

UNIVERSITY OF EDUCATION, WINNEBA

**EFFECTS OF LIVELIHOOD EMPOWERMENT AGAINST POVERTY
(LEAP) ON PERSONS WITH DISABILITY IN EFFUTU MUNICIPALITY**



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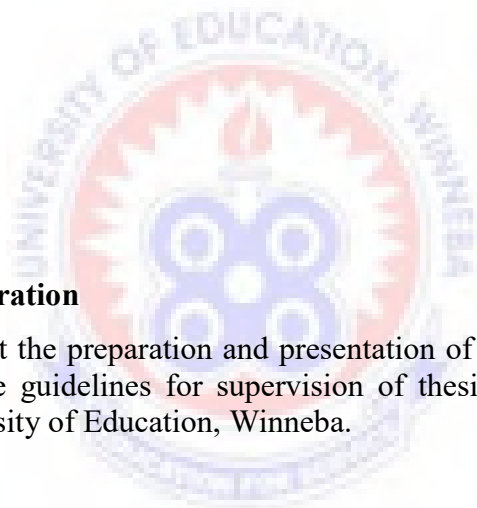
DECLARATION

Student's Declaration

I, **Ernest Kwame Kpentey**, declare that this thesis, with the exception of quotations and references contained in published works which have been identified and duly acknowledged, is entirely my own original work, and it has been submitted, either in part or whole, for another degree elsewhere.

Signature:

Date:



Supervisor's Declaration

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of thesis/dissertation/project as laid down by the University of Education, Winneba.

Principal Supervisor's Name: Dr. David Zuure

Signature:

Date:

DEDICATION

I dedicate this study in memory of my late parents Miss Alice Afuakuma Osafo and Mr. Christian Kpentey. The same goes to my wife Mrs. Christiana Ampomah Kpentey, my three sons: Nathan, Joshua, Joel Kpentey and my daughter Gifty Ampomah.



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GLOSSARY/ABBREVIATIONS

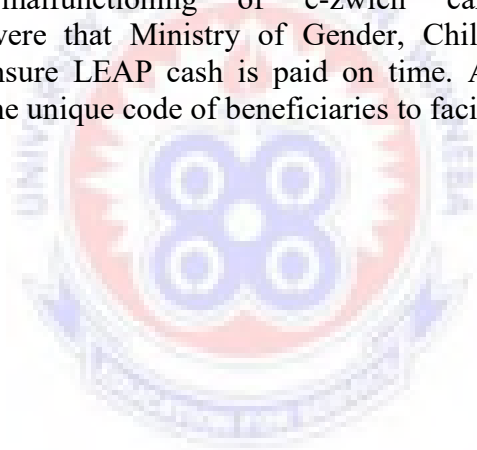
LEAP	Livelihood Employment Against Poverty
PWD	Persons with Disability
CLIC	Community LEAP Implementation Committee
MOGCSP	Ministry of Gender, Children and Social Protection
NHIS	National Health Insurance Scheme
DSWCD	Department of Social Welfare and Community Development
CSP	Centre for Social Protection
CDD	Centre for Democratic Development
ILO	International Labour Organization
EPRI	Economic Policy Research Institute
MMYE	Ministry of Manpower, Youth and Employment
DSWO	District Social Welfare Office
GHIPSS	Ghana Interbank Payment and Settlement Systems Limited
UNICEF	United Nations International Children's Education Funds
DFID	United Kingdom Department for International Development
CSOs	Civil Society Organizations
NSPS	National Social Protection Strategy
GLSS	Ghana Living Standard Survey
GSS	Ghana Statistical Service
GYEED	Ghana Youth and Entrepreneurship Development Authority

LESDEP	Local Enterprise and Skills Development
DACF	District Assembly's Common Fund
SWO	Social Welfare Office
MASLOC	Microfinance and Social Loans Centre
NCCE	National Commission for Civic Education
FAO	Food and Agricultural Organization
OVC	Orphan and Vulnerable Children
ISSER	Institute of Statistical Social and Economic Research
WHO	World Health Organization
UNCRPD	United Nations Convention on the Rights of Person with Disabilities
NCPD	National Council on Persons with Disability



