

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF ECONOMICS

**SOCIAL PROTECTION STRATEGIES AND POVERTY REDUCTION IN
NORTHERN GHANA; A BENEFICIARIES' PERSPECTIVE OF LEAP IN
KUMBUNGU DISTRICT.**

BY

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**THESIS SUBMITTED TO THE DEPARTMENT OF ECONOMICS OF THE
COLLEGE OF SOCIAL SCIENCES AND HUMANITIES, KWAME
NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, IN PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR AWARD OF MASTER OF
SCIENCE DEGREE IN ECONOMICS.**

JUNE, 2016.

DECLARATION

I hereby declare that this thesis is my own original work towards the award of master of science in Economics and that, to the best of my knowledge, it contains no material published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been in my work.

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ABSTRACT

DEDICATION

This work is dedicated to my dad, Mr. George B. Azungah for his endless support and advice throughout this programme.

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ACKNOWLEDGEMENTS

I am most grateful to God Almighty for preserving my life, and giving me the courage to endure the difficulties on campus and in the course of preparing this thesis.

I would like to express my deepest appreciation and gratitude to Dr. Anthony Kofi, Osei-Fosu who is not only my respectable supervisor but also my academic inspiration. From the very inception of this programme to the final session, he has always been an enthusiastic, encouraging and hardworking lecturer. His intelligible and valuable lessons have been an important motivation for my love for Economics.

I would also like to thank all the other lecturers in the Economics Department, KNUST for their useful lectures and support not only for the master programme but my life. God bless you all.

I would like to thank KNUST for giving me the opportunity to reach yet another milestone in becoming an Economist. I am also grateful to my mother, Vida A. Azungah, for her inspiration and financial support while i was in school. To you I say God bless you mum.

My final appreciation goes to all my friends at KNUST who have always received me with love. I could not have made it without your support. Thank you and God bless you all.

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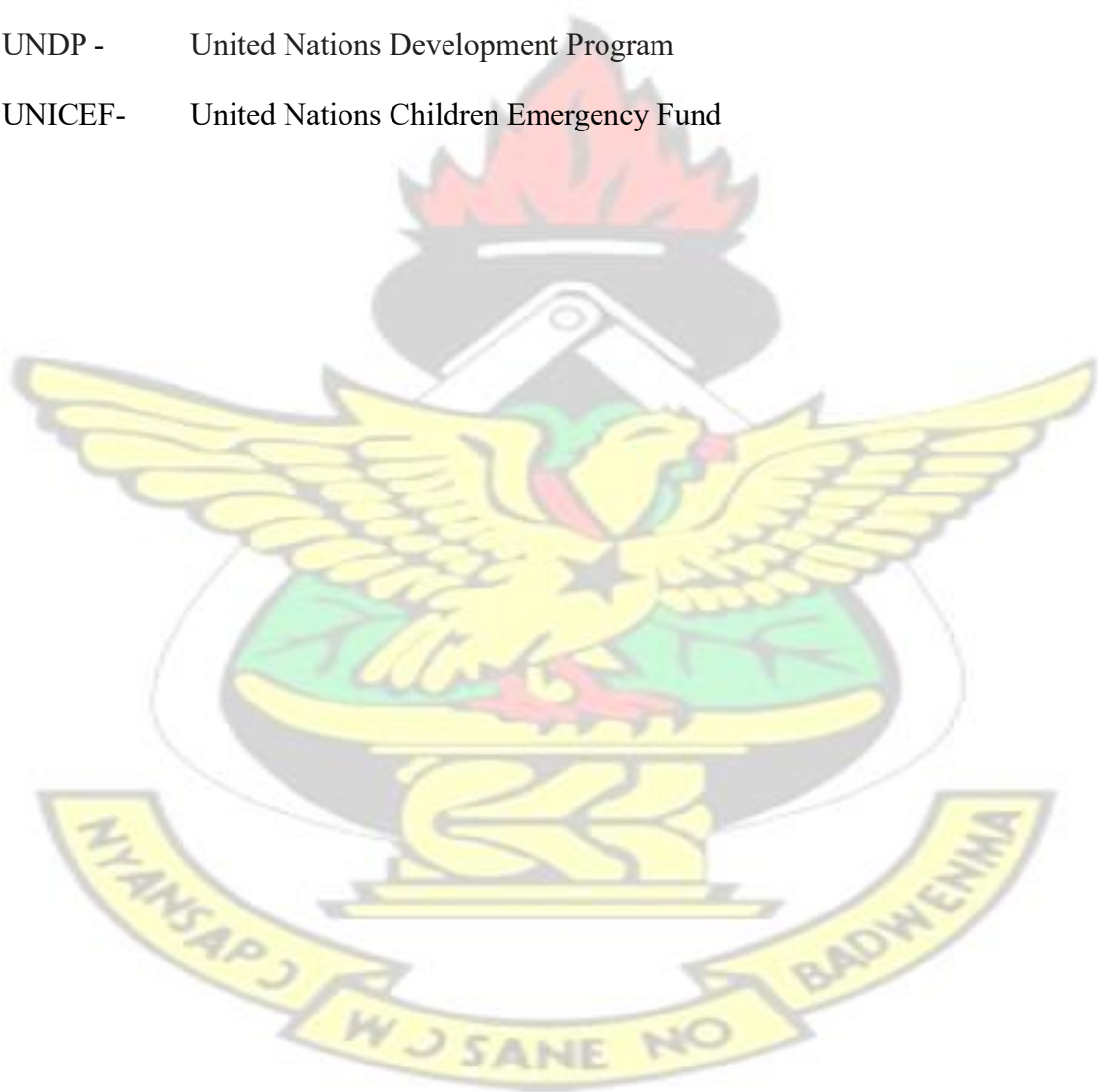


LIST OF ABBREVIATIONS



ADB -	African Development Bank
CGIAR-	Consultative Group on International Agriculture Research
CLIC -	Community Livelihood Implementation Committee
CPP -	Convention Peoples Party
CSG -	Child Support Grant
DA -	District Assembly
DA -	District Assembly
DLIC -	District Livelihood Implementation Committee
DLIC -	District Livelihood Implementation Committee
DSW -	Department of Social Welfare
DSW -	Department of Social Welfare
FAO -	Food and Agriculture Organization
FGD -	Focus Group Discussion
GDP -	Gross Domestic Product
GLSS -	Ghana Living Standard Survey
GoG -	Government of Ghana
GPRS -	Ghana Poverty Reduction Strategy
GSFP -	Ghana School Feeding Program
GSS -	Ghana Statistical Service
ILO -	International Labour Organisation
IMF -	International Monetary Fund
ITFC -	Integrated Tamale Fruit Company
LEAP -	Livelihood Empowerment against Poverty
LRED -	Local and Regional Economic Development
MGCSP-	Ministry of Gender, Children and Social Protection
NDPC -	National Development Planning Commission

NHIA -	National Health Insurance Authority
NSPS -	National Social Protection Strategy
OVC -	Orphan and Vulnerable Children
PHC -	Population and Housing Census
PRSP -	Poverty Reduction Strategy Paper
SSNIT -	Social Security and National Insurance Trust
UN -	United Nations
UNDP -	United Nations Development Program
UNICEF-	United Nations Children Emergency Fund



CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

With a population of about 24 million people (GSS, 2012) and a GDP of \$38.65 billion (WDI, 2015); Ghana is still bedeviled with poverty. About 6.4 million people are estimated to be in poverty (GLSS6, 2014). The poverty trends indicate that between 2005/06 and 2012/13 poverty declined from 31.9% to 7.7% and that of extreme poverty declined from 16.5% to 8.1% (GSS, 2014). Ghana statistical Service (2014) asserted that, more than 2.2 million Ghanaians cannot afford to feed themselves with 2,900 calories per adult (equivalent of food per day, even if they were to spend all their expenditure on food).

Poverty is a rural phenomenon in Ghana according to the GSS as the decline in national poverty rates is skewed in favor of urban areas. About 50% of Ghana's population live in the savannah zone and with a per capita income of \$510, it accounts for 78% of those in poverty (GSS, 2014). Measuring poverty based on the conventional \$2/day, between one-half and three-quarters of the people of the savannah regions are poor. The poor in these regions are over represented by crop and livestock farmers (CGIAR, 2005).

The way society perceives poverty often influences attempts at resolving it. These attempts vary from relief to poverty alleviation strategies. It is a requirement of the IMF and World Bank for countries that wish to join them in any poverty initiative to present a Poverty Reduction Strategy Paper (PRSP). The Department of Social Welfare together with the Gender Ministry of Ghana has over the years designed many social protection strategies contained in a National Social Protection Strategy (NSPS) aimed at fighting poverty and excludability in Ghana.

The International Labor Organization (ILO, 2002) defines Social Protection as having security in the face of vulnerabilities and emergencies, access to health care and working in safety. According to Devereux and Sabates-Wheeler (2004), social protection entails both public and private initiatives that provide income transfers to poor and vulnerable people and protect them against livelihood risks, enhance their social status and rights in society.

