Housing Census, the Balsa South District has a population of 36,575 with more males (18,328), representing 50.1 percent than females (18,247) constituting 49.9 percent. The District occupies a land size of 1,289 Km² with a population density of 28.4 persons per square kilometre. The district has an average household size of 6 persons per household. Also, the district has a household population of 36,431. The sex ratio in the district is 100.4. The district's population is young, and has a large base population pyramid that tapers down with a tiny proportion of senior people (60 years and over) (8.3 percent). The district's age dependency ratio is 1:0.89 which is lower than the national age dependency ratio of 1:0.93 (GSS, 2021).

The district's local economy is composed of agriculture (farming), manufacturing industry, energy, services-tourism, banking, and communication. Agriculture, forestry and fishing, constitutes the largest industry employing about seven out of ten persons (73.7%) of the workforce aged 15 years and above in the district. Other major industries offering employment are activities of household employment, manufacturing and wholesale and retail, which constitute (7.0%), (6.2%) and (6.1%) respectively. The rest of the industries employ less than 5.0% (GSS, 2021). Based on the district's population, welfare services such as education, health, agriculture, water and sanitation, and social safety net programs are critical for their existence.



Figure 3.1: Map of Balsa South District



Source: USAID Projects Information, Balsa South, 2014-2016

3.2 Research Approach and Design

An exploratory survey design was used, as well as a mix of qualitative and quantitative methodologies. Qualitatively, the researcher focused on the description of the CRS' area of operation in the delivery of welfare services, empowerment through an integrated approach to deliver welfare services,





contribution of the welfare services delivered on livelihood of users and the kind of relationship that exist between CRS and the state departments in the delivery of welfare services. The quantitative methodology found out the number of physical projects provided by the CRS in the sampled communities.

The mixed method worked for this research due to the fact that, the mixed method approach generated comprehensive data for the study. The combination of qualitative and quantitative methods enabled the researcher to capture relevant information pertaining to all the objectives of the research topic as compared to relying on only qualitative and or quantitative method. Also, the mixed method design allowed for triangulation during the data collection. This ensured data reliability (Creswell, 2013).

3.3 Target population

The targeted population included staff of the Ghana Health Service (GHS) in the Balsa South District who doubled as representatives of the NGO (CRS) in the Balsa South District, CRS volunteers in the sampled communities, and finally, beneficiaries of the welfare services provided by the CRS in the district. The study specifically targeted all staff of the GHS who have ever worked with the CRS on its project (s), all volunteers in the sampled communities, and selected beneficiaries of the CRS projects in the district because they had the relevant information. The Staff of the GHS in the district had the



requisite information regarding objectives: one, the welfare services that the CRS has delivered in the Balsa South District, especially, the health services; two, CRS' area of operation in the delivery of welfare services in the Balsa South District; three, explore the CRS' use of empowerment as an integrated approach to welfare services delivery in the Balsa South District; four, ascertain the effect of welfare services delivered by the CRS in the District on livelihood of the people and five, the collaboration that exist between CRS and the state departments at the district level in the delivering of welfare services. The community volunteers were helpful in identifying beneficiaries of the welfare services of the CRS in their respective communities, helped organized beneficiaries for meetings and persuaded them to give out needed information for the research, and finally, provided information on objectives one and two. With the beneficiaries of the services of the NGO, these were key participants of the research for both the quantitative and qualitative aspects. The beneficiaries are the consumers of the welfare services of the NGO and have firsthand information regarding the services provided as well as, contribution of the welfare services delivered in the District on livelihood of the people.



3.4 Sample Size

The Builsa south district has 10 Towns. The Towns are as follow: Fumbisi, Gbedema, Kanjarga, Uwasi, Wiesi, Gbedembilisi, Kunkwak, Doninga, Bachonsi and Kadema south. In terms of Town and Area Councils, there are three (3) Town/Area Councils: Fumbisi Town Council, Kanjarga/Gbedema Area Council and Chansa/Zazmsa/ZogsaArea Council Council (GSS, 2021). The number of communities sampled for the study was three (3).

3.5 Sampling Technique

The main sampling technique used was purposive sampling. Neuman (1994) suggests that for purposive sampling to be deemed appropriate the sample should involve subjects who will be particularly informative, and who have been identified for the purpose of in-depth investigation. Due to the research objectives that were to be addressed, purposive sampling was used to select the participants. However, multistage sampling; quota sampling and simple random sampling were supporting sampling techniques for the study.

Using multistage sampling as an aid in getting the sample size for the towns, I first identified the primary sampling units. These sampling units were: Fumbisi, Kanjarga, Gbedema, Doninga, Bachonsa, Uwasi, Wiesi, Gbedembilisi, Kunkwak and Kadema south. From the



identified units and using a simple random sampling, I choose an appropriate number of sampling units to fairly represent the ten (10) towns. In doing this, I considered 30% of the identified towns. Taylor (2002) indicates that, when determining sampling unit needed for a given level of accuracy, the researcher must use the conventional response rate of 20% which is considered as a good response rate, while a 30% response rate is considered to be really good. This is usually accepted in order to determine a general level of accuracy for a sample. Therefore, determining the sampling units for this particular study, the researcher considered 30% of the 10 towns; this yielded 3 towns as the sampling units. At this stage, I numbered all the units consisting the towns and with the simple random sampling, I selected the three (3) towns out of the ten (10) towns. The selection criteria were carried out by first assigning numerical codes to all the 10 towns in the district. After this, the numerical codes were put in a bowl, shuffled, and picked 3 times for the 3 towns. This gave opportunity for equal chance of selection for the 10 towns. This ensured the absence of manipulation and thus avoided biases.

On the part of the respondents, the targeted population included all staff of the GHS in the Balsa South District who doubled as representatives of the NGO (CRS) in the district, all CRS volunteers in the sampled communities, and finally, sampled beneficiaries of the welfare services provided by CRS

in the district. Therefore, the accessible population comprised the following:

- a. All the five (5) GHS staff
- b. All the three (3) volunteers for the sampled communities
- c. A total of fifty-nine (59) beneficiaries

Below is a table showing the breakdown.

Table 3.1: Breakdown of the study respondents

Category of Respondent	Respondent Number of Respondents	Sampling Method
Staff of GHS	5	Purposive
Community volunteers	3	Purposive
Beneficiaries of Bachonsa	20	Purposive, quota and simple random
Beneficiaries of Kanjarga Jiningsa-Yipaala	20	Purposive, quota and simple random
Beneficiaries of Doningsa-Wupiensa	19	Purposive, quota and simple random
TOTAL	67	

3.6 Sources of Data

Sources of data of this research were both primary and secondary. Primary data was collected from respondents in the field. The primary data was collected using both qualitative and quantitative data collection methods;



field trips (observation), checklist, questionnaire and interviews. Secondary data was obtained from activity record books with the community volunteers. These activity record books complemented the primary data gathered, especially, the data from the GHS staff.

3.7 Data Collection Tools

Data collection tools that the researcher relied on were questionnaires, interviews, observation and focus group discussions. Both open-ended and closed-ended questions were included in the questionnaires; open-ended questions were such that respondents used their own words, elaborated on and organized information and gave their views on the subject matter, whereas the close-ended questions assisted the respondents in choosing from possible answers given.

In the area of observation, unstructured form of observation was used. This form of observation offered the researcher an opportunity to observe physical welfare services undertaken by the CRS in the district, especially, the sampled communities.

For interview, an interview guide was useful in collecting data from staff of the GHS in the district on the services that the CRS has delivered in the district, the CRS' area of operation in the delivery of welfare services, CRS' use of empowerment as an integrated approach to welfare services delivery in the District and finally, the collaboration that exist between the CRS and the state departments at the district level in the delivery of welfare services.



In a similar fashion, the same interview was used to gather data on the welfare services that the CRS has delivered in the district, and the contribution of the welfare services delivered by the CRS to the livelihood of the beneficiaries.

Also, face-to-face interviews were also part of the interviews.

The final data collection tool was focus group discussion and this was conducted in Doninga-Wupiensa.

3.8 Data Collection Methods

Observation, checklist, questionnaire (structured), and focus-group discussions were used to generate primary data. Through observation and checklist, the researcher was able to confirm physical projects being undertaken by the CRS in the Balsa south district. For the questionnaire and interview, forty-two (42) one-on-one interviews were conducted at Bachonsa and Kanjarga Jiningsa-Yipaala; twenty-one (21) interviews in each community on one hand and on the other, five (5) questionnaires were left behind and respondents answered and picked up at another time. Three Focus group discussions were also conducted at Doningsa-Wupiensa with nineteen (19) beneficiaries; three groups were constituted, groups one and two had six members each whilst, group three had seven members. The focus group discussions were conducted once on each group. The activity record books kept in the communities were part of the data collection method. The record books contained events of the welfare service projects being run by the CRS.



3.9 Data Collection Procedure

In one of the selected communities (Doninga-Wupiensa), a focus group discussion was conducted on nineteen (19) beneficiaries. This enabled sharing of ideas on what existed prior to the interventions of the CRS and the changes that have taken place since the interventions of the CRS. I visited the communities prior to the study and met the CRS volunteers of these communities. This made it possible for dates, time, and venue of subsequent meetings scheduled with beneficiaries. All the respondents for these communities were met once in the course of the study. For the GHS staff, after the clearance was given, they took the questionnaire home, answered and gave them to me at a later date.

3.10 Ethical Considerations

With my admission letter, I was able to get the necessary support from the respondents. The admission letter gave me the clearance and I got the needed information. For this study, the process of the research required that the participants reflect on and express personal views and opinions. Questionnaire and interview methods were carefully selected and ensured the researcher met the one-month data collection time frame. The involvement of participants was voluntary. Potential participants were informed of no direct benefit for participating in the study and that they may choose to drop out of the study at any time, or refuse to answer any question

posed to them, with no negative consequences. This made participants felt not obliged to participate in the study.