ABSTRACT

The main problem investigated was effects of the Livelihood Empowerment Against Poverty (LEAP) programme on persons with disability in the Effutu Municipality in the Central Region of Ghana. The main objectives were to explore effects of LEAP on household food consumption, healthcare services, school enrolment and retention and challenges the programme faced in the Municipality. The methodology used for the study was qualitative research approach with a phenomenological design and applied two sampling methods which are purposive and convenient to select participants for the study. It used a sample size of 14 participants consist of six (6) LEAP Managers/one (1) Focal Person and seven (7) LEAP PWD beneficiaries. The data collection instruments were semi-structured interview guide and focus group discussion guide (FGD). The data was presented in grid tables where responses of participants were matched with themes. The main findings were that 57 percent of LEAP PWD beneficiaries had no worry about food/feeding; 79 percent used NHIS cards to access healthcare services while 29 percent paid with their LEAP cash. It further revealed that 64 percent of LEAP PWD beneficiaries' children were in school. The study further determined that the challenges faced by LEAP Managers/Focal Person were logistics and financial; while LEAP PWD beneficiaries' experienced technical challenges e.g. malfunctioning of e-zwich cards/machines. The main recommendations were that Ministry of Gender, Children and Social Protection (MoGCSP) must ensure LEAP cash is paid on time. Also, LEAP Managers/Bank Officials must use the unique code of beneficiaries to facilitate payment.



CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

In the middle of 1990's, social protection programme became an effective and efficient means to reduce poverty across developing countries (MoGCSP, 2013, p.1). People who are extremely poor view this programme as very important because it helps them to cope with life's challenges. For example, nowadays cash is transferred to vulnerable families to mitigate the dire consequences of poverty and to break inter-generational transmission of extreme poverty (Barrientos, 2011; Oduro, 2015). The Livelihood Empowerment Against Poverty (LEAP) in Ghana is a cash transfer programme which is aimed at alleviating poverty and promoting inclusive citizenship. After, 10 years of implementation, it is necessary to assess its effects on vulnerable households such as persons with disability (PWDs) or persons with special needs in the society. Therefore, in this study persons with disability and persons with special needs will be used interchangeably.

The World Bank poverty estimates suggest that the number of extremely poor people (those who live on \$1.90 a day or less) has fallen from 1.9 billion in 1990 to about 736 million in 2015. However, the number of people living in extreme poverty is on the rise in Sub-Saharan Africa (Wadhwa, 2018). According to Ghana Living Standard Survey Seven (GLSS 7, p.14) –extreme poverty incidence is defined as the state where the standard of living is insufficient to meet the basic nutritional requirements of the household even if they devote their entire consumption budget to food”. Besides, the GLSS 7 indicates that 8.2 percent of the population comprising of 2.4 million are extremely poor in Ghana. It is

estimated that such people based on the 2010 Population and Housing Census projections for 2017 cannot get the minimum daily requirement of 2,900 calories per adult equivalent of food per day, even if they were to spend all their expenditures on food. These households whose real welfare falls below the extreme poverty line of GH¢792.2 per adult equivalent per year are considered as very poor in Ghana. The National Development Planning Commission (NDPC) has the mandate to include the poor and vulnerable in national planning and development and under Ghana's Growth and Poverty Reduction Strategy (GPRS II), the then Ministry of Employment and Social Welfare (MESW) has developed a National Social Protection Strategy (NSPS) which was launched in 2007 to address issues of this nature.

Therefore, social protection is defined by the International Labour Organization (ILO, 2006 cited in Joha, 2012) as the set of public measures that a society provides for its members to protect them against economic and social distress that would be caused by the absence or a substantial reduction of income from work as a result of various contingencies (sickness, maternity, employment injury, unemployment, invalidity, old age, and death of the breadwinner); the provision of health care among others. Furthermore, 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 (Devereux and Sabates-Wheeler, 2004). The intention of social protection is to ensure there is minimum standards of well-being among people in dire situations to live a life of dignity and to enhance human capabilities. Social protection is the response that the state and society provide to protect citizens from risks, vulnerabilities and deprivations. This entails measures to secure

education and health care, social welfare, livelihood, access to stable income, as well as employment (United Nations, 2009 cited in Joha, 2012).

The main objective of NSPS is to reduce poverty in the country which was framed in line with the Millennium Development Goal now Sustainable Development Goals to have halved extreme poverty back in the year 2015. It is also to provide an all-inclusive society through the provision of sustainable mechanisms for the protection of persons living in situations of extreme poverty, vulnerability and exclusion. It is within this context that the Livelihood Empowerment Against Poverty (LEAP) Programme which is the Government of Ghana's flagship Social Protection intervention was initiated in 2008 to reduce poverty among the extreme poor and vulnerable households in Ghana (MoGCSP, 2013 p.1 & Quartey, 2018, p.3).