Livelihood Empowerment against Poverty is GoG targeted programme for Orphan/Vulnerable Children (OVCs), especially children living with HIV/AIDS, persons living with severe disabilities, and the aged of over 65 years. Piloted in March 2008, it had covered about 90,785 beneficiary households across Ghana as of June 2015. The LEAP is funded from tax revenue and supervised by the Department of Social Welfare (DSW) under the Ministry of Gender, Children and Social Protection (MGCSP). Households, with one eligible beneficiary receive GHC48.00 in every two months, and households with four or more beneficiaries receive GHC90.00 in every two months as allowances. LEAP complements other programmes like the Micro Finance and Small Loans Centre (MASLOC), the National Health Insurance Scheme in Ghana.

1.2 Problem Statement

Developing countries have experienced growth and decline in poverty incidence, but the levels of poverty and inequality remains high since growth in itself isn't sufficient for poverty reduction. GPRS I defined poverty as intolerable physiological and social deprivation, and went on to identify many dimensions and manifestations it may take as well as its measurements (GoG/NDPC, 2010).

According to Strengmann-Kuhn (2000), poverty can be measured on the bases of absolute, relative, income, level of deprivation as well as consumption. The Northern Region is always the poorest, both in absolute and relative terms irrespective of any measure used (GSS, 2014). The GLSS6, 2014 reports that, four in every ten persons are poor in the Upper East region, one in every two are poor in Northern region, and seven out of every ten are poor in the Upper West region.

The African Development Bank (ADB) group (2005, p10) highlighted that, *“The protracted poverty in the northern savannah regions is as a result of subsistence agriculture being a major economic activity with main food crops such as sorghum and millet providing a return to family wage below the rate in the market because of high labor requirement vis-à-vis that of output”*.

Turning to social indicators, school enrolment in the three northern regions of Ghana is still very low, even though the gap is narrowing. Enrolment nationwide has been increasing since the implementation of the Ghana School Feeding Programme (GSFP) in 2005, but this is not without regional disparities (GLSS5, 2008 Table 2.3 p. 12). Northern region is still bedeviled with high dropout rates, low performance at the transition level (from Junior high to senior high and from senior high to tertiary levels), low retention of teaching staff and a huge gender disparity in enrolment and academic performance (GSS, 2008).

Ghana completed a draft on National Social Protection Strategy in April 2007 and has since launched programmes aimed at addressing issues of poverty and insecurity with focus on children and the extreme poor. To provide equitable health insurance for all, the National Health Insurance Authority was established in 2003. *School Feeding Programme* (2004) targeted improving school enrollment and retention by providing

school children with a daily meal at school. *Education Capitation Grant* (2005) provides grants as a cover for tuition and other charges that households paid for previously. The *Livelihood Empowerment against Poverty* (2008) provides cash transfers to targeted poor households. LEAP uses complex targeting methods, in selecting beneficiary communities with beneficiaries expected to participate in the programme for a period of three years except the aged.

Even with LEAP being implemented in the Kumbungu District since 2008, there is still evidence of poverty and widening income inequality as social indicators such as access to education, health, good drinking water among others still remain a challenge to the people of this District. The problem is, does LEAP programme with its really address beneficiaries' poverty situation?

1.3 Research Objectives

The main objective of the research is to find out the extent to which the cash transfer programme has impacted on reducing poverty in Kumbungu district. To achieve this, the following specific objectives are set:

- To evaluate the effect of the cash transfer programme on beneficiaries' household economy.
- To evaluate the effect of the cash transfer programme on beneficiaries' local economy.
- To evaluate the effect of the cash transfer programme on beneficiaries' social networks.
- To assess challenges faced by beneficiaries' in accessing the cash transfers.

1.4 Research Questions

This study aims to address the main question of the extent to which the LEAP cash transfer programme contributes to fighting poverty among beneficiaries in the Kumbungu district? The study addressed the following specific questions:

- Is there any impact the cash transfer programme has had on the household economy of beneficiaries?
- What impact has the cash transfer programme had on the local economy of beneficiaries?
- What impact has the cash transfer programme had on the social networks of beneficiaries?
- What challenges do beneficiaries face in accessing the cash transfers?

1.5 Rationale of the Study

Endless commitments have been made by various governments and stakeholders towards alleviating poverty, but poverty is still pervasive in northern Ghana. The introduction of LEAP as a poverty reduction programme since 2008 has been a wonder to majority of people as to whether it is really working. This study sought to explore the efficacy of the LEAP programme to reducing poverty in Kumbungu as the district still ranks second in terms of poverty among 26 districts in Northern region and 196 out of 200 districts in Ghana according to the Ghana districts survey conducted in 2014.

The findings from the study will help policy makers to determine whether LEAP is the right poverty alleviation programme for the Kumbungu district or new policies should be redesigned to assist government improve upon the operation of the programme where necessary and if possible expand to areas that are not covered. The outcome of

this research would serve as a source of literature for further study on LEAP and similar social intervention programmes in the district.

1.6 Scope of the Study

The study was conducted in the Kumbungu district. Given the fact that social protection is a broad concept, this study focused on LEAP as a poverty reduction intervention. The research was carried out over the period from July-September 2015 by sampling the views and positions of beneficiaries and non-beneficiaries as well as the LEAP officials of the Kumbungu district.

1.7 Organization of the Study

The study is organized into five chapters. Chapter one, provides background to the study, problem statement, and continued to state the research objectives and questions. This chapter also includes the rationale, scope, and organization of the study. Chapter two focused on the review of relevant literature concerning the study. Chapter three is devoted to the research design and methodology employed for this study including the analytical method used for the study. Chapter four covers a detailed analysis and presentation of results as well as discussion of findings. Chapter five contains summary of findings and also includes conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter contains eight sections. Section one deals with the concepts of poverty, definitions, poverty trends in Ghana. Section two looks at the history of poverty in

Northern Ghana. Social protection policies in Ghana and brief history are discussed in the fourth and fifth sections respectively. Section six touches on cash transfer application in different countries thus; Philosophy of the Livelihood Empowerment Against Poverty. Section seven talks about empirical literature. Section eight looks at similar programmes in Brazil (Bolsa Familia) and the South African Child Support Grant as well as definition of terms used in the study.

2.1 Concept of Poverty

2.1.1 Definition

Poverty could prevail in either absolute or relative terms. A situation where a person is unable to provide for him/herself the minimum income required to obtain the minimum basic needs for an extended period is referred to as absolute poverty. In comparing lower and upper groups of a population in terms of their incomes looks at relative poverty. People are said to be in poverty, when they lack income and the needed resources to obtain the basic conditions of life (UNDP, 2006). United Nations Children's Fund (2009) asserts that a condition regarded as a sustained deprivation of resources, capabilities, security, choices, and the power required to propel an adequate standard of living and other civil, cultural, economic, political and social rights is termed as poverty. In simple terms, poverty is pronounced deprivation in wellbeing (World Bank, 2000). An estimated 1 billion people worldwide live on just US\$1.25 per day or even less and roughly one in every four people in developing countries still live below the World Bank's accepted standard of US\$2.25 a day (World Bank, 2011). Poverty is a property of the individual's situation, rather than a characteristic or pattern of behavior (Saisana, 2014).

The UN broader definition of poverty is the lack of involvement by persons in decision-making, a violation to human dignity, hopelessness and defenselessness to violence (cited in Langmore, 2000). According to Townsend (1987) when families and individuals in a society fail to obtain the required resources to meet their basic needs such as diets, take part in activities and their living conditions together with amenities that are customary to societies they belong being curtailed, then they are in poverty.

This perception of poverty is similar in tone to that of the European's commission adopted in 1984. According to Donnison (1982), rapid technological change manufactures new forms of poverty as some people cannot keep pace.

A definition that captures human needs with focus on psychological and social aspects is provided by John Veit- Wilson (1999). He reflected on a full range of material and immaterial resources required over time to achieve production, maintenance and reproduction of wholly sovereign and participating adult humans in societies to which they belong. The definition adapted to poverty has wide implications for any policy design aimed at combating it.

2.1.2 Poverty Trends in Ghana

This information on poverty trends in Ghana is based on three recent Ghana Living Standard Survey reports (GLSS) namely; GLSS4 (1998/1999), GLSS5 (2005/2006) and GLSS6 (2012/2013). About 6.4million people are poor in Ghana (GLSS6, 2013 as cited by GSS). The trends show that the incidence of poverty almost halved from about 51.7% in 1992 to about 16.7% in 2013 nationally. All regions have poverty rates below the national average except the Upper West and Northern regions. Greater Accra recorded the lowest poverty incidence of about 12% (GSS, 2013).

Demographically, rural population of Ghana accounts for 78% of those in poverty of which rural Savannah is the highest contributor (40%); about 44.4%, 50.4% and 70.7% of the population of Upper East, Northern and Upper West regions are poor. Specifically, the Northern region is the highest contributor (20.8%) to national poverty (GSS, 2013).

In terms of extreme poverty incidence, Upper West has the highest (45.1%), followed by Northern (22.8%) and Upper East (21.3%). In spite of the decrease in the incidence of poverty over these years, inequality has widened in both rural and urban localities from 37.8% in 2006 to 40% in 2013 for rural areas and from 38.3% to 38.8% in urban areas.

Gini coefficient has increased from 41.9% in 2006 to 42.3% in 2013, implying that overtime, Ghanaians are not benefiting evenly from the growth process.