It was also necessary to obtain the consent of the participants to record the interviews for this academic purpose. This aspect included making participants aware that direct quotes may be used in the research report. As a result of this, participants were made aware of the limits to confidentiality in terms of the use of direct quotes. However, confidentiality was maintained as much as possible since the names of respondents did not appear anywhere in the research. In addition, all interviews were conducted in locations that allowed for privacy and convenience.

3.11 Data Analysis

The collected data were first recorded on the questionnaire papers, sorted out and finally organized into appropriate themes and presented. For instance, with the open-ended questions, the responses were compared. Those with the same views were grouped together. Data collected with the use of the checklist were compiled. All ideas generated during the focus group discussions were also collected and recorded. Similar views were grouped together. The method used in the presentation of the findings was mainly manual; responses of the respondents interpreted in writing, drawing the linkages of their responses for conclusion for the qualitative data aspect. Few frequency distribution tables have been used in the work for the quantitative data aspect.



CHAPTER FOUR

PRESENTATION OF FINDINGS AND DISCUSSION

4.1 Introduction

The main objective of the study was to assess how the CRS approach to welfare service delivery impact on the livelihood of people in the Bulsa South District. The study had five (5) specific objectives which included to: identify the welfare services that the CRS has delivered in the Bulsa South District; identify CRS' area of operation in the delivery of welfare services in the Bulsa South District; explore the CRS use of empowerment through an integrated approach to welfare services delivery in the Bulsa South District; ascertain the effect of welfare services delivered by CRS in the District on livelihood of people; and find out the kind of collaboration the CRS has with the state departments at the district level in the delivery of welfare services. This chapter presents the findings of the study in relation to the study objectives.

4.2 Demographic Characteristics of Respondents

This section presents the socio- demographic characteristics of the study participants which include age distribution of respondents, gender, sector of the economy the respondents work, level of education, religious affiliation and their marital status.





4.2.1 Age Distribution of Respondents

The researcher sought to find out the respondents' age to establish the age structure of the persons sampled for the study. The total participants were sixty-seven (67). The data shows that greatest proportion of the respondents 21 (31.3%) fell within 30-39 age group while a few of the respondents 7 (10.4%) within 50 -59 age group. The age distribution of the respondents is presented in table 4.1.

Table 4.1: Age Distribution of Respondents

Age	Frequency	Percentage
20-29	12	17.9
30 – 39	21	31.3
40 -49	16	3.9
50 – 59	7	10.4
60 and above	11	16.4
Total	67	100

Source: Fieldwork, 2021

4.2.2 Sex of Respondents

The researcher collected data on sex of the respondents to understand the gender representation of beneficiaries of the welfare services of the CRS in the Balsa South District. Information gathered indicated that out of the 67 respondents, 24 respondents representing 36% were males while 43 respondents representing 64% were females.



4.2.3 Sector of Economy the Respondents work

The respondents were categorized according to the sector of the economy they work. The private informal and public formal sectors were identified as major categories where people of the Balsa South work. The study revealed that the majority 61, representing 91% work in the private informal sector while only 5 works in the public formal sector. Only 1 was a student. The huge percentage of the respondents working in the private informal sector could be explained by a lack of appropriate skills and low level of education of the majority of the respondents required for working in the public formal sector (4.2.4). Jobs in the private informal sector in the study district are largely in agriculture.

4.2.4 Level of Education of Respondents

The data gathered on the educational level of the respondents shows that the greatest proportion 31, representing 46% had no education at all, and 1 respondent had post graduate education. The low level of education situation of respondents has implications for their level of comprehension of the welfare services which the CRS is carrying out in the district. Though, the low level of education was a challenge to beneficiaries picking up the services fast, volunteers and health workers took time and explained concepts for beneficiaries to follow. As a permanent measure, it will be recommended to the CRS to institute some form of non formal learning to aid the beneficiaries pick up services fast. The level of education of respondents is shown in table 4.2.

Table 4.2: Level of Education of Respondents

Level	Frequency	Percentage %
Basic	26	39
Secondary	4	6
Tertiary	5	7
Postgraduate	1	2
None	31	46
Total	67	100

Source: Fieldwork, 2021

4.2.5 Religious Affiliation and Marital Status of Respondents

The data gathered on the religious affiliation of respondents indicated that all the 67 respondents contacted, are spread among three (3) main religions: Christianity, Islamic and African Traditional Religion. Majority 53, representing 79% were Christians while 13 making 19% practice African Traditional Religion. Only 1 respondent claimed to be Islam. Christianity being the dominant religion among those sampled could be positive for promoting good practices of most of the welfare services of the CRS in the district.

Data on the marital status of the respondents is significant to this study. The majority of the respondents 64 (95.5%) are married. While single, separated and divorced each had 1 respondent.





4.3 Welfare services the CRS has delivered in the Balsa South District

The first objective of the study sought to explore the welfare services that the CRS has provided in the Balsa South District. To address this research objective, various questions were asked for respondents to answer. This particular objective had a total of 48 respondents; 5 Ghana Health Service (GHS) workers in the Balsa South District, 20 respondents from Bachonsa, 20 respondents from Kanjarga Jiningsa-Yipaala and 3 volunteers coordinating the activities of the CRS in the communities.

4.3.1 Respondents knowledge on NGOs operating in the Balsa South District

Respondents' knowledge was sought on the number of NGOs which operate in the study district. All the 48 respondents; 5 Ghana Health Service (GHS) workers in the Balsa south district, 20 respondents from Bachonsa, 20 respondents from Kanjarga Jiningsa-Yipaala and the 3 volunteers coordinating the activities of the CRS in the communities demonstrated knowledge on NGOs operating in the district. The 19 focus group participants are excluded here. From the data collected, all the 48 respondents mentioned the CRS as an NGO that had operated in the Balsa south district for some time now. Other NGOs which few of the respondents mentioned to have operated in the district were: Korea International Cooperation Agency (KOICA) CHPS+, World Vision, NMABIA-Ghana,

Japan International Cooperation Agency (JICA), AfriKIDS and RISE-Ghana. The literature says ADRA, CRRPR, Hunger project, Plan International, SWN, WHI, and Green Cross International are some of the NGOs which operate in rural areas of Africa (Adjei, Agyemang & Kwadwo, 2012). Results showed these NGOs are absent in the study area which is a rural district. However, World Vision as an NGO operating in rural areas of Africa from the literature is in consonance with results from the study area regarding the presence of World vision in the rural areas.

4.3.2.1 Respondents knowledge on the social services the CRS has delivered in the Bulsa South District

The welfare services that the CRS has provided in the Bulsa south district were sought from the respondents. The respondents were able to list a number of services that the CRS has provided in the district. The 19 focus group members were excluded at this stage because the researcher needed to have a one-on-one interview with respondents. At the end of the interview, all the 48 respondents mentioned that the CRS has provided health services in the Bulsa South District. The reasons for this response were that, first, health service had the widest coverage in terms of scope and subscribers in the Bulsa south district among all the social services being provided by the NGO in the district. Second, most of the respondents; 43 out of the 48 respondents are direct beneficiaries of most of the health services the CRS is delivering in the district.



For the health service the respondents listed the following health projects/programmes that the CRS has carried out to augment what the GHS in the District has carried out: prenatal and postnatal education (weighing, exclusive breastfeeding) targeting married couples with pregnancy; safe/health center delivery targeting married couples with pregnancy; two (2) motor kings ambulance service (emergency transport), one each for Kanjarga Jiningsa-Yipaala and Doningsa-Wupiensa targeting pregnant women in labour as means of easy transport to the District health center as there is only one ambulance serving all the towns in the District and also coupled with the frequent malfunctional nature of the ambulance ; model couple education in the area of natural family planning for married couples; drugs to fight diseases like polio (vaccination of 0-5 years old children), malaria, blindness, elephantiasis and bilharzia targeting members of a community who are suffering from such diseases ; pregnant school for pregnant women and their husbands; provision of learning aids (flip charts) for nurses to use and teach clients on how to handle certain health issues such as diarrhoea at home; and finally, maternal and child health targeting the 3-delays in mortality and morbidity.

The prenatal and postnatal education (weighing, exclusive breastfeeding) had 43 respondents out of the 48 respondents indicating that, it is a health programme of the CRS. The safe/health center delivery also had 45 out of the 48 respondents indicating that it is health programme of the CRS in the district. The model couple with education in the area of natural family



planning had 44 out of the 48 respondents indicating that, it is a health programme of the CRS. All these health programmes recorded high number of respondents because they are being carried out across all the three communities visited. The motor king ambulance service (emergency transport) and the drugs to fight diseases like polio (vaccination of 0-5 years old children), malaria, blindness, elephantiasis and bilharzia, each had 8 out of the 48 respondents listing that. The drop in number is that, these two particular services are not run in all the three communities. The other three health programmes; pregnant school for pregnant women and their husbands, provision of learning aids (flip charts) to teach clients on how to handle certain health issues such as diarrhoea at home, and maternal and child health targeting the 3-delays in mortality and morbidity each had only the 5 GHS staff listing them, though not beneficiaries. They were able to list these because they are the implementors of the CRS' health programmes in the district. The researcher was not able to ascertain why the beneficiaries themselves did not list that.

The study revealed that the above health programmes being carried out by the CRS in the Balsa south district concur with Ferrari (2011) which indicate that, in the area of health, the CRS has implemented programmes which include food distribution, training of community-based health workers, community health on child survival, maternal and child health development, HIV and AIDS and prevention, building of health facility infrastructure and medical treatments. The health facility infrastructure,



health worker training, medical treatments and prevention activities among other things have helped to provide health care for vulnerable groups: women of reproductive age, infants and very young children in marginalised communities. This notwithstanding, the study did not reveal any health infrastructural facility provided by the CRS in any of the communities.