Cash transfer payment becomes the driving force of this social protection initiative. This was because it had been implemented in some Latin American countries such as Brazil, Colombia, Honduras, Mexico, Nicaragua, Peru and Asian as well as African countries namely South Africa, Kenya and others. These countries have introduced and continued to expand cash transfer programme to address extreme poverty among vulnerable families.

Cash transfer is now an increasingly global phenomenon and a tool of social policy for poverty reduction (Bastagli, 2011). Following the successful implementation of cash transfers particularly in Brazil, Ghana adopted the Livelihood Empowerment Against Poverty (LEAP) with the aim of reducing social risk and help vulnerable households to overcome cash barriers that constrain access to social services such as education and health. In Ghana, LEAP

is currently administered by the Ministry of Gender, Children and Social Protection and managed by the Department of Social Welfare. The purpose is to provide a safety net for the poorest and most marginalized groups, notably the bottom 8.2 percent extremely poor who according to the 2017 Ghana Living Standard Survey, comprised 2.4 million of Ghana's population. LEAP components are the establishment of a new social cash grant scheme to provide basic and secure income for the most vulnerable households, better targeting of existing social protection programme and a package of complementary inputs for beneficiaries of social protection programme (MoGCSP, 2013 p.1). LEAP has expanded from 1,645 beneficiary households in 21 districts in 2008 to 213,044 beneficiary households in 216 districts as at February 2018 (Quartey, 2018, p.5).

LEAP seeks to protect and empower extremely poor families consisting of elderly (aged 65 and above), the disable who are unable to work, and carers of orphans and vulnerable children by providing them financial support (cash grants) as well as access to complementary services e.g. National Health Insurance Scheme. Persons with disability (PWDs) are those who are unable to or are restricted in the performance of specific tasks/ activities due to loss of function of some part of the body as a result of impairment or malformation (GSS, 2013, p.36). The extremely poor people are targets for the programme however, not all of them are eligible based on the criteria for selecting beneficiaries (MoGCSP, 2013). However, LEAP programme is unconditional for the severely disable without productive capacity, those over 65 years and above without any form of support, carers of orphans and vulnerable children. However, the last category is tasked to adhere to some conditions which include enrolment and retention of school –age children in schools, birth registration of new born babies and their attendance of post- natal

clinics, full vaccination of children up to the age of five and non –trafficking of children and their non-involvement in the worst forms of labour (MoGCSP, 2013, p.2).

The targeting and selection of beneficiaries for the LEAP programme is done in selected communities of the district based on its rank on the district poverty map. This is carried out by officials from the Ministry of Gender Children and Social Protection (MoGCSP) with support from the Social Welfare Department in the district. Furthermore, the selection criteria must meet the main objective of LEAP. According to Amartya Sen (1995 as cited by Joha 2012, p.27) –the more accurate a subsidy in fact is in reaching the poor, the less the wastage, and the less it costs to achieve the desired objective”. After the selection of beneficiaries, LEAP employs a bi-monthly payment structure and payments depend on the number of eligible members per household. The cash transfer given to them currently ranges from GH¢64.00 - GH¢ 106.00. The breakdown of the cash transfers are as follows: one eligible member in a household receives GH¢ 64.00, households with two (2) eligible members receive GH¢ 76.00, and households with four (4) eligible beneficiaries or more receive GH¢ 106.00.

LEAP needs financial resources to sustain its implementation in the country and to support this initiative, the government of Ghana and many development partners like United Nations International Children’s Education Fund (UNICEF), United Kingdom Department for International Development (DFID) and the World Bank as well as Civil Society Organizations (CSOs) such as Help Age Ghana played and continue to support the programme (MoGCSP, 2013).

1.2 Statement of the Problem

The purpose of LEAP is to improve household food consumption and nutrition among children and persons with severe disability (PWDs). It is also to increase access to health care services among persons with severe disability, increase basic school enrollment of beneficiaries' children. Furthermore, it is to facilitate access to complementary services such as welfare, livelihoods and improvement of productive capacity of beneficiaries. Therefore, with the inception of LEAP programme in the Effutu Municipality, cash is given to persons with severe disability to enhance their household food consumption, access healthcare services and increase basic school enrollment of PWD beneficiary's children.

However, PWD beneficiaries in the Municipality still find it difficult to meet their household food consumption which underpinned Handa, et al. (2013) observation that the impact of LEAP programme on household consumption is negligible because consumption is driven by permanent income (p.29). Moreover, the LEAP cash is unable to increase permanent income due to irregular payments and inadequate cash provided to them. Furthermore, PWD beneficiaries have a difficulty in accessing healthcare services because their NHIS cards have not been renewed. They are not only unable to enroll their children in school using LEAP cash but also experience delay in receiving such payments.