2.1.3 History of poverty in Northern Ghana

Northern, Upper East and Upper West regions have distinct socio-political origin dating far back as the 15th century, with Islam being the dominant religion. Upper West and Northern regions were each ruled by a unified political authority. The Wala and Dagaabas are the dominant ethnic groups of Upper West, the Dagomba, Namumba, Mamprussi and Gonja forms those of Northern region. The Upper East was ruled by disjointed political formations. Accessing underground water has being extremely difficult in the Northern Region with the soil being infertile. This is the opposite of the Upper East Region.

Located between Ashanti to the south and Mossi to the north, populations were vulnerable to predatory raiding, from Ashanti notably (slave trade in particular, made these raids to prolong during the colonial period). According to Holsey (2007), Northern

Ghana was brought under colonial rule in 1902 by Britain with the desire to creating a strategic hinterland for the valuable territory of Ashanti for the export of cocoa and gold. These were viewed as deliberate attempts to policy to create a labor reserve for export production in the South of Ghana (Lentz, 1998). There was a wide spread political discrimination to favor southern social groups with different cultural forms like patri-lineal rather than matri-lineal kinship systems.

The government Secondary School in Tamale was the only secondary school in Northern Ghana as at independence. Nkrumah and the CPP government instituted the Northern Scholarship to address the imbalances in education in Northern Ghana (Northern Scholarship). This has bridged the gap in education between the north and south. It also safeguarded these regions some degree of representation in Government. The military regime of the National Redemption Council (1972-1979) also had a vision for Northern Ghana's development (Shepherd et al, 2004). Major roads in the north have always been in a deplorable state. The only urban center in the north is Tamale and has had prolonged water supply problem since independence. The largest economic activity in the three northern regions has been subsistence farming.

2.1.4 Meaning and Justification for Social Protection

Though economic growth is indispensably necessary for the fight against poverty, it is unlikely that, the core poor in society will benefit from any „trickle-down“ effects without any social protection policies. There is a need to develop mechanisms for implementing social protection policies that will enhance the capacity of the extreme poor so as to enable them contribute their quota to economic development (NSPS, 2007).

Social Protection involve interventions by government, private, voluntary organizations to enhance the capacity of the extreme poor and vulnerable persons in society by assisting them to manage both economic and environmental shocks in the face of disabilities, sickness and old age that would otherwise have affected their income levels and other opportunities. (Joyce Abrebrese, 2011; UNDP, 2006).

Hence, salient objectives of most social protection schemes by implementing countries and multilateral and bilateral supporting institutions include:

- Access to health care.
- Access to nutrition for children.
- Financial assistance to the aged, people with disability and women on maternity or illness.

Among multilateral and bilateral institutions, Social Protection covers a range of interventions and tools. They could be Social Security programmes, Insurance packages, or even safety nets.

United Nation's Universal Declaration on Human Rights (1948) in Articles 22, 23.3 and 25 recognizes Social Protection as key to human rights for all persons all over the world. The UN also adopted the following instruments below as guide to social protection.

- The Universal Declaration on Human Rights (1948);
- The UN Convention on the Elimination of All forms of Discrimination Against Women (CEDAW, 1979)
- The UN Convention on the Rights of the Child (1989)
- The ILO Convention on the Worst Forms of Child Labour 1999

Locally, different instruments have also been adopted. They are;

- Social Security Law, 1991 (PNDC Law 247)
- The Children's Act, 1998, (Act 560);
- Labour Law, 2005 (Act)
- Persons Living with Disability?(Act 715)
- The Draft National Ageing Policy (2003)
- National HIV/AIDS Policy (2002)
- Gender and Children's Policy (2003)

2.2 Social Protection Policies in Ghana

Adherence to social protection in Ghana, dates back to independence (1957) with affordable and accessible health care services been the foremost of social protection policies, albeit governments not achieving this goal due to budgetary constraints which led to the „cash and carry system“ (i.e. direct payment for health care).

Over the years, Ghana has witnessed traditional social protection arrangements across different cultures (extended family systems or religious networks), public social protection policies and programmes have also emerged over the years. They are; employment creation for the youth, minimum wage and regulation that seek to protect the interest of workers in the country. Others are insurance schemes for women and children.

With globalization, the extended family system became weakened as younger family members keep migrating into cities. The traditional social protection scheme is gradually making way for the nuclear family system which does not support the old and ill. Thus, new forms of social protection emerged.

2.2.1 Forms of Social Protection Policies in Ghana

All intervention policies aim at reducing poverty and inequality among the most vulnerable groups from unexpected economic and environmental shocks. Table 2.2.1 below presents a brief chronology of social protection in Ghana.

Table 2.2.1 Chronology of Social Protection in Ghana (Selected data)

Strategy/Law and Date	Subject Matter
The Social Security Act of 1965	Provides Fund Scheme, lump sum payment for old age, invalidity and survivor's benefit
The Social Security Law of 1991	Converts provident Fund Scheme into Pension Scheme (SSNIT)
Ghana Poverty Reduction Strategy I. 2002-2005	Implemented to help achieve the Millennium Development Goals.
National Health Insurance Authority (NHIA) 2003	Introduced to provide health insurance support.
The Ghana School Feeding Program (GSFP) 2005	Provides a meal for school children.
Ghana Poverty Reduction Strategy II. 2006-2009.	Focused on making Ghana a middle income country.
National Social Protection Strategy (NSPS) 2007.	A policy document in which many social protection programmes developed.
The Livelihood Empowerment Against Poverty (LEAP) 2008.	Provides social cash transfers and free health insurance membership for vulnerable persons.

Source: Joyce Abrebrese (2011).

In table 2.2.1 above, it is clear that, Ghana has implemented a number of programmes and strategies backed by laws to provide support to Ghanaians against shocks of any form.

2.3 Livelihood Empowerment Against Poverty

LEAP was introduced by GoG to help fight poverty and bridge the inequality gap. It started as a 5-year pilot programme and provides cash transfer to extreme poor households (OVCs, aged of 65 years and people with disabilities).

It was implemented in mid-2009 and by 2010 it had covered 81 districts with 45,000 households. The needy households are selected based on the combination of Poverty status and presence of any disability, or old age. When LEAP started, 28.5% of Ghanaians were poor, where as 18.2% were extremely poor and selected beneficiary households were to receive cash transfer between GHC8.00 and GHC15.00 at the time of its implementation. This has since increased to GHC45.00 and GHC90.00 from the previous figures respectively. The cash transfer to the persons with disabilities and the aged are unconditional. Among the conditions on OVCs are:

- Children must be enrolled in school.
- There should not be any form of child labor.
- Family members must be enrolled into the NHIA.
- There must be birth registration for all children.

According to Nana Oye Lithur 2015, of the Gender Ministry, LEAP covers more than 90,785 beneficiary households in 144 districts, with total cost of between 0.1% and 0.2% of total government expenditure a year. Donor partners such as the World Bank, UNICEF, ILO and Government of Brazil also supported the programme in the past.

2.4 Empirical Literature

Evidence of the application of social cash transfers from Latin America, Asia and Africa show that it reduces poverty and inequality, reduced hunger and improve nutrition, increase school enrolment, improve access to and use of healthcare facilities, reduce

child labour, and promote wider economic growth amongst other benefits. Datt et al. (1997) research findings in Mozambique on the GAPVU social cash transfer programme is noted to have contributed to a reduction in the poverty headcount by 6%, and reductions in the poverty gap and severity by 27% and 44% respectively. Social pension schemes in Ecuador and Bolivia have also reduced the poverty rate of older people by 36% and 44% respectively (Help Age International 2009). In a related development, Schuering (2008) argues that Kalomo social cash transfer scheme in Zambia revealed an increase in satiation levels after meals for beneficiaries with the percentage of households complaining of not being satisfied after each meal decreasing from 56.3% to 34.8%. Again, household beneficiaries also recorded a high intake of balanced diets with more households consuming vitamins and proteins such as vegetables fruits, fish and meat. In Malawi, evidence of social cash transfer program revealed that administering the transfer to households with children resulted in a 5% increase in school enrolment, whilst targeting households with orphans resulted in a 4.2% increase in school enrolment (Handa and Stewart 2008). Their findings corroborated those of earlier studies in Pakistan (Chaudhury and Parajuli, 2008) and Namibia (Devereux, 2001). Also, a review of specific cash transfer schemes in Brazil, Mexico, Colombia, Nicaragua, Honduras and Malawi brought to bare that beneficiary households frequently utilize health care services than non-beneficiary households (DFID 2011). A study in Mexico indicated that maternal health visits are 18% higher in places where the Progres a / Oportunidades cash transfer programme is operative in comparison to areas where the programme is nonoperational (Barrientos and Scott 2008). Jones et al. (2008) contended that, in Peru, within just a year of the implementation of the Juntos programme, immunizations of children below one year increased by 30% whilst home deliveries reduced by approximately 65%.

Likewise, Evidence from the study of Bono de Desarrollo Humano cash transfer programme in Ecuador indicated it reduced the incidence of child labour by 17% in participating households (Schady and Araujo, 2006). The results are the same from a study by Rawlings and Rubio (2003) in Brazil. It is found that, the Cambodia Education Sector Support project by administering cash transfers to pupils in the transition from primary to lower secondary school greatly reduced student participation in paid work by 11% in Cambodia (Filmer and Schady 2009).