Aside the health services, respondents also listed some other services being carried out by the CRS such as counselling services, water services, capacity building, community education and empowerment and finally, environmental sanitation.

Data collected revealed that, the CRS provides counselling services through a programme called, “Council of Champions”. The motive of the Council of Champions is to provide guidance and counselling services to couples, especially, young couples to live in peace and have mutual respect for one another. Out of the 48 respondents, 12 respondents listed this service of the CRS in the Bulsa south district.

With the capacity building project, respondents mentioned, nurses in the Bulsa south district receive training on model couple education to facilitate trainings of model couple groups in the communities. Also, Traditional Birth Attendants (TBAs) receive formal midwifery training to assist nurses in their communities in the conduct of deliveries. Training of traditional healers to integrate them into the normal health care system was also



reported to have been carried out by the CRS. Out of the 48 respondents, only 4 respondents listed this service. All the 4 respondents came from the GHS staff in the district, although, this is a service that had a positive impact on the TBAs, traditional healers as well as the married couples. Some TBAs and married couples were able to acknowledge the enormous benefits they had from the CRS capacity building programme but could not remember to list it as a service being run by the CRS. For the water service, the data showed that, the CRS has drilled three boreholes; one each in the three communities visited in the district. Out of the 48 respondents, 5 respondents (3 GHS staff and 2 volunteers) indicated the presence of drilled boreholes. The low number accounted for the fact that; these boreholes are provided for the CHPS. However, the whole community benefits.

In the area of community education and empowerment, a respondent at Kanjarga Jiningsa-Yipaala mentioned education of community members on traditional beliefs that negatively impact on newly born babies (exclusive breastfeeding) and pregnant women (health center delivery, prenatal and postnatal practices). With regards to environmental sanitation, the volunteer at Doninga-Wupiensa mentioned that, the CRS has organised a number of education programmes in the communities for members to get the need of environmental cleanliness. This was the only community that showed the CRS initiating a sanitation programme. The sum of the total frequencies is more than 48 respondents excluding the focus group

respondents because some of them mentioned more than one service known to be provided by the CRS. Table 4.4 summarised the data.

Table 4.3: Social services the CRS has provided in the Balsa South District

Aera of Operation	Frequency
Health	48
Water	5
Capacity Building	4
Community Education and Empowerment	1
Sanitation	1
Counseling Services	12

Source: Field Work, 2021

4.3.2.2 The CRS welfare services and how the beneficiaries account of how they have benefitted

The services of the CRS that beneficiaries have benefitted and are benefitting in the study district are health services, counselling service, capacity building programme, water service, environmental sanitation and community education and empowerment services. The sampled beneficiaries of the CRS programmes expressed awareness of specific services or programmes targeting at particular group of people such as age, sex, and marital status. On the benefits, some beneficiaries mentioned that the readily available transportation for referral of cases of pregnant women to the nearest clinic and or hospital through the motor king ambulance service is something of tremendous help. This is a “motor king” with a roof



and a well-furnished inside to serve as an ambulance in terms of emergency in a community. It has been provided by the CRS to serve the community that is privileged to have one. A male and female respondents at Dininga-Wupiensa remarked:

A 43 year old, male farmer beneficiary from Doningsa-Wupiensa said that ‘when my wife was in serious labour, I was able to rush her immediately from Wupiensa to the Doninga clinic due to the motor king ambulance transport.’

Also, a 38 year old, female farmer beneficiary from Doningsa-Wupiensa said that ‘it was the motor king ambulance that saved my life when I had my second pregnancy and was in serious labour.’

Secondly, beneficiaries also mentioned that the health staff training programme has improved the skills of health workers in the Builsa south district and they are able to deliver better health care services. For instance, the “Link Provider Training” renders direct maternal health services in the communities. This has offered emergency labour and delivery services and health workers are aided with delivery logistics and this contributes to better service delivery in the beneficiary communities.

A female TBA, 49 years old respondent at Bachonsa remarked: ‘the CRS has trained me as a TBA how to use the hand glove when carrying out deliveries.’



Also, a female, married farmer, 42 years old respondent at Kanjarga Jiningsa-Yipaala remarked: ‘a TBA assisted me to deliver my second child and I did not encounter any problem.’

Thirdly, a good number of the beneficiaries were of the view that the CRS has been able to increase access to health care services for pregnant women through education on health center delivery education, institution of prenatal and postnatal services education, and eradication of traditional beliefs and taboos affecting pregnant women and children. The cumulative effect of these services includes decline cases of maternal and child mortalities, improvement in both maternal and child health status, safe deliveries and pregnant women giving birth to healthy babies according to the beneficiaries. For instance, all the three volunteers confirmed how husbands were hesitant in allowing their pregnant wives deliver at a health center due to traditional beliefs and taboos forbidding deliveries at a health center. But the presence of the CRS took away these traditional beliefs and taboos and husbands were now taking their pregnant wives to health centers for safe deliveries.

Fourthly, the study revealed that the CRS provided malaria drugs to community members to help reduce malaria cases in the communities. Other drugs such as Polio, bilharzia, and river blindness have also been provided by the CRS to people. Beneficiaries reported that these drugs have improved their health. Two (2) beneficiaries at Doninga-Wupiensa remarked:





My brother, see me sitting here with the cost of malaria drugs how can I afford one. But the CRS has made it possible for me to have access to better malaria drugs and I no longer fall sick of malaria again. Malaria was a major sickness worrying us in Wupiensa but it is now a thing of the past (Separated man, farmer, 45 years).

Also, a 41 year old, female married farmer beneficiary from Doningsa-Wupiensa said that ‘I got saved from dying of malaria due to the CRS free malaria drugs they brought to this our community’ .

Fifthly, most of the beneficiaries claimed the “Model Couple Education” programme has improved the living standards of the people in the district as the programme has been able to reduce family sizes of couples.

A male, married farmer, 47 years old respondent at Bachonsa remarked: ‘I have been able to take good care of my family because I have a reasonable family size’.

A female, married trader, 45 years old respondent at Bachonsa remarked: ‘myself and my husband have three children and that is our end’.

Sixthly, few of the beneficiaries claimed the “Council of Champions” programme has succeeded in improving couple relationship (mutual respect) leading to husbands supporting their wives, especially, pregnant wives. According to the beneficiaries, this has brought about peaceful co-existence among couples in the communities.

A male, married farmer, 53 years old respondent at Kanjarga Jiningsa-Yipaala remarked: ‘I have lived peacefully with my wife after the CRS enrolled myself and my wife onto this programme’.

Also, a male, married farmer, 37 years old respondent at Kanjarga Jiningsa-Yipaala remarked: ‘anytime my wife became pregnant, I followed her to the health center for both prenatal and postnatal care’.

Other benefits a few of the beneficiaries also mentioned were TBAs training and Traditional healers’ training. They reported the TBAs training has improved the skills of TBAs in the beneficiaries’ communities as the TBAs are able to help carry out deliveries in a modern manner when the need arises. For instance, a 62-year-old TBA at Bachonsa could not hide her joy when she explained that in her community, before the coming of CRS, most of the births that were carried out by the TBAs came with challenges. But, throughout her practice as a TBA, she has never recorded any death of a mother nor a child under her service. She is happy with CRS because, she has been given professional training (use of hand gloves) that will help her carry out deliveries when the need arises. Another TBA in the same community showed special gratitude to the CRS for educating them better. She mentioned that, the CRS educated them that, they should always try and assist women in labour to go to the health centers and deliver unless the woman’s labour is at its end point. The reasons are that some women may develop complications that as a TBA, you may not be able to handle and some women due to excessive bleeding, blood transfusion is imminent. On





the traditional healers training, the beneficiaries revealed that the programme has been able to improve the skills of traditional healers and it has helped to save lives. Beneficiaries also said the training which is in the form of education has taught traditional healers in the communities to recommend the hospital to patients with major illness for proper diagnosis and treatment.

A 32 year old, male married farmer beneficiary from Kanjarga Jiningsa-Yipaala said: “Traditional healers have been educated against the treatment of all sicknesses, especially stomach sickness. They are supposed to encourage clients with serious sicknesses to visit the hospital for proper medical attention’ .

The last benefit few of the beneficiaries mentioned was the CRS water service. The beneficiaries reported that the CRS drilled boreholes to give the communities potable drinking water. The boreholes have prevented a lot of diseases and this is connected to the drinking of potable water.

A nineteen (19) member focus group discussion was held at Doninga-Wupiensa and discussed the welfare services they have enjoyed from the CRS as beneficiaries. The data collected revealed that, first, all the 19 beneficiaries of the focus group said, they have enjoyed some health services from the CRS. Under the health services, all the 12 female beneficiaries of the total 19 beneficiaries said they are beneficiaries of the prenatal and postnatal education programme, 6 out of the 19 beneficiaries

mentioned that they have ever received malaria drugs from the CRS after testing positive to malaria, all the 19 beneficiaries indicated that they all enjoy from the emergency transport service (motor king ambulance service) and 13 of the 19 beneficiaries indicated that they are part of the model couple education programme. Second, the data revealed that beneficiaries have been receiving counselling service (council of champions). All the 19 beneficiaries are part of the Council of Champions programme. Third, the beneficiaries mentioned that the CRS has provided them with water (potable drinking water) through a borehole. Though the borehole is for the CHPS, it has come to serve the whole community. Lastly, the beneficiaries mentioned that the CRS has an education programme on environmental sanitation.

4.3.3 Respondents knowledge on how long the CRS has delivered the services in the Balsa South District

On the number of years, the CRS has provided services in the Balsa south district, two distinct year categories (2 and 4 years) emerged. From the results, 94% of the respondents said the CRS has provided these services for 4 years in the Balsa south district while only 6% said the CRS has provided these services in the district for 2 years. The variation in years could be explained by the fact that the CRS started operation in different communities at different times. For instance, the CRS operated in communities like Kanjarga Jiningsa- Yipaala and Bachonsa before Doninga-Wupiensa.