Data from the Department of Social Welfare and Community Development (2020) indicates that the total number of persons with disability in Effutu Municipality is three hundred and fifty seven (357). However, not all of them are eligible to be captured in the LEAP programme as beneficiaries. Evidence from other countries such as Brazil from where Ghana adopted the programme suggests

that cash transfers are effective in reducing income poverty and household vulnerability. In the Effutu Municipality however, little is known about the effects of LEAP programme. Hence, this study intends to explore effects of the programme on household food consumption, healthcare services, basic school enrollment and retention of PWD beneficiaries' children and the challenges the programme is faced with in the Municipality.

1.3 Purpose of the Study

The purpose of the study was to assess effects of LEAP on PWD beneficiaries and challenges faced in Effutu Municipality in the Central Region.

1.4 Study Objectives

The following were the research objectives:

1. To explore effects of LEAP on household food consumption by PWD beneficiaries in the Effutu Municipality.
2. To assess effects of LEAP on healthcare services by PWD beneficiaries in the Effutu Municipality.
3. To ascertain effects of LEAP on school enrolment and retention on PWD beneficiaries' children in the Effutu Municipality.
4. To examine the challenges the LEAP programme is faced with in the Effutu Municipality relative to PWD beneficiaries.

1.5 Research Questions

The study was guided by the following research questions:

1. What are the effects of LEAP on household food consumption by PWD beneficiaries in the Effutu Municipality?
2. How has the LEAP programme affected healthcare of PWD beneficiaries in the Effutu Municipality?
3. In what ways has the LEAP programme affected school enrolment and retention of PWDs /children of beneficiaries in the Effutu Municipality?
4. What challenges is the LEAP programme faced with in the Effutu Municipality relative to PWD beneficiaries?

1.6 Significance of the Study

The study helps to inform policy formulation to improve basic household food consumption where both cash and food items are given to LEAP PWD beneficiaries. Besides, a programme could be developed from the study findings to monitor all PWD beneficiaries on LEAP cash transfer to benefit from free compulsory NHIS and regular renewal of NHIS cards. The study findings would assist to make legislation on free feeding for LEAP PWD beneficiaries' children in basic schools in the districts. The study results give an insight to policy makers and key stakeholders to understand the concerns of LEAP PWD beneficiaries on the programme e.g. delay in payment, faulty e-zwich cards. This would not only bring reforms that would eliminate payment delays but also increase the amount provided to them. Finally, it brings out effects on basic household food consumption, healthcare services, school enrolment and retention of PWDs children to achieve the objectives of LEAP programme in Effutu Municipality as well as in the country.

1.7 Delimitation

The study dealt with effects of LEAP on PWD beneficiaries and challenges the programme is faced with in Effutu Municipality. However, it did not include issues on sustainability and exiting of LEAP PWD beneficiaries from the programme.

1.8 Definition of Terms

Extreme poverty

It is the state where the standard of living is insufficient to meet the basic nutritional requirements of the household even if they devote their entire consumption budget to food (Ghana Statistical Service, GLSS 7, p.14). The World Bank refers to extreme poverty as those who live on \$1.90 a day or less.

Social protection

It is a set of public measures that a society provides for its members to protect them against economic and social distress that would be caused by the absence or a substantial reduction of income from work as a result of various contingencies (sickness, maternity, employment injury, unemployment, invalidity, old age, and death of the breadwinner); the provision of health care among others (ILO, 2006 cited in Joha, 2012).

National Health Insurance Scheme (NHIS)

It was established under Act 650 of 2003 by the Government of Ghana to provide a broad range of health care services to Ghanaians through district mutual and private health insurance schemes.

Social cash transfer

It is a regular non-contributory payment of money provided by government or non-governmental organizations to individuals or households, with the objective of decreasing chronic or shock-induced poverty, addressing social risk and reducing economic vulnerability (Agbenyo, *et al*, 2017, p.21).

Disability

It is a physical, mental, cognitive, or developmental condition that impairs, interferes with, or limits a person's ability to engage in certain tasks or actions or participate in typical daily activities and interactions

Persons with disability (PWD)

They are those who are unable to or are restricted in the performance of specific tasks/ activities due to loss of function of some part of the body as a result of impairment or malformation (GSS, 2013, p.36).