Furthermore, a report on the Progres/Oportunidades cash transfer programme in Mexico indicated that by paying the cash transfers, women experienced significant boost in their status, role and involvement in household decision making (World Bank 2008). Also, Schubert and Huijbreghts (2006) contend that in Malawi paying social cash transfers to women has reduced the tendency of young women resorting to vices such as transactional sex for survival. Samson (2009) discovered in Zambia that, about 80% of cash transfers were being spent locally on the purchase of goods and services, thus, it stimulates the growth of enterprises in the local economy. In the same way in Malawi, an econometric analysis of data gathered after the implementation of the Dowa Emergency Cash Transfer in the Dowa district discovered that for every one dollar of transfer a regional multiplier effect of 2.02 to 2.45 was observed in the local economy, connoting that the actual cash transfer had a double impact on the local economy with even an indirect benefit to non-recipients such as traders and suppliers (Davies and Davey 2008).

As evidenced in the preceding discussion, social cash transfers impact on all facets of development. It is therefore not surprising that these programmes have continuously gained global credence and acceptance as a valuable tool for social protection and

poverty reduction in the developing world. This gave a guide into LEAP's operations in Ghana and its contribution to reducing poverty since its inception in 2008.

2.4.1 Cash Transfer Applications in Different Countries

2.4.1.1 Bolsa Familia

„Bolsa familia“ (2003) is a Family Grant in Brazil which is paid on condition that, children go to school and also get vaccinated. The target group is the extremely poor families. This cash transfer programme covers about a quarter of Brazil's population. It contains Pension schemes, housing projects, minimum wage, formalized employment, and policies designed to tackling inequality.

What gives this programme audience to the rest of the world is that of its conditional payment scheme approach. The cash transfer is paid to families through bank networks and agencies.

Analyzing the „Bolsa Familia“ gave a guide to LEAP's framework. The government of Brazil said the scheme is cost effective, has improved nutritional value of children, has improved school enrollment and has helped bridge the inequality gap since its inception. However, the International policy center highlighted the above failures. A low retention rate on school enrollment for children on the programme. Also, on child immunization, the programme achieved little in spite of the conditionalities attached to obtaining it. Nutritional vulnerability for children less than 3years has also not been attained because children are not been sent to health facilities regularly. Targeting methods used often leave out the extreme poor of society and needs to be reviewed. In Brazil, it's about 60%.

Despite these shortfalls, Bolsa Familia has made a significant impact in reducing poverty in Brazil. It is therefore not surprising that LEAP consulted the Brazilians on the drafting of its design.

2.4.1.2. The Child Support Grant of South Africa (CSG)

The Child Support Grant (CSG) of South Africa (1998) is an unconditional means tested programme. The target group is children not more than 14 years of age. Usually, primary care givers rather than the biological mother, well-defined adoptive or foster parents of these children receive the support on their behalf. Beneficiaries receive up to R190 per month.

According to Lund F., Noble M., Barnes H., Wright G (2008), CSG had some conditionalities. These included; having a Road health card and a single visit to the health services when the child was between 24 and 30 months old, but both were turned down at the time.

According to Goldblatt and Yose (2004a) corruption has engulfed the Child Support programme and women who were expected to benefit are also neglected. Again, Goldblatt et al (2006) noted that, haven't realized that poverty is structural rather than a personal feeling in South Africa, it was unwise to attach conditionalities related to health or education and the means test suggested at the time was an unnecessary and ineffective measure. These are some of the reasons why the form LEAP has taken is being questioned.

2.4.2 Definitions of Terms

2.4.2.1 District Livelihood Implementation Committee (DLIC)

The District Livelihood Implementation Committee has oversight implementation of LEAP at the district level. DLIC selects communities that should participate in the monitoring and evaluation of LEAP projects. DLIC also provide logistics for LEAP's operations and also do community sensitization.

The DLIC committee is made up of the District Coordinating Director as chair person, and the District Social welfare Officer as secretary. Other members are: The District Planning Officer, District Directors of the following; Education, Health, Agriculture, the District Health Insurance Manager/ PRO, Chairperson of the Social Service Subcommittee and a representative from the NGOs. DLIC reports to the regional LEAP implementation committee.

2.4.2.2 Community LEAP Implementation Committee (CLIC)

The Community LEAP Implementation Committee (CLIC) is communities based committee that is formed by DLIC on grounds that, CLIC committee members live in the communities and know their people including their poverty levels. CLIC committee is basically made up of Voluntary persons, and women groups. They are guided by a LEAP policy guide in their activities. CLIC committee will go round the community and select potential households to benefit from the LEAP programme under the district; also they do sensitization and report to the district social welfare officer.

2.4.2.3 Household Economy

This looks at beneficiary and non-beneficiary household incomes including the cash transfers. It also looks at commodities that beneficiaries and non-beneficiaries spend their incomes on and whether the cash transfer is substantial enough to propel growth

at the household level. Thus more money by way of the cash transfer among other things is expected to improve household's purchasing power and vice versa.

2.4.2.4 Local Economy

This looks at the impact of the cash transfer program on the entire economic activities of the district. It is expected among other things that the cash transfer should have a „trickle-down“ effect on people by way of employment, improved petty trading which will create jobs for other people other than the direct beneficiaries.

2.4.2.5 Social Network

This aspect looks at social groups and unions that exist in the community and district. It is expected that, when people are empowered, they are not looked down upon and they would have access to credit facilities and will not be more vulnerable. Examples are farmer based groups, susu-groups, religious groups among others. It also looks at whether people are able to join these groups even if they are not members of the cash transfer programme, if not the question of why they cannot join, or are people now able to join these social networks after joining the programme and whether the cash transfer links people to these network groups in the community?

2.4.2.6 Beneficiary Households

This refers to households in the community that receive the cash transfers. It also forms the treatment group of this research work. It comprises of women, children living with HIV/AIDS, orphans, vulnerable and the aged of over 65years. The treatment group will be compared with the control group (i.e. non-beneficiary group of LEAP).

CHAPTER THREE

METHODOLOGY AND PROFILE OF STUDY AREA

3.0 Introduction

This chapter presents the methodology employed for the study. It gives a concise description of the methods that are used. It explains the research design, the population, sample size as well as the sampling procedure adopted to achieve the objectives of the study. Also, it describes the research instrument used, validity and the reliability of the instrument, data collection procedures, and how the data collected is analyzed as well as the profile of the study area.

3.1 Methodology

3.1.1 Design of the Study

In finding out the impact of the cash transfer in the fight against poverty in the Kumbungu district, the survey approach was adopted in conducting the research. Both qualitative data and quantitative data from primary and secondary sources were used.

3.1.2 Sources of Data

Qualitative and quantitative data from both primary and secondary sources were collected.

Secondary data relevant to this study was collected from the District LEAP implementation committee (DLIC), Community Livelihood implementation committee (CLIC), District Social Welfare office and the District Assembly (DA) using interviews and focus group discussions (FGD).

Primary data source helped to gather information from the respondents with the use of questionnaires and interviews.

3.1.3 Sampling and Data Collection Techniques

The primary data was obtained from randomly selected households. A two stage sampling technique was adopted to generate the required primary data. First, 6 beneficiary communities were selected from 10 project target beneficiary communities with a beneficiary population of 205. Each community had different number of beneficiaries ranging from 20 to 30 people. Households were then stratified as program beneficiaries and non-beneficiaries in the selected beneficiary communities. Due to lack of data from the Ghana statistical service (GSS), it was difficult getting figures on the total population of each community in the district. Finally, probability proportional to the size was adopted to select 100 households from beneficiaries and 50 households from non-beneficiaries which constituted the total sample size as 150. This can be expressed mathematically as;

$$n = \frac{N}{1 + N(\alpha)^2}$$

Where n = Sample size, N = Sampled population and α = Confidence interval (5% or 0.05).

The target population was both men and women of the Kumbungu District.

Purposive sampling technique was employed to select non-beneficiary petty traders in the local market to solicit information regarding sales, competition and diversification before and after LEAP and whether beneficiaries have been able to join the market.

A structured household questionnaire was administered to 150 sampled beneficiary and non-beneficiary households in the selected communities.

Community discussions at different levels were undertaken in order to get a clear picture of community situations and insights about the Programme's activities, performance, limitations and strength.

3.1.4 Pre-Testing

Training was given to enumerators about the questionnaire and questionnaires were also pre-tested in a nearby district (Tolon) before full scale data collection took place.

3.1.5 Plans for Data Handling

It took lots of days before data was fully collected. However, data collected on daily bases was checked and cross-checked to ensure that information gathered was complete and kept safe.

3.1.6 Data Analysis Techniques

3.1.6.1 Qualitative Analysis

Information on challenges in operational and institutional aspect of the programme in the district was collected from the district livelihood implementation committee (DLIC) using FGD, interviewing for officials from other organizations such as Social Welfare Office and National Health Insurance Scheme in the District and reference made to secondary sources were explained qualitatively. This information also augmented the quantitative analysis results.

3.1.6.2 Descriptive Analysis

Descriptive statistics such as mean tables, percentage tables, as well as bar graphs were used in analyzing the data.

Descriptive survey was used for this study because it helped capture the views, perceptions and the impact felt by beneficiaries, challenges and effects associated with the implementation of LEAP with specific reference to the Kumbungu district in Ghana.