4.3.4. Respondents level of satisfaction with the services of the CRS and reasons

All the 48 respondents said they were very satisfied with the services of the CRS in the district. The respondents made some statements to show their level of satisfaction with the services of the CRS in the Balsa south district. Most of them made this statement ‘I wished the CRS stayed forever in the district’. This statement was made because the services of the CRS generally improved their lives.

A female, married farmer, 39 years old respondent at Bachonsa remarked: ‘anytime I sleep and wake up, I want to hear that CRS will never leave our community’.

Another statement was that ‘I always pray that the interventions of the CRS become permanent in the Balsa South District’.

A female, married farmer, 42 years old respondent at Kanjarga Jiningsa-Yipaala remarked: ‘I know God has sent the CRS to stay forever in this our community’.

They compared their lives before and after the services of the CRS in the district and the later was impressive.

Another statement made by most of them was ‘high turnout for CRS meetings’.

For instance, a female, married trader, 37 years old respondent at Bachonsa remarked: ‘as for me I do not play with the meetings of the CRS. When meetings days come, I am always present’.

A male, married farmer, 46 years old respondent at Bachonsa also remarked: ‘I have never failed to go with my wife to any meeting organized by the CRS’.

According to the respondents, if they were not pleased with the services provided by the CRS, they would not have been attending meetings of the CRS. Another statement made by the respondents was that ‘people put into practice what they have learnt from the CRS’. Some of the programmes being carried out by the CRS in the district come in the form of life skills training where the people will need to put into practice what they have learnt to improve their living conditions. For example, beneficiaries of the Council of Champions Programme and Model Couple Education need to put into practice the skills they acquire after training in order to enjoy the benefits of the programmes. Most of the beneficiaries of these programmes claimed they are really putting into practice what they have learnt from the CRS.

A female, married farmer, 44 years old respondent at Kanjarga Jiningsa-Yipaala remarked: ‘I have only three children with good spacing thanks to the CRS natural family planning method taught to we the woman in this our community’.



Other reasons respondents gave for making statements which show they are satisfied with the CRS include the following: first, the CRS has involved the people of the communities in the planning and implementation of programmes and or projects, and second, the CRS has provided essential services to the communities. For the former, the respondents claimed that the CRS has carried out needs assessment before implementing the social services in the district and this gave the people the opportunity to be part of the services they are consuming, and for the later, essential services like potable drinking water through bore holes has left lasting memories in the minds of the people.

4.4 The CRS approach to the delivery of welfare services in the Balsa South District

The approach an organisation uses to implement a project or programme is essential in determining its success and impact. Reviewing activity record books of the CRS, it was found that the projects and or programmes in the activity record books were same as those reported by the sampled respondents. They included: monthly C-PRES Registers-ANC, monthly C-PRES Registers-PNC, couple strengthening sessions activity records, and Council of Champions monthly activity records. The C-PRES Registers-ANC is a record book with forms to be filled in duplicates by the model couple, documenting details of all pregnant women participating in each of the sessions. The monthly C-PRES Registers-PNC is completed in duplicates by the model couple by documenting the details of all lactating



mothers participating in each of the sessions. Regarding the couple strengthening sessions, it has forms to be filled in duplicates by the model couple participating in each session. With the Council of Champions monthly activity record book, this is a record book that documents monthly activities of the Council of Champions such as desired PRABS (practices, rituals, attitudes, beliefs).

Presenting on the approaches the CRS follow to deliver the welfare services in the district, the researcher matched the manner in which the welfare services are delivered with the literature on approaches to welfare services delivery. The data gathered indicated that the welfare services of the CRS in the district are diverse due to the age, sex and marital status of the sampled population, hence, the NGO has successfully used “targeting in universalism” to deliver most of its welfare services. The NGO relied on a purely universalistic approach to only a few services.

Starting with the health care services, the data revealed that all the programs and or projects are being delivered through the targeting in universalism approach. The prenatal and postnatal education (weighing, exclusive breastfeeding) program, safe/health care delivery program, maternal and child health targeting the 3-delays in mortality and morbidity program, and the motor king ambulance service (Emergency Transport) are health programs that the CRS has delivered through targeting in universalism. These are programs that target the entire population of only married females in the communities. Also, a program such as model couple education in



family planning is delivered by targeting universalism. Here, the entire married couple population in the community is the target. The pregnant school for pregnant women and their husbands is delivered using targeting universalism. This is a service that targets the entire population of pregnant women and their husbands. With the drugs to fight diseases like polio (vaccination of 0-5 years old children), malaria, blindness, elephantiasis and bilharzia, and provision of learning aids (flip charts) are all services that are carried out via targeting in universalism; targeting the entire populations of the affected groups.

The second welfare service is counseling service via “The Council of Champions.” The Council of Champions, just like the Model Couple Education, is a program that the CRS has delivered using the approach targeting universalism. The program targets all married couples in the community; couples are made to form groups for easy counseling services to learn how to co-exist peacefully and offer support for each other. During the data collection, the researcher did not get the opportunity to see the council of champions groups. However, all the volunteers admitted to the existence of the groups and added that, they meet one time in a month.

A 46 year old, male volunteer from Bachonsa said ‘in this community, council of champions groups meet at the first Saturday of every new month ‘.

Also, a 42 year old, volunteer from Kanjarga Jiningsa-Yipaala said ‘the council of champions meeting is carried out at the first Kanjarga market day of every new month at 9 am’.

The third service is the capacity-building project. The essence of this project is to upgrade the skills of all auxiliary workers in the area of health; TBAs and traditional healers. The CRS project in the communities targets all the TBAs and traditional healers. Thus, the approach employed targets universalism.

A 50 year old, male traditional healer from Kanjarga Jiningsa-Yipaala said ‘I received training from the CRS concerning best herbal practices such as providing dosage for my clients’.

Also, a 33 year old, female farmer from Kanjarga Jiningsa-Yipaala said ‘our traditional healers now have measurement for their medicines. It is no longer like in the past where they tell you to take the quantity you can take’.

The fourth, fifth, and sixth services, community education and empowerment program, environmental sanitation program, and water project, respectively, are purely universalistic in nature. These are services that target the entire community population regardless of age, sex, marital status, and so on. The CRS sees these programs and or projects to be basic in nature that there should not be any excludability in terms of consumption.





On a program like the environmental sanitation, a 42 year old, female farmer from Doningsa-Wupiensa said ‘the cleaning exercise that the CRS encouraged us to always do has kept our community clean’.

Also, a 39 year old, male farmer from Bachonsa said ‘the CRS cleaning exercise has helped us to keep our surroundings neat. We are now free from flies and mosquitoes’.

On the water project, during the data collection, the researcher saw boreholes that were drilled by the CRS in each of the communities visited.

A 47 year old, female trader from Bachonsa said ‘the borehole the CRS provided for our CHPS has helped us a lot. We all in this community rely on the borehole for potable drinking water’.

The conclusion drawn from the data is that most of the welfare programs and or projects delivered by the CRS in the district are through “targeting in universalism.” Another approach also emerged from the data as a method used by the CRS to deliver welfare services in the district. This approach is called the empowerment approach. Among the welfare programs and or projects listed, two programs and or projects were identified to have been carried out through the empowerment approach; capacity building project and community education and empowerment project.

4.5 The CRS use of empowerment as an integrated approach in welfare service delivery in the Bulsa South District

Empowerment is a key resource that gives people power and control over their lives. From an annual report of the CRS (2021 Annual Public Summary of Activities), the projects and/or programs in the report were the same as those reported by the sampled respondents. They included: health and Water, Sanitation and Hygiene (WASH). First, under health, despite having an effective decentralized health infrastructure, Ghana has high rates of maternal and newborn death, in part because there aren't any comprehensive rules and procedures for providing emergency referral and treatment at the district level. To address this problem, CRS collaborates with district-level partners in all health programs to make sure that the interventions are appropriate for the communities it serves in terms of both culture and environment.

One specific project is doing this via the Acute Care and Emergency Referral Systems (ACERS) development. As a project to enhance the health system, ACERS has accomplished the underlisted goals via demand creation, facility accessibility, and quality of care. Overall, skilled deliveries of babies have improved in the impacted areas between 2018 and 2021 because to the project's concentrated effort and the cooperation of other partners. For instance, there was an improvement in skilled deliveries of babies in Gushegu from 58 percent to 69.4 percent and in Nkwanta South from 49.3 percent to 56.8 percent. Furthermore, between 2019 and





2021, institutional maternal mortality fell sharply (Gushegu: 112 per 100,000 live births to 22 per 100,000 live births and Nkwanta South: 136 per 100,000 live births to 83 per 100,000 live births). Another health project is the Pregnancy School Plus (PSP). This illustrates the ability to increase community members' awareness of warning indications associated with pregnancy. Improved timely care-seeking for obstetric and infant health concerns in healthcare institutions is the goal of this demand creation component. Pregnant women who attend Pregnancy School Plus (PSP) courses learn the value of early registration for antenatal care, recognizing danger indicators in pregnancy and in infants, having current health insurance cards, and the significance of birth preparation and problems ready plans. The overarching goal of the third health project, Rural Emergency Health Services and Transport for System Development (REST4D), which runs from August 2020 to July 2023, is to improve maternal and child health outcomes in northern Ghana. In order to improve maternal and child health outcomes in the most underserved rural communities in Ghana's Upper East, Savanna, North-East, and Northern regions, REST4D places a strong emphasis on replicating CRS' best practices in maternal and child health, developing health systems, and building capacity. The project's goals are to guarantee that: (1) mother, child, and newborn services within the CHPS program are enhanced; (2) the decentralized health system is reinforced; and (3) effective REST4D solutions are implemented and incorporated into the CHPS policy and



guidelines. Integrated mothers' and babies' courses (iMBC), telementoring and consultation, maternity and newborn care, supply chain management for health products, and telementoring are only a few of the important technological interventions used by the REST4D project.