Household

It is defined as a person or a group of persons who live together in the same house or compound, share the same house-keeping arrangements and recognize one person as the head of household (GSS, 2013, p.69)

Household food consumption

It means the total amount of food available for consumption in the household, generally excluding the food taken outside unless prepared at home.

Livelihood

It is a set of activities essential to everyday life that are conducted over one's life span. Such activities could include securing water, food, fodder, medicine, shelter and clothing.

1.9 General layout of the Report

The study is organized in the following ways. Chapter one shows the background to the study, statement of the problem, purpose of the study, study objectives, research questions, and significance of the study, delimitation and definition of terms. Chapter two deals with the livelihood empowerment against poverty (LEAP) programme in Ghana, objectives of LEAP programme, cash payments or transfers, effects of LEAP on household food consumption for PWDs, effects of LEAP on healthcare services for PWDs, effects of LEAP on school enrolment and retention PWDs' children, challenges faced with the programme, global issues on persons with disability, persons with disability - the situation in Ghana, concept of poverty, causes of poverty and a conceptual framework. Chapter three indicates research methodology such as the research approach, research design, description of the study area, study population, target population, accessible population, sample size, sampling techniques, data collection methods, data collection instruments, data analysis, ethical considerations and trustworthiness. Chapter four observes presentation of data on emerging themes from effects of LEAP on food consumption, healthcare services, school enrolment and retention of PWD beneficiaries' children and challenges faced with the programme in Effutu Municipality. Also, chapter five deals with the discussion of results on effects of LEAP on food consumption, healthcare services, school enrolment and retention of PWD beneficiaries' children. Finally, chapter six contains summary of main

findings, conclusion, recommendations, and suggestions for future research, reference and appendices of the study.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter describes literature relevant to the purpose of the study. It is organized in nine sections. These are the livelihood empowerment against poverty (LEAP) programme in Ghana, objectives of LEAP programme, criteria for selecting beneficiaries (PWDs), cash payments or transfers, challenges of LEAP programme, effects of LEAP programme on household food consumption, health care services, school enrollment and retention, complimentary services, global issues on persons with disability, persons with disability – the situation in Ghana, concept of poverty, causes of poverty and a conceptual framework.

2.2 Livelihood Empowerment Against Poverty (LEAP) Programme in Ghana

The Ghana Statistical Service (GLSS 6, 2013) report indicated that since 2005 Ghana's economy has undergone several changes and available data showed in that year Gross Domestic Product (GDP) recorded a growth of 4.5 percent. Also, during the same period, the country attained a lower – middle income status. However, Ghana Statistical Service (2007) noted that considering the upper poverty line of Gh¢3,708,900 the proportion of Ghanaian population defined as poor fell from 51.7 percent in 1991/92 to 39.5 percent in 1998/99 and further to 28.5 percent constituting 6,178,000 individuals in 2005/06.

Again, at the national level, the incidence of extreme poverty fell from a little over 36 percent in 1991/92 to just fewer than 27 percent in 1998/99. This declined further to a little above 18 percent of the population in 2005/06. Moreover, GSS (2013) observed that given the extreme poverty line of GH¢792.05 per adult

equivalent per year, an estimated 8.4 percent of Ghanaians were considered as extremely poor. The rate indicated that fewer Ghanaians were extremely poor compared to 2005/06 after rebasing the basket of goods and services consumed by Ghanaians.

Ayifah (2015) opined that though the incidence of extreme poverty in Ghana has been halved from 16.5 percent (2005/06) to 8.4 percent (2012/13), the country still faces high income inequality with a Gini coefficient of 42.8 percent in 2005. Ali (2007) cited in CDD Ghana (2015) also observed that due to the widespread of poverty and inequality in developing countries, social protection programme is a policy strategy to achieve an inclusive growth that promotes the well-being and address the welfare of the vulnerable in society. The evidence of extreme poverty in the country is the issue bordering the government and Non -Governmental Organizations (NGOs) for which some interventions must be put in place to address them. Since Ghana is a developing country where most of the people are living in poverty, the researcher agrees that there should be a National Policy Strategy to help reduce poverty.

Furthermore, according to GSS (2017) extreme poverty is “the state where the standard of living is insufficient to meet the basic nutritional requirements of the household even if they devote their entire consumption budget to food” (p.14). In Ghana, to tackle poverty and achieve the United Nations Millennium Development Goals now the Sustainable Development Goals, the government adopted a number of initiatives including the National Social Protection Strategy (NSPS) in 2007 (MoGCSP, 2013). Also, due to the uneven distribution of income among Ghanaian population, the NSPS was formulated to address poverty issues.