Ordinary Least Square (OLS) regression was used to analyze the factors that influence income levels among beneficiary and non-beneficiary households. The econometric tool used was Stata.

The functional form is the log linear regression model. This is stated in the equation below;

$$linc_i = \alpha_0 + \alpha_1 age + \alpha_2 health + \alpha_3 educ + \alpha_4 socialnet + \alpha_i leap + \varepsilon_i$$

Where; $linc_i$ is the ln of income, educ is education of respondents, health is health of respondents, socialnet is social network groups of respondents, age is age of respondents, and leap is the dummy variable in the regression (1 for beneficiaries and 0 for non-beneficiaries). The error term is denoted by ε_i .

3.1.7 Profile of Study Area

3.1.7.1 Location, population and Economic Activities

The Kumbungu district was carved out of the Tolon-Kumbungu district in 2012. To the east, it is bounded by the Savelugu-Nanton Municipality, Tolon district to the south, North Gonja district to the west, and to the north by Mamprugu/Moaduri district. With total land area of 2,389 sq. km and population density of 50 Persons per sq. km (ghanadistricts, 2010), it is characterized with high levels of poverty, illiteracy rate and prevalence of diseases.

The population of the district stood at 39,341(2010, PHC). With a growth rate of 3%, the 2010 census gave a breakdown as 19, 686 (50.04%) as male and 19,655 (49.96%)

as female-(GSS, 2010). According to the 2010 PHC, Kumbungu district is made up of entirely rural communities and typically an agrarian economy with about 95.4 percent of the households in the district engaged in subsistent agriculture. Though there are cash crops like Shea nut, Soya beans, cotton, much attention is not paid to them since there is no ready market for such cash crops as well as inadequate farming techniques on them. They look forward to crops like maize, beans, rice and other grains, which they can directly consume. Processing of these produce are generally traditional which does not allow it to be preserved for a long time. A farmer may produce enough for the family for a whole year, but the food stuffs themselves cannot be stored for a year, forcing the farmer to dispose them. Unlike the southern part of Ghana which has a double maxima rainfall, allowing all year round cultivation, the north has a single maxima rain fall allowing the people who depend solely on it to farm once a year. Irrigation which should have been an alternative is under developed in this region.

An organic Mango production company, Integrated Tamale Fruit Company (ITFC) is one of the companies trying to help the locals exploit the resources they are underutilizing with their traditional methods of production. It offers direct benefits to local farmers involved. Until their emergence in the district mango production was not common though there were mangoes grown in the wild; the people did not see the need to venture into mango farming since it is not a staple food they can directly rely on. The district has the potential for economic independence as seen from the cases of mango and Shea nuts and soya beans.

With the high illiteracy rate, the farming practices used are bush burning, felling of trees for farmlands and as fuel. Desertification is gradually taking over the district.

According to the FAO (2008)

Industrially, the district has not got much to boast of. Agro- processing industries is the main industrial activities in the district. These consist of Shea nut processing, Groundnuts processing, Cotton ginnery, and Rice Processing. Their existence is also based on the subsistence needs. Groundnut processing for instance brings forth groundnut paste and oil for cooking. The combine need for the traditional wear of the people known as „fugu“, bed mattresses and pillows which are locally made gives rise to the processing of the cotton. Rice processing is an inseparable part of its production, since rice harvested from the farm cannot be eaten unless processed. No wonder all but the Shea nut industry uses traditional small scale methods. Even with the numerous Shea nut processing industries, it is only the „Nyabu Beyoona Women“s Group“ shea nut processing in Kasehiyili community, which is distant from the district capital. This is the only place that uses modern technology to process Shea nut on a large scale for export. It must be emphasized that all these industries have the capacity to be produced in a large scale using modern technologies and can equally compete on the international market, but just that they have not been exploited. The Local and Regional Economic Development (LRED) in Ghana has peg the percentage of people involve in industrial sector in the district at 3%. Since most of them are on the farm, the highly subsistence industrial sector need few hands.

Commerce and trade is another vital occupation in the district, but the percentage of people involved mostly women is very small. Since they have a single maxima rainfall that allows farming for only that period, most sit idly throughout waiting for the next rain while others take to the distribution of the harvested produce mostly within the district and in some cases the neighboring Tamale Metropolis, which is the regional capital and the biggest market outside their district. This trading of food stuffs becomes necessary because of the slight difference in soil nutrient that allows varying crops to

be supported very well in some communities; communities are identified with the crop that grows very well on their soil. The youth, especially the girls then move to the south which is economically active throughout the year to be head porters known in Ghana as „kaayaaye“.

According to LRED, the service sector constitutes less than 1% of the district's economy. This has been blamed totally on its proximity to the regional capital; 22.5 km away. This is seen by many to be a blessing and a drawback for development in the sense that the metropolis offers ready market for some of their goods, gives them access to quality health care if the need arises as well as educational facilities since the district has only one low performing Senior High School and no tertiary level education. On the other side according to LRED, It is easy for producers to send their products to the Tamale market, thus retarding the development of the local market and consequently revenue mobilization. Professionals and technocrats working in the district prefer to live in Tamale. This contributes to the low patronage of the local social infrastructure and the slow development of the sector. Also, the two important professionals the district needs, teachers and health professionals refuse postings to the district on condition of the inadequate social and economic infrastructure. They find ways and means to get back to the regional capital. Even those who accept postings to the district live in Tamale and commute to the district everyday which apparently reduce the number of man hours they should have worked if they were residing in the district itself. For example, According to the Annual Report of GHS on Northern region in 2014, it is stated foremost among their challenges that Health professionals refuse to accept posting to the Northern region on reasons of poor administrative systems, inadequate tools and test devices for the clinical engineering units as well as health infrastructure like residential facilities. Education and all other services sector suffer the same fate.

Economic activities such as sand winning, fishing mostly along the Black Volta, hair dressing saloons, chop bars operation, pito brewing, and cobblers also employ some people in the district though insignificant.

KNUST



CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the demographic characteristics of the treatment group (LEAP Beneficiaries) and the controlled group (Non-Beneficiaries). Variables including, age, sex, marital status, household size, households headed characteristics, education, social network groups (farmer based groups, self-help groups, women groups). Accessibility of healthcare, ability to pay school fees, school enrolment, number of meals per day and occupational activities and income levels of both groups are also contained in this chapter.

4.2 Demographics

The assessment sample consisted of 100 households in the treatment (LEAP) group and 50 households in the controlled group who were the non-beneficiaries. The demographic characteristics of these two groups are presented in table 4.1. In comparison, LEAP sample has a larger household size of 3.75 as compared to 3.56 in the non-beneficiary sample. This indicates that there are more people in the LEAP households. Given the eligibility criteria, LEAP sample has a smaller proportion of children under five and larger proportion of elderly thus aged over 65 years. This meets expectations of the programme as it targets more of the aged and hence makes this survey very credible. More so, the LEAP sample has a larger number of orphans (0.61) relative to Non-beneficiary group (0.13). Amusingly, LEAP households are more likely to be registered into the NHIA. Free coverage under NHIA is an objective of LEAP, but with coverage not fully 100 per cent; it appears on grounds of this indicator that LEAP beneficiary households are better off than the non-beneficiary group (mean values of 0.77 And 0.58 respectively).

Table 4.1: Demographic Characteristics (mean values)

Indicator variables	Beneficiaries	Non-beneficiaries
Household size	3.75	3.56
Children under 5	0.45	0.62
Children 6-12	0.63	0.58
Children 13-17	0.52	0.41
Adults 18-24	0.38	0.40
Adults 25-64	0.93	1.38
Elderly (>64)	0.77	0.28
Number of orphans in household	0.61	0.13
NHIA	0.77	0.58
Total	100	50

Source: Field Data, August, 2015

Note: Mean values for household size were arrived at by summing all people in respondent households and divided by the total number of households. Mean values for the various age groups were obtained by summing all ages in each age group and divided by the total number of people in each age group. Number of orphans as well as NHIA averages was also gotten by summing all respondents in each indicator and dividing by the total number of respondents in each group.

4.3 Head of Household's Characteristics

When comparing household head characteristics, LEAP households are more prone to male-headed households. This is also the case for the non-beneficiary group suggesting that households are more likely to be headed by males in the survey.

Household heads are more likely to be youthful as their ages are within 35 and 46. Household heads have less education as well as less schooling. There is also a revelation of a larger proportion of widowed house heads in the LEAP sample than in the non-beneficiary sample (0.13 and 0.08 respectively). Household head characteristics are shown in Table 4.2.

Table 4.2: Household Head's Characteristics (mean values)

Indicator Variables	Beneficiaries	Non-beneficiaries
Male Head	0.52	0.64
Female Head	0.48	0.36
Age of Head	46.93	35.17
Widowed	0.13	0.08
Not married	0.06	0.28
Head Schooling	0.11	0.36
Total	100	50

Source: Field Data, August, 2015

Note: Mean values were obtained by summing respondents in each variable indicator and divided by the total sample size in each category (LEAP beneficiaries and Nonbeneficiaries).

4.4 Impact Assessment of LEAP in Reducing Poverty

Table 4.3 shows means for selected indicators in both samples used to find out how LEAP has impacted on reducing poverty among beneficiaries and also comparing beneficiaries to non-beneficiaries to see if there was any significant difference between the two samples using these indicators.