The Water, Sanitation, and Hygiene (WASH) programme is the second initiative. The government's efforts to achieve universal access to water, sanitation, and hygiene are aligned and complemented by CRS' WASH activities. For long-term sustainability, this strategy will secure community ownership and decentralized government agencies. Improving Water in Northern Ghana is a project that is part of the WASH initiative (I-WANG). Water Access Now sponsors Improving Water Access in Northern Ghana (I-WANG) (WAN). The project's main goal is to provide community, hospital, and educational access to potable water. To increase water availability, this initiative works with the Metropolitan, Municipal and District Assembly (MMDAs), the Ghana Health Service, and the Ghana Education Service. Due to the project's successful completion, 29 boreholes, 3 limited mechanized water systems, and 2 water enterprises (using the SAHA Global business model) were built in 7 districts and 4 regions (Gushegu, West Mamprusi, Nkwanta South, Kessesna-Nankana West, Builsa South, Nabdram and Talensi Districts). For the operation and upkeep of the water infrastructure in communities, the project also trained 10 Area Mechanics and 125 Water and Sanitation Management Teams (WSMT).



Regarding the CRS use of empowerment in delivering welfare services in the district, the data from the sampled respondents found that 1 out of the 5 respondents first looked at empowerment in terms of a bottom-up approach. The respondent explained that the structure of the operation of the CRS is from the community level through to the facility level and to the district level. A further revelation was that, at the community level, there are community members who are serving as volunteers for the CRS and are to coordinate the activities of the CRS at that particular level. At the facility level, there is facility-level health staff serving in the community, and at the district level, there is a District Implementation Team (DIT) helping in the implementation of programs at the community level and also feeding the CRS with the progress of the programs at the various communities.

Second, 4 out of the 5 respondents linked empowerment to how users of the services are given the opportunity to choose among services. They revealed that the CRS had been able to provide a whole lot of services targeting every community member. They listed services like model couple, council of champions, link provider referral and home visit services, motor king ambulance service, TBAs/traditional healers capacity building, etc.

Third, 4 out of the 5 GHS staff linked empowerment to the services provided, having the ability to develop the consumer and to help build their capacity for a better life. The staff revealed that TBAs receive formal midwifery training to assist nurses in their communities in delivery. They again revealed that traditional healers have also been trained, and this has



allowed them to integrate into the mainstream health care system; traditional healers have improved in terms of dosage of their drugs (herbs) to clients through proper measurement. Furthermore, they mentioned that the model couple education had improved the living standards of the users. The model couple program has helped couples reduce their family sizes through the natural family planning method. With reduced family size, couples can save and take adequate care of their children and own development.

Fourth, all 5 staff mentioned the point that the CRS has been able to make available information on its services to users in the Balsa south district. They revealed that this was made possible through decentralization, that is, through the district health directorate to the sub-district leaders to community leaders and finally, the entire community. The involvement of all the structures has made information on the services of the CRS readily available to everyone in the district.

Lastly, 3 of the staff described how the CRS has been able to involve consumers of the services in the monitoring and evaluating of the services. They indicated that the CRS provided scorecard boards in the communities to track the progress of its activities. The community members are in charge of every scorecard. They monitor the scorecard and determine how well they are doing for a particular project or program. Whenever the CRS visits the communities, their progress levels are indicated on the scorecards as feedback for them to make informed decisions.



4.6 Livelihood improvements of CRS interventions in the Bulsa South District

Forty-three (43) beneficiaries were interviewed to ascertain the contribution of the CRS welfare services. Beneficiaries were asked questions about their living situation before and after the coming of the CRS to the Bulsa South District and the contribution of some welfare services of the CRS in the Bulsa South District on their living situation.

4.6.1 Livelihood improvement of the CRS interventions in the area of maternal health

This section found out the lives of the beneficiaries prior to the coming of the CRS and the aftermath. On the living conditions of beneficiaries before the welfare services of the CRS, they recalled the following. Firstly, beneficiaries recalled that they had serious health challenges. The beneficiaries listed the following health challenges: High levels of maternal and child mortalities as a result of lack of antenatal care; Taboos about antenatal care and pregnant women not being allowed to deliver at a health center; series of birth complications due to lack of antenatal care; and problems associated with transporting pregnant women in labor to the nearest health center.

A 49 year old, married woman, farmer from Bachonsa said ‘in this our community, we use not to attend antenatal and also deliver at home’ .



It was found out that for a woman to have delivered at the hospital or any health facility would have meant a taboo against the gods. The assertion is that the gods protect a pregnant woman throughout her pregnancy and therefore are supposed to deliver at home. Also, the TBAs were solely in charge of deliveries in the communities. The gift of a TBA came from the gods, and so, have the support of the gods to carry out safe deliveries.

Another beneficiary of 37 years old, married woman, farmer from Bachonsa said ‘my first delivery was before the services of CRS, and I delivered at home, but the second pregnancy coincided with the coming of the CRS, and I gave birth at a health center’.

Delivering at the hospital is the current practice among pregnant women in the district now after the education they got from the CRS regarding the importance of health center delivery.

Again, a 40-year-old, married woman, farmer from Bachonsa said ‘before the CRS, men in this our community did not show interest in prenatal and postnatal activities of their wives. But now, we the women massively patronize antenatal activities due to the coming of the CRS’.

Men did not see the need to encourage their pregnant wives to go for antenatal services. They saw it as a taboo against the gods and did not want to be punished by the gods for encouraging antenatal practice. But all changed as the CRS came.



A TBA remarked that:

I used to carry out all deliveries in this our community before the coming of the CRS. It was a taboo for a pregnant woman to deliver at a health center. The belief was that a woman who became pregnant resulted from the blessings of the gods, so the gods would definitely see to her safe delivery. But this belief started vanishing immediately the CRS came to our community (Married woman, farmer, 60 years).

Another TBA added that:

We lost some pregnant women in the community before the coming of the CRS due to birth complications. The complications came about as women tried to deliver at home. Some needed an urgent blood transfusion, which was beyond any TBA in our community. The coming of the CRS educated us that as TBAs, we should always try and advise pregnant women to deliver at a health facility to prevent the complication of this nature, and it has prevented related maternal mortalities (Married woman, farmer, 62 years).

4.6.2 Livelihood improvement of the CRS interventions in the area of training and education

This section found out the lives of the beneficiaries in the area of some services that fell under training and education. Among them were education and training on family planning through CRS model couple program; a program that taught family planning to couples in a natural way, and



counselling services. The impact of these services was assessed prior to the coming of the CRS and the aftermath of the CRS coming into the community. The impact prior to the coming of the CRS was that beneficiaries recalled economic hardship they faced due to oversized families as there was the absence of family planning. This kept too much burden on couples to adequately support and meet the needs of children, the beneficiaries reported. However, beneficiaries reported better living conditions after the CRS entered their communities and instituted family planning.

A beneficiary remarked,

I thank God for making CRS come to this my community. The CRS model couple program has made us, the women in this community, get the opportunity to rest before the next child is born. This allowed us to plan our families well, and we can cater to our children's needs adequately and improve our economic standing (Married woman, farmer, 38 years).

The CRS taught the beneficiaries how to employ the natural family planning method to space their births adequately and have reasonable family sizes through the model couple program. The long-term effect is an increased standard of living.

On the issue of the counselling services, beneficiaries revealed the absence of counselling services in their communities and how this caused them a lot

of marital disputes. But the coming of the CRS into their communities changed all. A beneficiary confirmed this and said:

I used to have frequent quarrels with my wife before the coming of the CRS because no one taught me how to live peacefully with my wife. But after the CRS came to my community and through the counselling service, I have lived peacefully with my wife (Married man, farmer, 48 years).

A statement from another beneficiary:

A 35 year old, married woman, farmer said ‘I used to have frequent misunderstandings with my husband because no one talked to us about how to live as couples. But when the CRS came and instituted the counselling service, we are now living well’.

4.6.3 Livelihood improvement of the CRS interventions in the area of primary healthcare

This section also found out the lives of the beneficiaries in the area of some services that fell under primary healthcare. Among them were prenatal and postnatal program, motor king ambulance service and potable drinking water. Through the prenatal and postnatal program, pregnant women with complications are easily identified during their routine check-ups and the necessary assistance given to them to enable safe delivery. This program has improved both maternal and child mortalities in the communities.



A 46 year old, married woman, farmer said ‘I have internal happiness as I no longer lose a relative due to birth’.

On the impact of the motor king ambulance service, beneficiaries indicated that most communities are far from the district capital and that accessing the only hospital will mean traveling several miles. Most communities do not have the readily available means to travel during an emergency. The CRS has provided the motor king ambulance to help transport pregnant women in such communities to the district hospital for urgent medical care. A beneficiary was able to recount how the motor king ambulance assisted him to quickly moving his pregnant wife, who had a complication and was also in labour to the district hospital for medical attention. She eventually received the needed medical care and had a safe delivery (Married man, farmer, 48).

On the impact of the potable drinking water in their communities before the coming of the CRS, this was a challenge. Beneficiaries narrated how they resorted to drinking water from the streams, rivers and ponds. This caused them a whole lot of diseases like diarrhoea, cholera, bilharzia and the like. But this challenge was partially addressed after the CRS entered their communities and provided the CHPS with potable drinking water through the drilling of boreholes. These boreholes have served all the members of the communities and have helped them to fight the water-borne diseases talked about. A beneficiary from Dinginga-Wupiensa said:





This our community was suffering in terms of potable drinking water. We encountered a whole lot of water-borne diseases in our community. But when CRS came and gave our CHPS a borehole, we depended heavily on that for potable drinking water. Though not enough, it has helped us avoid contracting water-borne diseases again (Married man, farmer, 46 years).