The strategy is to facilitate the provision of various social protection interventions with the aim of protecting the right of the extremely poor and vulnerable thereby ensuring that they have decent lives (Ayifah, 2015). Besides, it is the government's vision of creating an all-inclusive society through the provision of sustainable mechanisms for the protection of persons living in situations of extreme poverty, vulnerability and exclusion (MoGCSP, 2013). But this can be achieved if there is a comprehensive data on all persons living in extreme poverty in the country for them to be supported effectively and efficiently. However, when there are no such data people who are not supposed to benefit from the programme would be supported. Therefore, the researcher agrees that government should compile a household data to adequately reduce poverty in the country.

In this direction, three main components of the NSPS were designed to tackle extreme poverty in the country. First is the establishment of a new social grant scheme to provide a basic and secure income for the most vulnerable households. Secondly, it is to enhance better poverty targeting of existing social protection programme and lastly to provide a package of complementary inputs for beneficiaries of social protection programme (MoGCSP, 2013). In this regard many social interventions such as the school feeding programme, national health insurance scheme and capitation grant for school children were rolled out by the government in response to address poverty.

The social intervention known as the Livelihood Empowerment Against Poverty (LEAP) programme was introduced to alleviate poverty among the vulnerable population in the country. After sending a team of officials to study the Brazilian experience, the government of Ghana, in March 2008, launched the LEAP

programme in the country (Atulley, 2015). What also motivated the government of Ghana at the time was the findings from the Ghana Statistical Service that 880,000 households representing about 18.2 percent of the population were extremely poor and vulnerable (GSS, 2007). However, the report from GSS (2007) did not provide names of household head in the regions and districts that are extremely poor and vulnerable so that they can be targeted for LEAP support. The researcher is of the view that regular data collection and updates by chiefs and opinion leaders in the districts and in the communities on such groups are needed to reflect the current condition in their areas. This will eliminate or reduce the number of people who are not vulnerable from benefitting from the programme.

World Bank (2009) also stated that vulnerability is characterized by the magnitude, frequency, duration and the scope to which individuals, households and communities are exposed to welfare loss and live in poverty. For example, children are considered vulnerable due to their immaturity and total dependence on adults. Severe shocks, deprivations and abuses can be life threatening and have lifelong consequences on very young children. This can be even more intense and destructing for those of the orphan and vulnerable population.

The LEAP programme as a social protection initiative is crucial in mitigating the impact of poverty by keeping children in schools and keeping individuals and families from resorting to negative coping strategies that make them susceptible to vulnerabilities (UNAIDS, 2010 cited in CDD, 2015) Social protection in the form of access to social services can maintain stable family units and promote child protection particularly children's reliance on risky coping strategies, such as school drop-out, exploitative labour and living on the street (CDD, 2015). The

researcher indicates that how LEAP programme as a social protection initiative affected risky coping strategies for instance, skipping food and not going for health care services during sickness on the part of LEAP PWDs in the study area and their children is not well documented in literature.

Besides, investing in social protection continues to gain prominence both globally and locally among development partners, particularly in developing countries and is firmly integrated as a core pro-poor development tool (Bryant, 2009; DFID, 2011; Slater, 2011 cited in CDD, 2015). The International Labour Organization (2010) defined social protection as having security in the face of vulnerabilities and contingencies, it is having access to health care and it is about working in safety (p.19). Social protection has widely been recognized as a means of overcoming social exclusion and promoting poverty reduction and is a system in which the state or civil society puts in place a social safety net for the marginalised and vulnerable in society (Chapman, 2006). However, Devereux and Sabates-Wheeler (2007) defined social protection as the public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks and enhance the social status and rights of the marginalised with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups.

Social protection programme can be categorized into four groups depending on whether their goals are preventive, promotive, protective or transformative (Devereux & Sabates-Wheeler, 2004). The preventive social protection focuses on the avoidance and reduction of risk. This mitigates risk and protects workers and their households against life course contingencies. In this initiative, health

insurance, subsidized risk pooling mechanisms, disaster insurance, contributory pensions and unemployment insurance are provided. Besides, promotive social protection mechanisms create prospects by focusing on income creation such as the provision of micro-credit or subsidized inputs e.g. agricultural inputs, fertilizer subsidies, asset transfers and microfinance for artisans and small scale entrepreneurs.