Table 4.3 Impact of LEAP on Reducing Poverty (mean values)

Outcome Variable	Beneficiaries	Non-beneficiaries
Ability to pay school fees	0.74	0.36
Medical/health care	0.91	0.44
Number of square meals per day	2.92	1.49
School enrolment	0.86	0.72
Social networking	0.57	0.16
Income levels	35.43	15.67

Source: Field Data, August, 2015

Education levels in the district are quite high following increase in school enrolment rates at the basic levels. So it appears no serious attention can be given to improve this outcome except possibly for the need to improve school retention at the basic and secondary school levels. All indicators are very low (worse) among non-beneficiary households as compared to LEAP beneficiaries.

On the ability to pay school fees, LEAP households are more likely to be able to pay as it has a higher mean value of 0.74 compared to 0.36. This can negatively affect the education of non-beneficiaries. Health care is extremely high for LEAP households. This confirms the higher rates of health insurance coverage for LEAP households. Additionally, LEAP households can afford almost three square meals a day (mean value of 2.92) as compared to possibly just one meal a day for non-beneficiaries (mean value of 1.49). This indicates that, the nutritional level of LEAP households is much improved than non-beneficiaries.

On social networking (farmer based groups, self-help groups, women groups etc) the

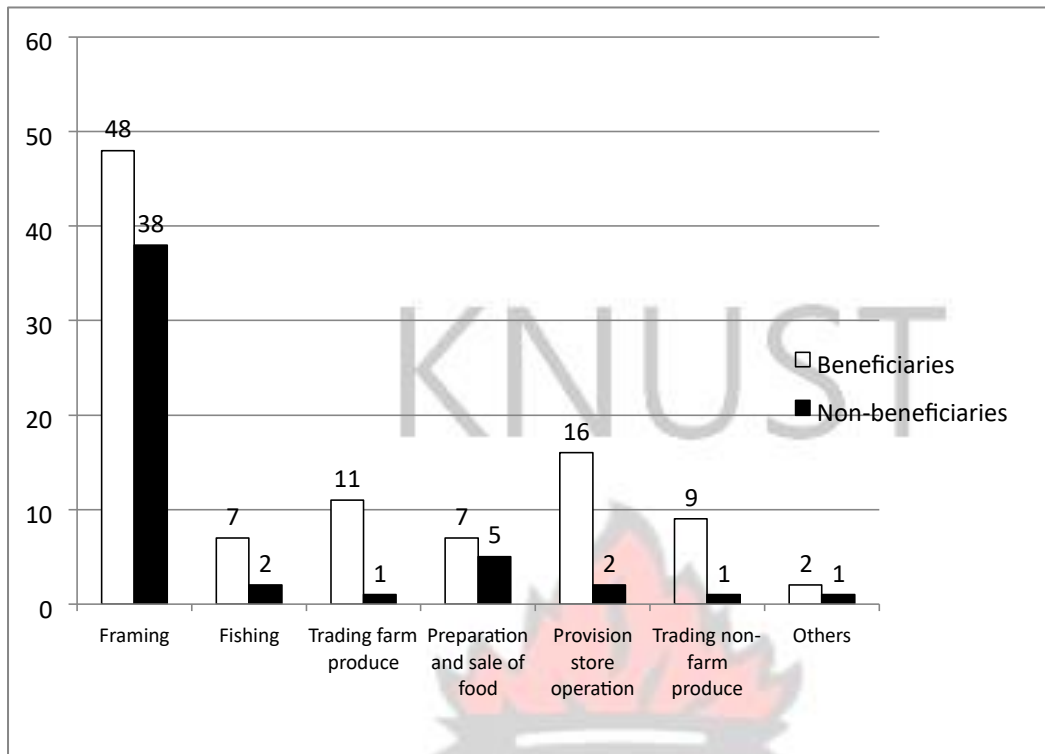
LEAP households belong to most groups than the non-beneficiary sample (0.57 as compared to 0.16). Belonging to social network groups provides some protection to members as well as income support which potentially reduce poverty among LEAP households than that of the non-beneficiaries.

The income levels show that the non-beneficiary group are poorer than LEAP sample. Whether consumption figures are reported in Ghana cedis or converted to U.S dollars, at the prevailing exchange rates at the time as a benchmark, the figures still don't favour the non-beneficiaries as more live below the accepted 2.25USD per person per day. On an average, a LEAP household makes GH ₵35.43 per month (9.18 USD) while that of a non-beneficiary household makes GH ₵15.67 (4.10 USD). The exchange rate was approximately 1USD: GH₵3.86 at the time of the survey.

4.5 Occupational Activities of Beneficiary and Non-Beneficiary Respondents

The main economic activities in the district are; Farming, Fishing, Trading in Farm Produce, Provision Store Operations, Preparations and Sale of Food, Trading in NonFarm Produce among others. Respondents in both samples were asked of their occupation and responses are ranked and shown in the bar graph in figure 4.1. The district is a farming community but predominantly at the subsistence level. However little farm produce is sent to the market for sale in order to supplement family incomes. Farming has the potential of providing food security for the district which in itself is poverty reduction.

Fig. 4.1: Bar Graph showing Occupational Distribution of Both Groups.



Source: Field Data August 2015

Other economic activities as indicated in fig. 4.1 have witnessed a rise among the LEAP sample than the non-beneficiaries. For instance, fishing, trading in farm produce, preparation and sale of food, provision store operation, trading in non-farm produce among others were doing well among beneficiaries. Granted this fact, then LEAP has improved beneficiaries economic activities probably confirming why their income levels have risen. This implies that their household as well as local economy have improved with the LEAP cash transfer program.

Table 4.4 Results from Ordinary Least Square (OLS) Regression

Variable	Coefficient	Standard error	T
Age	0.0050324**	0.0023298	2.16
Education	-0.0403549	0.0821948	-0.49
Leap	1.70321***	0.0726042	23.46
Social networking	0.0854534	0.0712965	1.20

Health	0.355193***	0.1074306	3.31
Constant	1.737382	0.1526045	11.38

***Significant at 1% and **Significant at 5%

Number of obs = 150 R-squared = 0.8000 Adj R-squared = 0.7931 Prob > F = 0.0000

4.6 Interpretations of OLS Regression Results

The R-Square value of 0.8000 shows that the explanatory variables explain about 80 percent of the variations in the income (dependent variable) and probability value of 0.0000 together with the R-Square value shows that the explanatory variables jointly and significantly explain the disparities in income levels among beneficiaries and non-beneficiaries.

Age was significant at 5%. This implies that an increase in the age of beneficiaries by one year will increase their income levels by 0.0050324 per cent relative to nonbeneficiaries. The expected sign was met which meant that income levels of the LEAP beneficiaries has improved with age.

Health status of beneficiaries was also significant at 1%. This meant that the health status of beneficiaries has improved by 0.355193 per cent relative to the nonbeneficiaries. This could be attributed to the free national health insurance membership for LEAP beneficiaries and has the potential of raising their income levels as improved health means poverty reduction as well. The expected sign was also met meaning the incomes of beneficiaries have improved with good health.

LEAP itself was also significant at 1% which implies that LEAP has improved the income levels of beneficiaries“ by 1.70321 per cent as compared to the nonbeneficiary

households. Its expected sign was also met meaning income levels of beneficiaries are improved with LEAP.

Education and Social networking were not significant at all. This meant that they did not have direct impact on income levels at least at the time of the survey. On social networking, the expected sign was met which is an indication that LEAP beneficiaries are able to increase their participation to women groups, self-help groups and farmer based groups but this did not suggest an improvement in their income levels. On education, the expected sign was not met though LEAP mandates beneficiary children to be enrolled into school, it was not the case in the district because majority of the beneficiaries have passed school going age (above 64).

4.7 Challenges faced by Beneficiaries in Accessing LEAP Cash Transfer The survey revealed a number of challenges confronting LEAP Beneficiaries in accessing the cash transfer from the district LEAP office. Among the challenges highlighted were long distance to collection points (several kilometres covered), long time interval in-between disbursement months (two months) and the relative smallness of the cash amount. This is ranked according to responses given and shown in frequency table 4.4.

Table 4.4: Challenges faced by Beneficiaries of LEAP

Challenge	Frequency	Percentage (%)
Distance to collection point(25 kilometres)	12	12.00
Time interval for disbursement(two months)	22	22.00
Smallness of LEAP cash	27	27.00
No challenge	39	39.00
Total	100	100.00

Source: Field Data, August 2015

Table 4.4 revealed that, 39 per cent of the respondents in the survey sample had no problem at all in accessing the cash transfer. About 27 per cent think that the cash amount is relatively small (between GH¢ 45.00 to GH¢ 90.00 for one to four beneficiaries in a household) for two months. Time interval for disbursement ranked third as a challenge (22 per cent). A small number of respondents (12 per cent) think distance was a problem to them in accessing the cash transfer as they had to cover as long as 25 kilometres to payment centres.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents an overview of the preceding chapters. It contains the major findings, conclusion, recommendations and suggestions for future studies.

The objectives of the study were to evaluate the effect of the cash transfer programme on beneficiaries' household economy; to evaluate the effect of the cash transfer programme on beneficiaries' local economy; to evaluate the effect of the cash transfer programme on beneficiaries' social networks and to assess challenges faced by beneficiaries' in accessing the cash transfers.