The focus group discussion also covered the impact of the welfare services of the CRS. The data indicated that, first, the CRS health care projects/programs brought about the following impact on the lives of the beneficiaries: safe deliveries and healthy babies; reasonable family sizes; and improvement in health status due to drugs (malaria and polio).

Second, beneficiaries commented on the impact of the CRS water project on the community. The data gathered revealed that the water project allowed them to consume safe drinking water. This has been made possible through a borehole. They also added that the water project has prevented diseases related to drinking contaminated water, such as cholera, diarrhoea, and bilharzia.

4.7 Collaboration between the CRS and government departments in the Balsa South District

To ascertain how the CRS collaborates with other institutions, particularly state institutions and departments in the district, data was collected from the 5 GHS staff, the 3 volunteers of the CRS in the communities, and the CRS activity record books.



4.7.1 Projects/services the CRS and government departments collaborate

The CRS has implemented in the Balsa south district a whole lot of programs and or projects. Mention can be made of health, water, capacity building, community education and empowerment, sanitation and counseling services. However, it is only in the areas of health and water programs and or projects that the CRS collaborates with the GHS- a state institution in the district. Data from the 5 GHS staff out of the total 8 respondents and the CRS activity record books revealed that in the field of health, the CRS collaborates with the GHS on the Rural Emergency Transportation and Services (REST II) project. REST II provides transportation to aid in referral cases, especially pregnant women in labor in their communities, through motor king ambulance transport. Another health project that all the 8 respondents and the CRS activity record books revealed was maternal and child health promotion and education. The CRS has carried this out through prenatal and postnatal education, pregnant school/model couple education, and in-service training for health workers and TBAs to improve their delivery skills. The third area in health that the 5 GHS staff out of the total 8 respondents mentioned was logistics/resources needed to support the work of health workers in the district. The CRS has provided flip charts to health workers to teach clients how to handle certain health issues such as diarrhea cases at home.



In terms of the potable drinking water collaboration, all the 8 respondents revealed that the CRS drilled a number of boreholes for some Community-Based Health Planning and Services (CHPS) in the Balsa south district to augment the efforts of the GHS. It is worth mentioning that three boreholes have been drilled by the CRS, a borehole in each community. The researcher saw the drilled boreholes by the CRS in the three communities visited; Bchonsa, Kanjarga Jiningsa-Yipaala and Doningsa-Wupiensa..

4.7.2 The Nature of collaboration between the CRS and the Government department

Data collected revealed that 6 out of the 8 respondents, all the 5 GHS staff and 1 volunteer, claimed with reasons to support their claim that the CRS collaboration with the GHS is very cordial. The reasons they assigned for referring to the collaboration as cordial are that there is no dictatorship from the CRS on the GHS to implement their programs and or projects in the district. Second, there is a free flow of information between them the CRS and the GHS. There is effective communication in terms of the nature of the program and or project from the CRS to the GHS on the one hand and on the other, effective communication of progress made on implementation on the part of the GHS to the CRS.

4.8 Discussion

4.8.1 Welfare services that the CRS is delivering in the District

This objective was designed to ascertain the kind of welfare services provided to the communities in the Balsa south by the CRS. The key finding emanating from this objective suggests that health service is the key social welfare service provided by the CRS to the selected communities in the Balsa south district in this study. The results indicate that all the 67 sampled population shows that health care service is the main social welfare service provided by the CRS in their communities. This is in line with Ha et al. (2007), who noted that health care service is the major key service provided to communities by NGOs. This suggests that social welfare service in the form of health care is important, particularly for the people in the Balsa south district. All the various narratives from the respondents across the selected communities in the district show that the CRS health care services have helped solve some of their basic healthcare needs ranging from maternal and child mortalities, means of transportation for pregnant women in labor to the practice of family planning among couples and the distribution of free drugs to their communities which would not have been possible without the social welfare services of CRS. Fundamentally, the social services of the CRS play a major role in achieving the health needs of the communities they provide their services. One beneficiary revealed that the family now has access to free malaria drugs from the CRS for treatment of malaria, which they did not have access to in the past due to



the family's low income. In line with these findings, it is worth stating that CRS social welfare services in the Balsa south district are people-centered, which conforms to the Developmental Social Welfare Theory predictions that social welfare policies reduce poverty, income inequality, and other social and economic issues.

4.8.2 Approaches used by CRS in delivering welfare services

This section discusses the CRS's approaches to providing social welfare services to the communities under consideration in this study. The discussion seeks to explore the CRS approaches in social welfare service delivery. This section addressed research question two on the social welfare delivery approaches (see chapter one).

The study identified several factors originating from the CRS staff and the CRS activity record books in the communities used by the CRS to deliver social welfare services to the communities in the Balsa south district. The study results indicate that the CRS used different approaches in delivering the social welfare services to the communities in Balsa south district depending on the type of service provided. The findings show that the CRS employed the targeting in universalism approach to delivering social health care service to the communities in the Balsa south district. This approach means that they target all populations but use the targeting approach to determine the population that truly needs the services. For instance, the pregnant school program covers all married couples but targets those that





are pregnant. Also, the motor king ambulance service was for all married couples but targeted those that are pregnant as means of easy transport to the hospital for safe delivery. The findings further suggest that other social services, including the model couple education and capacity building, were delivered using the targeting in universalism approach while community education and empowerment program, environmental sanitation program, and water project, respectively, are purely universalistic in nature. These findings suggest that the CRS blend both the universalism and targeting approaches to effectively deliver social welfare services to the people in the Bulsa south district. Given that most of the respondents indicated that they were satisfied with the CRS social welfare service delivery, it implies that the CRS welfare service delivery is appropriate and comprehensive, in line with the notion of the Developmental Social Welfare theory. It further suggests that the CRS welfare service delivery approach has helped improve the people's livelihood, therefore validating the conceptual framework of this study for assessing the CRS welfare service delivery in the Bulsa south district.

4.8.3 The CRS and the use of empowerment for welfare service delivery

This section of the study discusses the research question on the extent has the CRS used empowerment through an integrated approach to deliver welfare services in the Bulsa south district. The results are discussed based on the responses from the respondents sampled for this study.



The structure of the operation of the CRS is from the community level through to the facility level and to the district level. The findings suggest that the respondents viewed the CRS empowerment as bottom-up, which has provided many services targeting every community member. As it is in line with Chamber (2005), empowerment is the emergence of self-organizing networks from a bottom-up process. Most of the respondents indicated that the CRS empowerment programs had provided opportunities for users to choose among services. They listed services like model couple, council of champions, link provider referral and home visit services, motor king ambulance service, TBAs/traditional healers capacity building, etc. The GHS staff revealed that TBAs receive formal midwifery training to assist nurses in their communities.

Traditional healers have also been trained, and this has allowed them to integrate into mainstream health care. The model couple program has helped couples to reduce their family sizes through the natural family planning method. The CRS has been able to make available information on its services to users in the Bulsa south district. This was made possible through decentralization, that is, through the district health directorate to sub-district leaders to community leaders, and finally, the entire community. Community members are in charge of every scorecard. They monitor the scorecard and determine how well they are doing for a particular project (or programme). Whenever the CRS visits the communities, their progress levels are indicated on the scorecards as

feedback for their progress in making decisions. These findings suggest that community empowerment is a key instrument in delivering social welfare services to communities. The empowerment approach to service delivery implies that the engagement of the users in providing the social services assists in identifying the core needs of the communities that the CRS needs to give much attention to in delivering their social welfare services to these communities they are serving.

4.8.4 Welfare services delivered by the CRS on livelihood of beneficiaries

Section 4.8.4 discussed the impact of CRS welfare services on the affected communities. This section addressed the research objective and question four of this study. The study points out several findings from the responses of the user respondents in CRS efforts to provide social welfare services to communities in the Balsa south district. Some of these include:

In this our community, we use not to attend antenatal and also deliver at home. The belief was that a woman who became pregnant resulted from the blessings of the gods. But this belief started vanishing immediately the CRS came to our community (Married woman, farmer, 49 years).



Another beneficiary also talked of how she used to have frequent misunderstandings with her husband because no one talked to them about how to live as a couple.

These findings suggest that the welfare services provided by CRS to the affected communities, specifically those in the Balsa south district, have helped the people improve their living standards in terms of health, income, and marital issues, among others. This may be attributable to the mixed approach that the CRS has adopted in delivering the various welfare services to these communities. The findings are consistent with the predictions of the Developmental Social Welfare Theory and validate the conceptual framework of this study that social welfare service delivery is people centered empowers the users to improve their livelihoods.

4.8.5 Collaboration between the CRS and the departments at the district level in the delivery of welfare services.

This sub-section of the study discussed the collaboration between the CRS and the related governmental departments in charge of welfare services that CRS seeks to provide to people in the Balsa south district. This is significant given the policy direction of governments in terms of the great influence social welfare services can have on the success of the host communities. Therefore, the CRS must have a cordial relationship, as reported by the respondents, with the government department designated for the CRS's services for the host communities. The study found that CRS has implemented in the Balsa south district a whole lot of programs and or





projects: health, water, capacity building, community education and empowerment, sanitation and counseling services. Among these programs and or projects, the study confirmed that it was in the field of health and water that the CRS collaborates with the district health directorate under the GHS. For instance, under health, the CRS collaborates with the district health directorate in Rural Emergency Transportation and Services (REST II) project, maternal and child health promotion and education, and the provisioning of logistics/resources needed to support the work of health workers in the district. In terms of the potable drinking water, the CRS collaborated with the district health directorate and drilled several boreholes for the CHPS in the Balsa south district.

In line with these findings, one could associate the successful delivery of welfare services in the Balsa south district communities by the CRS with the cordial relationship with the related government department in the district. This implies that the success of non-governmental community-based welfare service delivery depends not only on the ability of the NGO but also on the collaborative work between the NGO, government departments and the community.