The third group of social protection programme has been described as protective. It ensures that vulnerable people are helped to recover from shocks, increase access to basic services, promote asset accumulation and provide assistance to disadvantaged groups who cannot earn a living such as PWDs, elderly, orphans and abandoned children. This is where for example, cash transfers, food aid, fee waivers, school subsidies, shelters for women, rehabilitation services are provided for the poor. Finally, a transformative social protection tackles structural inequalities and social risks. It focuses on equal rights/social justice legislation, affirmative action policies and asset protection. The researcher agrees that all social protection programmes if packaged and implemented with the sole aim of targeting the specific group meant for support will go a long way to reduce extreme poverty in the country.

The LEAP initiative is a form of protective as well as preventive social intervention programme which supports vulnerable households in the country. LEAP is a social cash transfer programme that provides cash and health insurance to extremely poor households across the country (Agbekpornu, 2016). Similarly, Samson, et al. (2006) cited in Agbenyo *et al.* (2017) defined cash-based social transfers as regular non-contributory payments of money provided by government

or non-governmental organizations to individuals or households, with the objective of decreasing chronic or shock-induced poverty, addressing social risk and reducing economic vulnerability (p.21). Social cash transfers, therefore, have the potential of directly tackling income poverty and its implications for the realization of broader development objectives. Thus the reason why Azungah (2016) opined that LEAP programme is to help fight poverty and bridge the inequality gap.

LEAP was initiated by the Ministry of Gender, Children and Social Protection (MoGCSP) and it is currently administered and managed by the Department of Social Welfare (DSW). However, it started as a 5-year pilot programme and provided cash transfer to extreme poor households for example, orphan and vulnerable children (OVC), aged 65 years and people with disabilities (p.14). This supports what www.together2030.org indicated that the pilot project started with 1,654 households in 21 districts in 2008 with a cash transfer between GHC8.00 and GHC15.00 at the time of its implementation. LEAP initiative was fully implemented in the mid- 2009 and by 2010 it had covered 81 districts with 45,000 households (Abebrese, 2011, p.10; Azungah, 2016, p.14). As of June 2013, the LEAP was reaching over 70,000 households and provided benefits to 177,500 beneficiaries across Ghana's 10 regions (FAO 2013 cited in CSP, 2014 p.17).

In the districts where it was implemented the District Social Welfare Office (DSWO) carries out quality control and accompanies the community structures, ensures that LEAP cash reaches the intended target group, that they receive the transfers regularly and in full, that they fulfil their responsibilities and are linked

up to complementary programme. The office also works with the Community LEAP Implementation Committees (CLICs) and the community beneficiaries (Ayala, 2010). However, the social protection unit at headquarters manages the finances of LEAP, engages in monitoring activities, and carries out advocacy and sensitization activities as well as training at the district level.

The researcher agrees that even though LEAP initiative has been established and all the guidelines well documented little is known on how its implementation is influencing or impacting on the lives of persons with disability in the study area particularly. Therefore, this study will help to assess the contribution of the LEAP programme to beneficiary PWDs. Also, Akeliwira (2017) indicated that Ghana has implemented a variety of social policies since independence to address the needs of the poor and most vulnerable in society. However, one social policy that has persisted and survived different governments is the Livelihood Empowerment Against Poverty (LEAP) programme.

The programme enables poor families and households in the country to meet their basic needs such as food, clothing and shelter, live healthier lives, enroll their children in school as well as improve their attendance and adopt strategies to pull themselves out of poverty. This is because there is a yearly budget supported with donor funds for the programme and which is being released for its intended purposes. Although certain times it delays before payment is made to beneficiaries in the country and the study area as well. However, the researcher is of the opinion that available literature has not indicated the experiences and perceptions of persons with disability (PWDs) on the programme in the study area.

Besides, LEAP was designed with the vision to ensure a harmonious society in which the survival and development of the sexes, children, and the vulnerable and persons with disability are guaranteed. The mission of the programme is also to achieve gender equality and equity, to facilitate the enforcement of the rights of children and to promote the integration and protection of the vulnerable, excluded and persons with disabilities. Therefore, its aim must reflect the vision so that it can be monitored and evaluated from time to time. In this vein, the researcher agrees that this will help make some changes to improve the programme implementation.

In this light, CDD Ghana (2015) did an assessment of the contribution of LEAP programme in the everyday lives of some poor and vulnerable families in Ghana. The objective was to ascertain the influence of LEAP on the living conditions of beneficiary households such as social services, household access to health and food, educational services and economic benefits e.g. household asset accumulation and political dimensions (citizenship, civic participation and community social relationships). The findings helped to make some changes in the programme and to achieve the goal of reducing poverty in the country. Therefore, more funding of a programme of this nature is very crucial for its expansion and success in the country.