5.2 Summary of Major Findings of the Study

The findings from the study revealed that, a small proportion of children under five years old (0.45 mean value) and a larger proportion of elderly thus over 65 years (0.77 mean value) were in the programme. A larger number of orphans (0.61 mean values) are also captured in the programme and more LEAP households are covered under the national health insurance. These suggest that the cash transfer programme targets

mainly the aged and children (orphans) as they need more protection because of their age and vulnerability. Households in the LEAP beneficiaries and non-beneficiaries both have on an average of 4 persons to cater for.

More beneficiaries of LEAP were found to be able to access medical care than the non-beneficiaries. This is because of the free NHIA registration condition for beneficiaries. But those who do not benefit form majority in the district. This has the tendency to undermine success of the program.

More beneficiary respondents of about 57 per cent were found to have been able to join social network groups than the non-beneficiary group. This is possible because LEAP beneficiaries are able to meet union or group commitments such as dues and even been accepted into the programme. Again, this is not the case of those who do not benefit since they are regarded as poor and cannot pay dues.

Interestingly, both beneficiary and non-beneficiary households are headed by males (about 52 and 64 percentage points respectively). Household heads are found to be more youthful which presents hope for the local economy as they can work to improve productivity which will help reduce poverty in the district. Household heads are found to have less education as well as less schooling. There is also a revelation of a larger proportion of widowed household heads in the LEAP sample than in the nonbeneficiary sample (13 and 8 percentage points respectively).

Farming was the dominant occupation in the district among beneficiaries and nonbeneficiaries. But with farming done at peasant levels, it does not present hope for the district in fighting poverty as peasant agriculture provides returns to family labour below the accepted minimum wage levels in the economy. However, economic activities such as provision store operations, trading in farm produce, preparation and

sale of food, and fishing among others have shown some increase among the LEAP households. This is a revelation that the household economy as well as the local economy has improved. The non-beneficiaries could benefit from a „trickle-down“ effect of the program.

5.3 Conclusions

The principal objective of the study was to find out the extent to which the cash transfer programme has impacted on reducing poverty in Kumbungu district using Ordinary Least Square (OLS) regression analysis.

Empirical foundations were followed to ensure that results obtained could be interpreted within conventional research requirements. A number of interesting revelations came out of the study.

The Livelihood Empowerment Against Poverty (LEAP) has improved the welfare of the aged in the district, since 77 per cent of beneficiaries were above 60 years of age. Medical care has also been extended to beneficiaries who hitherto could not have afforded basic medical care. LEAP has broadened over 57 per cent of beneficiaries“ social networking (farmer based groups, women groups and self-help groups). This is an indication that the poor people in the district can also get some form of protection from these groups which can reduce their poverty levels.

Overall, the Ordinary Least Squares regression revealed that health, LEAP and age of respondents significantly influence the income levels of beneficiary respondents and by extension affect their levels of poverty in the district. Finally, education and social networks of beneficiaries do not directly affect their income levels. This means that, these variables do not strongly affect the poverty levels of beneficiaries in the district at least over the sample period in the study.

5.4 Recommendations and Policy Implication

LEAP has the potential of impacting positively on human development indicators including health, school enrolment and attendance and social networking. This is because the relationship between LEAP beneficiaries' income levels and these indicators is established to be strong among LEAP household. However, the cash transfer amount is relatively small, making the actual predicted impact of LEAP on these outcomes being low. However, expected impacts would rise to levels comparable to other successful programs if the value of the LEAP cash transfer is increased by at least two to three times the current amount. The program should also target giving these beneficiaries some skills training than just giving them cash. Once they learn some trade, they will be able to take care of themselves which will reduce their poverty levels.

Social cash transfer such as LEAP could be a powerful tool to alleviating hunger and acute poverty in Ghana. This is obvious by strides made by other middle-income countries such as Brazil, Mexico, China, and South Africa that have implemented similar programs which Ghana can learn from.

The National Social Protection Strategy should endeavour to undertake periodic review of LEAP programs to target key areas of the economy. The Department of Social Welfare should be strengthened by government and the Gender Ministry to effectively implement programs that aim at protecting vulnerable people in Society. The program should also be expanded to cover more communities and districts.

On policy direction, government has already indicated its unflinching support to the LEAP program but more can still be done. Government should devote more funds to LEAP in its budget statements. And LEAP should be used to help fight national poverty

since its success across the regions especially Northern Ghana will help reduce the national poverty levels.

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APPENDICES

APPENDIX 1

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

MASTERS THESIS RESEARCH

QUESTIONNAIRE FOR BENEFICIARIES

TOPIC: SOCIAL PROTECTION STRATEGIES AND POVERTY

REDUCDTION IN NORTHERN GHANA; A BENEFICIARIES'

PERSPECTIVE OF LEAP IN KUMBUNGU DISTRICT.

RESEARCH GOAL: The overall goal of this study is to assess the impact of LEAP in Poverty Reduction in the Kumbungu District.

ETHICAL ASSSURANCE: You are invited to participate in this research study. Please, your participation is voluntary but i guarantee that no other person(s) than the ones who conduct the investigation will see the data you provide, and nobody knows who has answered the specific question. You may refuse to answer any of the questions i ask and you may also stop me at any point to ask questions or to end the interview

completely. Your participation and any issue discussed would be strictly treated as confidential.

If you have any question(s), do not hesitate to contact the researcher on 0246130164 or 0200238428.

Name of Interviewer _____ Date of interview ____/____/2015

Community _____ Questionnaire Number

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PLEASE TICK [✓] OR PROVIDE BRIEF RESPONSE.

Section A: Household Demographic/Socio-Economic Characteristics

1. Age (completed years) _____
2. Sex: Male [] Female []
3. Household size (total number of people in the household)
 1. 2-4 [] 2. 5-7 [] 3. 8-10 [] 4. 10+ []
4. Number of dependents (Below 18 and above 60 years) _____
5. Marital status
 1. Single [] 2. Married [] 3. Divorced/Separated [] 4. Widow/widower []
6. Level of education
 1. None [] 2. Basic [] 3. SHS [] 4. Tertiary [] 5. Non-formal []
7. Ethnicity
 1. Dagomba [] 2. Gonja [] 3. Dagarte [] 4. Bimoba [] 5. Mamprusi []
 6. Others [] (specify) _____
8. Religion
 1. Christian [] 2. Muslim [] 3. Traditional [] 4. Other [] (Specify) _____

Section B: Impact of Cash Transfer Programme on Household Economy

9. Which year were you registered for the cash transfer program?
1. 2008 [] 2. 2009 [] 3. 2010 [] 4. 2011 [] 5. 2012 [] 6. 2013 [] 7. 2014 [] 8. 2015 []
10. Which year did you start receiving the cash transfer?
1. 2008 [] 2. 2009 [] 3. 2010 [] 4. 2011 [] 5. 2012 [] 6. 2013 [] 7. 2014 [] 8. 2015 []
11. Who has been nominated to collect the cash transfer on your behalf?
1. Myself [] 2. Uncle [] 3. Aunt [] 4. Sibling [] 5. Mother [] 6. Father [] 7. Other family relative [] 8. Other non-relative []
12. Were you able to pay your children school fees before the inception of the cash transfer program?
1. Yes [] 2. No [] *[NB: If Q12=2, move to Q13]*
13. Are you able to pay school fees after joining the cash transfer program?
1. Yes [] 2. No []
14. What was your main economic activity before joining the LEAP program?
- [Multiple responses allowed]*
1. Farming [] 2. Fishing [] 3. Trading farm produce [] 4. Preparation and sale of food [] 5. Provision store operation [] 6. Trading non-farm durables [] 7. Other Specify [] _____
15. How much were you making per day on an average before joining the cash transfer program?
- 1 GH¢1-12 [] 2. GH¢13-24 [] 3. GH¢25-36 [] 4. GH¢37-48 []
5. GH¢49-60 [] 6. GH¢60+ []
16. What is your current economic activity after joining the cash transfer program?