The overall results show that the host communities in the Balsa south district were generally satisfied with the service delivery efforts of the CRS dealing with the vulnerable and disadvantaged groups. However, there are still service delivery components that could be improved more than the current status to take the CRS welfare service delivery in the host



communities to the next high level. These recommendations were deduced from the responses of the users of the CRS welfare services. To ensure that the host communities effectively change, service delivery must be improved in terms of (i) customer service, (ii) the quality of the Social Welfare Department's staff, and (iii) overall service performance quality. The overall service performance was still unsatisfactory because vulnerable and disadvantaged groups had not received services as promised, and the services did not meet their expectations. For instance, respondents at Bachonsa complained of being deprived of the motor king ambulance transport service. Other needs emanating from the study include more midwives for the CHPS, additional motor king ambulance transport service, light at the CHPS, beds needed at the CHPS and additional boreholes to ease pressure on the limited ones. Dealing with vulnerable and disadvantaged customers was tough since most of them face difficulties in their lives, including poor self-esteem caused by illnesses, health issues, discrimination, and poverty. As a result, while obtaining services, the vulnerable and disadvantaged tend to have high expectations, which means they need to be impatient and sensitive. Furthermore, previous research has shown that the vulnerable and underprivileged played an important part in social sustainability.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter summarises the entire research. It is organized into three sections, where section 5.2 provides a summary of the research findings. Section 5.3 presents the research conclusion, and section 5.4 focuses on the recommendation of the study both for action and areas for further studies.

5.2 Summary of Findings

The findings of this study were based on five (5) specific objectives, namely to: (i) identify the welfare services that the CRS has delivered in the Bulsa South District, (ii) identify CRS's area of operation in the delivery of welfare services in the Bulsa South District (iii) explore the CRS' use of empowerment as an integrated approach to welfare services delivery in the Bulsa South District (iv) ascertain the effect of welfare services delivered by the CRS in the District on livelihood of the people (v) find out the kind of collaboration that CRS has with the state departments at the District level in the delivery of welfare services.

5.2.1 Welfare services that the CRS has delivered in the Bulsa South District

5.2.1.1 NGOs operating in the Bulsa south district

The study revealed that the Catholic Relief Services (CRS) is the major NGO providing welfare services in the Bulsa South District. Other NGOs that the data also found to have operated in the Bulsa south district included:



Korea International Cooperation Agency (KOICA) CHPS+, World Vision, NMABIA-Ghana, Japan International Cooperation Agency (JICA), AfriKIDS and RISE-Ghana.

5.2.1.2 Social services the CRS has delivered in the Balsa south District

The study established that the CRS has provided health service as a major social service in the Balsa South District. Under the health, the following projects/programs were listed: Prenatal and postnatal education (weighing, exclusive breastfeeding); Safe/health center delivery; Motor king ambulance service (Emergency Transport); Model couple education in the area of natural family planning; Drugs to fight diseases like polio (vaccination of 0-5 years old children), malaria, blindness, elephantiasis and bilharzia; Pregnant school for pregnant women and their husbands; Provision of learning aids (flip charts) to teach clients on how to handle certain health issues such as diarrhea at home; Maternal and child health targeting the 3-delays in mortality and morbidity.

Aside from the health services, the study was able to establish the following services: Counselling Services via the Council of Champions Programme; Water Services via the drilling of boreholes; Capacity Building via nurses' training, TBAs' formal midwifery training to give them the capacity to assist in deliveries and traditional healers training to integrate them into the normal health care system; Community education on traditional beliefs which negatively impact on newly born babies (exclusive breastfeeding) and pregnant women (health center delivery, prenatal and postnatal



practices); and finally, environmental sanitation in the area of community members mobilizing themselves to clean the surroundings of their communities.

5.2.1.3 Respondents' level of satisfaction with the services of the CRS and reasons

Measuring how satisfied beneficiaries were with the services of the CRS in the study area, they made certain statements to indicate their satisfaction. The statements included: “I wished the CRS stayed forever in the district”. This statement was made because the services of the CRS generally improved their lives. A second statement made was “high turnout for CRS meetings.” There is high turnout because they are satisfied with the welfare services of the CRS. A third statement made was that “people put into practice what they have learned from the CRS.”

Respondents also assigned some other reasons responsible for the statements made indicating they are satisfied with the welfare services of the CRS. First, the CRS has involved the people of the communities in the planning and implementation of programs and or projects, and second, the CRS has provided essential services in their communities.





5.2.2 The CRS approach to the delivery of welfare services in the Bulsa South District

The review of literature from various activity record books of the CRS on its programs and or projects and the research data indicated that the CRS as an NGO in welfare service delivery in the Bulsa south district has employed “targeting in universalism” as a major approach to effectively and efficiently deliver welfare services to the people of the Bulsa south district. However, the CRS has also relied on universalism to deliver few of the welfare services in the district.

5.2.3 The CRS use of empowerment through an integrated approach in welfare service delivery in the Bulsa South District

The study revealed the use of empowerment by CRS in welfare service delivery for the following reasons. Firstly, the use of a bottom-up approach to delivering welfare service. The explanation was that the structure of the operation of the CRS is from the community level through to the facility level and to the district level. Further explanation was that, at the community level, there are community members who are serving as volunteers for the CRS and are to coordinate the activities of the CRS at that particular level. At the facility level, there is facility-level health staff serving in the community. At the district level, there is a DIT helping implement programs at the community level and feeding the CRS on the progress of the programs at the various communities.



Secondly, the use of empowerment was linked to how users of the services are given the opportunity to choose among services. Most of the respondents revealed that the CRS had been able to provide a whole lot of services targeting every community member. For instance, services like model couple, council of champions, link provider referral and home visit services, motor king ambulance service, TBAs/traditional healers capacity building, among others are targeting diverse groups.

Thirdly, the use of empowerment was linked to the services provided to develop the consumer and help build his/her capacity for a better life. The study got the following revelations backing this point. TBAs' training gave the TBAs some formal midwifery skills to adequately assist nurses in the communities in the area of delivery. Traditional healers have also been given some education and training on herbal medicine (measurement and dosage), and this allowed traditional healers to integrate into mainstream health care. Furthermore, model couple education improved the living standards of the users. The model couple education helped couples reduce their family sizes through the natural family planning method. With reduced family size, couples are able to save and take adequate care of their children. Another point that showed the use of empowerment was that the CRS made available information on its services to users in the Bulsa south district. This was done through decentralization, that is, through the district health directorate to the sub-district leaders to community leaders, and finally, the

entire community. The involvement of all the structures made information on the services of the CRS readily available to all categories of users.

Lastly, the use of empowerment was linked to how the CRS has involved consumers of its services in the monitoring and evaluation the services. The study gathered that the CRS provided scorecard boards in the communities to track the progress of their services. The community members are in charge of every scorecard board. Whenever the CRS visit the communities, their progress levels are indicated on the scorecard boards as feedback on the progress made.

5.2.4 Impact of CRS welfare services on beneficiaries in the Balsa South District

The results show that the CRS has contributed positively to prenatal and postnatal attendance leading to low maternal and child mortalities as birth complications lowered, and improved health status of women and their newly born babies.

Secondly, TBA capacity building programme. Beneficiaries explained that most of the deliveries were carried out by the TBAs before the coming of the CRS. These TBAs recorded several maternal and child mortalities. However, the CRS capacity-building programme in the form of formal midwifery training for TBAs has equipped them to assist nurses in their communities adequately; they have been very instrumental in their role in



carrying out emergency deliveries. This finding was applicable to Bachonsa and Kanjarga Jiningsa-Yipaala communities. The Doninga-Wupiensa community did have any TBA or a traditional healer.

Thirdly, the study revealed the importance of the motor king ambulance service. Most of the Balsa south district communities are far from the district capital, and accessing the only hospital will mean traveling several miles. Also, these communities do not have the readily available means to travel during an emergency. The CRS has provided the motor king ambulance to help transport pregnant women in their communities to the district hospital for urgent medical care.

Fourthly, the study has revealed the the positive contributions of the model couple education programme. This is a program that seeks to implement family planning naturally. That is, through one's menstrual cycle. This program brought about limited family sizes among couples, improving their standard of living.

Lastly, the study captured the positive contributions of the CRS potable drinking water project in the Balsa south district. Potable drinking water was a problem in the communities sampled, and inhabitants sourced water for domestic use from the streams, rivers and ponds. This caused them a whole lot of diseases like diarrhea, cholera, bilharzia and the like. The boreholes the CRS drilled in these communities are helping them to fight



diseases that are linked to contaminated water, for example, diarrhea, cholera and bilharzia.

5.2.5 Collaboration between the CRS and government departments in the Balsa South District

The study revealed that the government department the CRS collaborates within the Balsa south district was only the GHS. The finding was that the CRS collaborates with the GHS on some selected health projects through activity record books of the CRS and the respondents. They include Rural Emergency Transportation and Services (REST II) project through motor king ambulance transport, maternal and child health promotion and education through prenatal and postnatal education, pregnant school/model couple education, and in-service training for health workers and TBAs, logistics/resources needed to support the work of health workers in the district and the provision flip charts to health workers to be used to teach clients on certain diseases and how to manage such diseases at home. The CRS also collaborates with the GHS in the area of potable drinking water for the CHPS through the drilling of boreholes.

5.3 Conclusion

The major welfare service commodity that the CRS provides in the Builsa south district is in the field of health. However, counseling, capacity building, sanitation and water services are auxiliary services. Regarding the



approach the CRS is adopting to deliver welfare services, the study concludes that it uses targeting within the broader approach of universalism.

In concluding on the use of empowerment through an integrated approach, the study revealed that the CRS was able to empower beneficiaries through the use of a bottom-up approach to deliver welfare services, provide numerous services for different categories of beneficiaries, build the capacity of the users for a better life, free flow of information on services available and finally, involve beneficiaries in the monitoring and evaluation of services.

Finally, the study concludes that the welfare services of the CRS has contributed positively to the lives of the beneficiaries. The services drastically reduced maternal and child mortalities in the communities, improved the economic standings of beneficiaries via limited family sizes, sustained peace among couples, and eradicated diseases linked to drinking unsafe water.

5.4 Recommendations

5.4.1 Recommendations for Action

Based on the findings of the study, the following recommendations have been made:

1. The study found out that the welfare services of the CRS in the communities are very instrumental in improving the livelihoods of the





users. But these welfare services are limited. For instance, a motor king serving a whole community is woefully inadequate. Also, the one borehole in each CHPS in the three communities provided by the CRS where a whole community is depending on is also limited. Therefore, it is recommended that the CRS consider increasing the number of existing services to adequately cater for community members. If this is done, it will go a long way to making the welfare services more comprehensive, thus, improving the livelihoods of the entire community members.

2. A second recommendation is that the CRS broaden its scope in collaboration with the state departments to make welfare service delivery more comprehensive. Aside from the GHS, the CRS should also collaborate with the District Social Welfare Department to help them target more of the marginalized in the district. Much of the services of the CRS is in the area of welfare service delivery, and the Department of Social Welfare has a core duty in this area. Collaboration between the CRS and the Department of Social Welfare will make welfare service delivery effective and efficient.

3. The study recommends capacity building for the volunteers of the CRS in the communities. The CRS needs to institute regular in-service workshops for their volunteers in the communities to implement the CRS programs and or projects adequately.

4. Lastly, the recommends that there should be political leadership commitment in lobbying for improved infrastructure and allocation of

resources for NGOs who are into the provisioning of social welfare services. This by the government will augment the meagre resources of these NGOs.

5.4.2 Suggestions for Further Study

The study was carried out in the Builsa south district. Further research is recommended to investigate the same problem using other metropolitans, municipals and or districts to ascertain whether these findings would be the same or different.



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APPENDIX I

My name is Akanwarisagi Akan-nue Emmanuel, a student of the University for Development Studies and pursuing, Master of Philosophy (Social Administration) degree programme. Title of my project work is, “NON-GOVERNMENTAL ORGANISATIONS APPROACH TO THE DEIVERY OF WELFARE SERVICES: A CASE STUDY OF CATHOLIC RELIEF SERVICES IN THE BUILSA SOUTH DISTRICT”. You are invited to participate in this research study. Your participation in this research is completely voluntary. I am conducting a study to learn about the approach the CRS is using to deliver welfare services in the Builsa south district in the Upper East Region of Ghana. Although this study may or may not benefit you personally, I hope that the results of this research will help bring to light the approach CRS is using to deliver welfare services in the district and the way forward with the approach.

If you agree to participate in this research study then please answer the questionnaires that follow. Your participation in this study will be confidential and your answers will not in any way be put in the public domain.

Thank you.



SECTION A: Demographic characteristics of respondents

1. Respondent's age (**All respondents**)

- 1. Below 30
- 2. 30 – 39
- 3. 40 – 49
- 4. 50 – 59
- 5. 60+

2. Gender (**All respondents**)

- 1. Male
- 2. Female

3. Which sector of the economy is respondent with? Please specify. (**All respondents**)

- 1. Public sector (Specify)
- 2. Self-employed (Specify)
- 3. Private sector (Specify)
- 4. Others (Specify)

4. Are you a permanent or auxiliary worker? Please indicate. (**For only CRS staff**)

5. For how long have you worked in this organization? (**For only CRS staff**)

- 1. Less than year
- 2. 1year-4years



- 3. 5years-9years
- 4. 10years and above

6. Highest level of education attained. **(All respondents)**

- 1. Basic
- 2. Secondary
- 3. Tertiary
- 4. Post graduate
- 5. Others (Specify)
- 6. Non

7. What is your religious affiliation? **(All respondents)**

- 1. Christianity
- 2. Islamic
- 3. African Traditional religion
- 4. Others (Specify)

8. What is your marital status? **(All respondents)**

- 1. Married
- 2. Single
- Separated
- 3. Others (Specify)

SECTION B (OBJECTIVE 1): Welfare services that the CRS is providing
in the district. **(For all respondents)**



9. Are there any NGOs operating in this district that you know of?

- 1. Yes
- 2. No

10. If yes to question (9), please list them

11. You have listed CRS as one of the NGOs operating in the district. What is CRS doing in the district?

12. Which of the following social services does the CRS provide in this district? (Tick all that apply).

- 1. Health (Specify)
- 2. Education (Specify)
- 3. Agriculture (Specify)
- 4. Afforestation projects (Specify)
- 5. Finance (Specify)
- 6. Democracy building (Specify)
- 7. Human rights (Specify)
- 8. Others

13. For how long has the CRS provided these services that you have ticked?

- 1. Less than a year
- 2. 1year-4years
- 3. 5years-9years
- 4. 10years and above





14. Are people satisfied with the services?

- 1. Yes
- 2. No

15. Please give reason(s) for your answer in question (14)

Skip 16 if yes to (14).

16. How do you wish the services were delivered? (**Excluding staff of CRS**)

17. Are there any beneficiaries to the services that the CRS is delivering or has delivered?

- 1. Yes
- 2. No

18. Please give reason(s) as to how they are benefiting or why there are not beneficiaries?

SECTION B (OBJECTIVE 2): The approach domain of operation that the CRS follows in the delivery of welfare services. (For CRS staff and staff of Social Welfare and Community Development)

19. Please what are the welfare services the CRS did provide in the past in the district? List them.

20. Please what are the current welfare services the CRS is providing in the district? List them.



21. Please describe how the CRS deliver these welfare services in the district?

22. Please why has the CRS chosen to deliver these welfare services the way it is delivering?

23. Please what is your personal experience with respect to the CRS operations in the district in terms of welfare service delivery?

24. Please in what way(s) is the CRS involving users of the services in monitoring and evaluating the progress of the services for improvement?

25. Please describe how the welfare services the CRS is delivering in the district have enabled deprived people effective agents of their own human development?

26. Please how accessible are users to the welfare services provided by the CRS when in need?

SECTION C (OBJECTIVE 3): The CRS and the use of empowerment as an integrated approach for welfare service delivery (**For staff of CRS**)

27. Please does the CRS practice bottom-up process in the delivery of services in the district?

- 1. Yes
- 2. No

If yes, to what extent?

- 1. Very Great
- 2. Great
- 3. Moderate

28. Please does the CRS give opportunity for users to choose freely the service(s) to consume when the need arise?

- 1. Yes
- 2. No

If yes, to what extent?

- 1. Very Great
- 2. Great
- 3. Moderate

29. Please will you say the services provided by the CRS have given the users the opportunity to develop themselves?

- 1. Yes
- 2. No

If yes, to what extent?

- 1. Very Great
- 2. Great
- 3. Moderate



30. Please will say through the services of the CRS, users have been able to make good decisions to help solve their problems?

- 1. Yes
- 2. No

If yes, to what extent?

- 1. Very Great
- 2. Great
- 3. Modrate

31. Please will you say the CRS has made available information on the services to the users?

- 1. Yes
- 2. No

If yes, to what extent?

- 1. Very Great
- 2. Great
- 3. Moderate

32. Please is the CRS paying much attention to providing basic necessities of people?

- 1. Yes
- 2. No



If yes, to what extent?

- 1. Very Great
- 2. Great
- 3. Moderate

33. Please will you say the CRS has always involved users in the monitoring and evaluation of the services provided?

- 1. Yes
- 2. No

If yes, to what extent?

- 1. Very Great
- 2. Great
- 3. Moderate

SECTION D (OBJECTIVE 4): Impact of welfare services provided by the CRS on the living situations of beneficiaries. **(For beneficiaries only)**

34. Please indicate the welfare service(s) you have ever enjoyed from the CRS or is currently enjoying

35. Can you please explain how the CRS health care project has impacted on your life?

36. Can you please explain how the CRS education project has impacted on your life?





37. Can you please explain how the CRS microfinance project has impacted on your life?

38. Can you please explain how the CRS input loan has impacted on your life?

39. Can you please explain how the CRS potable drinking water project has impacted on your life?

40. Can you please explain how the CRS capacity building training programme for poverty reduction has impacted on your life?

41. Please, will you recommend the continual existence of CRS in your district?

- 1. Yes
- 2. No

42. Give reason(s) for your answer in question (41).

SECTION E (OBJECTIVE 5): Relationship that exist between the CRS and the departments at the district level in the delivery of welfare services. **(For staff of CRS)**

43. Is there any collaboration between CRS and departments of government in the delivery of welfare services in the district?

- 1. Yes
- 2. No



44. If yes, what are the projects that the CRS and government departments are collaborating on and if No, why?

45. If Yes in question (44), what is the nature of collaboration?

46. On a scale of 1-10 where, 1-4 is below average, 5 is average and 6-10 is above average, what score will you give on the level of collaboration?

Thank you!

Focus Group Discussion

Community name:

District:

Date: (DD/MM/YYYY)

Group name/description:

Number of male participants:

Number of female participants:

Ages represented in the group:

Were vulnerable groups present (elderly, disabled etc.)?

QUESTION	ANSWER
1. Please what welfare service(s) you have ever enjoyed from the CRS or is currently enjoying.	



2. Please explain how the CRS health care project has impacted on your lives?	
3. Please explain how the CRS education project has impacted on your life?	
4. Please explain how the CRS microfinance project has impacted on your life?	
5. Please explain how the CRS input loan has impacted on your life?	
6. Please explain how the CRS potable drinking water project has impacted on your life?	



<p>7. Please explain how the CRS capacity building training programme for poverty reduction has impacted on your life?</p>	
<p>8. Please, will you recommend the continual existence of CRS in your district?</p>	
<p>9. Please give reason (s) for your answer.</p>	

Thank you!

APPENDIX II



The researcher with some beneficiaries at Bachonsa



Data collection with a beneficiary at Kanjarga Jiningsa-Yipaala