1. Farming [] 2. Fishing [] 3. Trading farm produce [] 4. Preparation and sale of food [] 5. Provision store operation [] 6. Trading non-farm durables [] 7. Other Specify [] _____
17. How much do you make on an average in this economic activity after you joint the cash transfer program?
1. GH¢1-12 [] 2. GH¢13-24 [] 3. GH¢25-36 [] 4. GH¢37-48 [] 5. GH¢49-60 [] 6. GH¢60+ []
18. What are some of the things you spend the cash transfer on?
1. Food [] 2. Clothing [] 3. School fees [] 4. Farming [] 5. Other business [] 6. Social groups contributions [] 7. Others [] specify _____
19. How many times do you receive the cash transfer in a typical year?
1. Once a year [] 2. Two times in a year [] 3. Three times in a year [] 4. Four times in a year [] 5. More than four times in a year []
20. Were you able to assess medical care before joining the cash transfer program?
1. Yes [] 2. No [] *[NB: If Q20=2, move to Q21]*
21. Are you able to assess medical care now?
1. Yes [] 2. No []
22. Before you joint the program, how many square meals could your household afford a day?
1. Once [] 2. Twice [] 3. Thrice [] 4. None []
23. How many square meals can your household afford per day, after joining the cash transfer program?
1. Once [] 2. Twice [] 3. Thrice [] 4. More than thrice []
24. Where do you go to access the cash transfer?
- Name of collection point _____

25. What is the distance (km) from your house to the point of collection of the cash transfer?

1. 0-2km [] 2. 3-5km [] 3. 6-8km [] 4. 9km+ []

26. What means do you use to get to the source of collection?

1. Foot [] 2. Bicycle [] 3. Motor bike [] 4. Taxi/trotro [] 5. Other specify []

27. What other benefits do you enjoy as a result of enrolling in the cash transfer program?

1. Free education [] 2. Free health insurance [] 3. Food stuffs [] 4. Other specify [] _____

Section C: Impact of Cash Transfer Programme on Local Economy

28. What were the major economic activities carried out by people in this community?

[Multiple responses allowed]

1. Farming [] 2. Fishing [] 3. Trading farm produce [] 4. Preparation and sale of food [] 5. Provision store operation [] 6. Trading non-farm durables []
7. Other Specify [] _____

29. Which of these economic activities have experienced major expansion after the cash transfer? *[Multiple responses allowed]*

1. Farming [] 2. Fishing [] 3. Trading farm produce [] 4. Preparation and sale of food [] 5. Provision store operation [] 6. Trading non-farm durables []
7. Other Specify [] _____

30. Which of these economic activities do you do? *[Multiple responses allowed]* 1.

Farming [] 2. Fishing [] 3. Trading farm produce [] 4. Preparation and sale of food [] 5. Provision store operation [] 6. Trading non-farm durables []

7. Other Specify [] _____

31. How many sellers were in your local market before the inception of the cash transfer program?

1. 5 -10 [] 2. 10 -15 [] 3. 15-20 [] 4. 20-25 [] 5. More than 25 []

32. How many sellers have been added to your local market after the inception of the cash transfer program?

1. 5 -10 [] 2. 10 -15 [] 3. 15-20 [] 4. 20-25 [] 5. More than 25 [] 33. What happened to the prices of goods and services since the inception of the cash transfer?

1. Increase [] 2. Decrease [] 3. Remain unchanged []

Section D: Impact of Cash Transfer Programme on the Social Network of Beneficiaries

34. What are the social network groups in this community? *[Multiple responses allowed]*

1. Religious groups [] 2. Farmer-base groups [] 3. Market women groups [] 4. Social welfare groups [] 5. Self-help groups [] 6. Other specify [] _____

35. Do you belong to any of these groups?

1. Yes [] 2. No [] *[NB: If Q35=2, move to Q36]*

36. Why don't you belong to a social network group?

1. Don't have enough money for group contribution [] 2. Not interested in groups []

3. Haven't been allowed to join group [] 4. Other Specify [] _____

37. What kind of support do you get from those groups?

1. Financial support [] 2. Food support [] 3. Physical labor support [] 4.

Other specify [] _____

38. Were you already a member of any of these groups before the cash transfer program?

1. Yes [] 2. No []

39. What do you do in terms of hardship within your household?

1. Distress sale of property [] 2. Resort to family relative for support [] 3.

Resort to friends [] 4. Resort to aid from my network group [] 5. Other specify [] _____

Section E: Challenges Faced by Beneficiaries in Accessing the Cash Transfer

40. What are the challenges you incur in trying to access the cash transfer?

1 _____
2 _____
3 _____

41. What problems do you encounter in the use of the money?

1 _____
2 _____
3 _____

42. What do you think can be done to improve the cash transfer?

1 _____

2 _____

3 _____

*****Thank you for your time and patience*****

APPENDIX 2

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY MASTERS THESIS RESEARCH

QUESTIONNAIRE FOR NON-BENEFICIARIES

**TOPIC: SOCIAL PROTECTION STRATEGIES AND POVERTY REDUCDTION IN
NORTHERN GHANA; A BENEFICIARIES'
PERSPECTIVE OF LEAP IN KUMBUNGU DISTRICT.**

RESEARCH GOAL: The overall goal of this study is to assess the impact of LEAP in
Poverty Reduction in the Kumbungu District.

ETHICAL ASSSURANCE: You are invited to participate in this research study.
Please, your participation is voluntary but i guarantee that no other person(s) than the
ones who conduct the investigation will see the data you provide, and nobody knows
who has answered the specific question. You may refuse to answer any of the questions
i ask and you may also stop me at any point to ask questions or to end the interview
completely. Your participation and any issue discussed would be strictly treated as
confidential.

If you have any question(s), do not hesitate to contact the researcher on 0246130164 or
0200238428.

Name of Interviewer _____ Date of interview ____/____/2015

Community _____

Questionnaire Number

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PLEASE TICK [✓] OR PROVIDE BRIEF RESPONSE

Section A: Household Demographic/Socio-Economic Characteristics

1. Age (completed years) _____
2. Sex: Male [] Female []
3. Household size (total number of people in the household)
 1. 2-4 [] 2. 5-7 [] 3. 8-10 [] 4. 10+ []
4. Number of dependents (below 18 years and above 60 years) _____
5. Marital status
 1. Single [] 2. Married [] 3. Divorced/Separated [] 4. Widow/widower []
6. Level of education
 1. None [] 2. Basic [] 3. SHS [] 4. Tertiary [] 5. Non-formal []
7. Ethnicity
 1. Dagomba [] 2. Gonja [] 3. Dagarte [] 4. Bimoba [] 5. Mamprusi []
 6. Others [] (specify) _____
8. Religion
 1. Christian [] 2. Muslim [] 3. Traditional [] 4. Other []
 5. (specify) _____

Section B: Household Economy Status of Non-Beneficiaries

9. What was your average income per month before the year 2010, thus five years ago in?
 1. GH¢1-12 [] 2. GH¢13-24 [] 3. GH¢25-36 [] 4. GH¢37-48 [] 5. GH¢49-60 [] 6. GH¢60+ []
10. What is your average income per month since 2010 in?
 1. GH¢1-12 [] 2. GH¢13-24 [] 3. GH¢25-36 []
 4. GH¢37-48 [] 5. GH¢49-60 [] 6. 60+ []

11. What are some of the things you spend your income on?

1. Food ☐ 2. Clothing ☐ 3. School fees ☐ 4. Farming ☐ 5. Other business ☐
6. Social groups contributions ☐ 7. Other specify ☐ _____

12. Is your household able to afford three square meals per day?

1. Yes ☐ 2. No ☐

13. In the past 7 days, how many days were you able to get 3 square meals?

1. 1 day ☐ 2. 2 days ☐ 3. 3 days ☐ 4. 4 days ☐
5. 5 days ☐ 6. 6 days ☐ 7. 7 days ☐

14. Are you able to pay your children school fees?

1. Yes ☐ 2. No ☐

15. Are you able to afford medical care?

1. Yes ☐ 2. No ☐

Section C: Local Economy of the Non-Beneficiaries

16. What were the major economic activities carried out by people in this community for the past five years (before 2010)? *[Multiple responses allowed]*

1. Farming ☐ 2. Fishing ☐ 3. Trading farm produce ☐ 4. Preparation and sale of food ☐ 5. Provision store operation ☐ 6. Trading non-farm durables ☐
7. Other Specify ☐ _____

17. Which of these economic activities have experienced major expansion since 2010 (thus from 2010 to date)? *[Multiple responses allowed]*

1. Farming [] 2. Fishing [] 3. Trading farm produce [] 4. Preparation and sale of food [] 5. Provision store operation [] 6. Trading non-farm durables [] 7. Other Specify [] _____

18. Which of these economic activities do you do? *[Multiple responses allowed]*

1. Farming [] 2. Fishing [] 3. Trading farm produce [] 4. Preparation and sale of food [] 5. Provision store operation [] 6. Trading non-farm durables [] 7. Other Specify [] _____

19. What was your **main** economic activity before 2010?

1. Farming [] 2. Fishing [] 3. Trading farm produce [] 4. Preparation and sale of food [] 5. Provision store operation [] 6. Trading non-farm durables [] 7. Other Specify [] _____

20. Would you say there has been an expansion of your local markets?

1. Yes [] 2. No []

21. What happened to the prices of goods and services since 2010?

1. Increased [] 2. Decreased [] 3. Remain unchanged []

Section D: The Social Network of the Non-Beneficiaries

22. What are the social network groups in this community? *[Multiple responses allowed]*

1. Religious groups [] 2. Farmer-base groups [] 3. Market women groups []
4. Social welfare groups [] 5. Self-help groups [] 6. Other specify [] _____

23. Do you belong to any of these groups?

1. Yes [] 2. No [] [NB: If Q23=2, move to Q24]

24. If Q23=2, why don't you belong to any social network group?

1. Don't have enough money for group contribution [] 2. Not interested in groups []
3. Haven't been allowed to join group [] 4. Other Specify [] _____

25. If you belong to any group(s), what kind of support do you get from those groups?

1. Financial support [] 2. Food support [] 3. Physical labor support [] 4.
Other specify [] _____

26. What do you do in times of hardship within your household?

1. Distress sale of property [] 2. Resort to family relative for support [] 3.
Resort to friends [] 4. Resort to aid from my network group [] 5. Other specify
[] _____

*****Thank you for your time and patience*****