The Centre for Social Protection (2014) is of the view that LEAP programme is funded from both general revenues of the Government of Ghana and the United Kingdom Government's Department for International Development (DFID). As a result, the programme continues to expand and more significant strides are being made in the sense that the number of beneficiary households has increased from

1,645 in 2008 to 146,074 (185 districts) as at 31st December 2015. Besides, it is estimated that the number will increase to 200,000 by 31st December 2016, and to 250,000 by 31st January 2017. Moreover, in the past the programme was supported with donor funds from partners such as the World Bank, United Nations Children and Educational Fund (UNICEF), International Labour Organization (ILO) and Government of Brazil.

In 2015, according to Nana Oye Lithur the former Minister of Gender, Children and Social Protection cited in Azungah (2016) –the LEAP programme was expanded to cover more than 90,785 beneficiary households in 144 districts with a total cost of between 0.1 percent and 0.2 percent of government expenditure a year” (p.14). And it has further increased to 213,048 households in all the 216 districts in Ghana as at September 2016. It is envisaged that more funds will be provided for the programme implementation in the country. Therefore, the researcher agreed that if this is done, it will reduce the financial and administrative delays in disbursing of funds meant for LEAP PWD beneficiaries in the study area.

2.3 Objectives of LEAP programme

Ayala (2010) and MoGCSP (2019) stated that the main objective of LEAP programme is to reduce poverty by increasing consumption and promoting access to services and opportunities among the extreme poor. However, the programme has the following specific objectives.

- To improve basic household consumption and nutrition among children below 2 years of age, the aged 65 years and above without productive capacity and people with severe disability.

- To increase access to health care services among children below 5 years of age, the aged 65 years and above without productive capacity and people with severe disability.
- To increase basic school enrollment, attendance and retention of beneficiary children aged 5 and 15 years.
- To facilitate access to complementary services such as welfare, livelihoods and improvement of productive capacity among beneficiary households.

The first objective of LEAP is to improve basic household consumption and nutrition among children below 2 years of age, the aged 65 years and above without productive capacity and people with severe disability. Handa, et al. (2013) observed that the impact of LEAP programme on household consumption is negligible because consumption is driven by permanent income (p.29). And since LEAP cash is unable to increase permanent income because of irregular payments, the result is not surprising. Most beneficiary households viewed payments as occasional rather than predictable. However, lump-sum payments are used for lumpy spending on investment activities, loan pay-off or savings rather than permanent consumption. Besides, there is a cap on the LEAP transfer at four eligible members, larger households will receive a smaller transfer per person and thus might expect impacts to be smaller among larger households (p.10). Furthermore, other non-consumption expenditures made by beneficiary households have contributed to improve their living conditions. Besides, on household food consumption and nutrition, CDD Ghana (2015) reported that 5 out of every 10 respondents claimed LEAP has helped children gain weight because they are able to purchase nutritional food items they were unable to purchase before LEAP. The researcher also agreed that LEAP cash is helping to improve

food consumption among smaller households to a large extent unlike larger households who have some difficulty managing with the LEAP cash. But 33 percent of the respondents did not agree to weight gain due to the implementation of the LEAP programme. However, the difference is that there is little evidence from literature on how basic food consumptions have improved within the beneficiary household of persons with disabilities (PWDs) in the area of study.

One of the significant initiatives of the LEAP programme is having beneficiaries enrolled onto the health insurance scheme and accessing health care services. In fact, enrolment onto the National Health Insurance Scheme (NHIS) is conditional for LEAP beneficiary households and with the help of Ministry of Gender Children and Social Protection (MoGCSP) beneficiaries are covered by (NHIS). This indicates that once a member is on the programme his or her health insurance is secured. Also, Handa, Park, Darko, Osei-Akoto, Davis, and Diadone (2013) suggested that LEAP beneficiaries are to be enrolled automatically into the NHIS and have their fee waived through a Memorandum of Understanding (MOU) with the Ministry of Health (p.8). The NHIS component in LEAP programme has been successful in expanding health insurance coverage to the poorest households. In 2012, 90 per cent of all LEAP participant households were enrolled in the NHIS, constituting a significant increase in comparison to those not participating in LEAP (Handa *et al.*, 2013 cited in CSP, 2014). To buttress this point, a survey carried out by the Centre for Democratic Development (CDD) Ghana (2015) found that 95 percent of household beneficiaries had their members covered by the National Health Insurance Scheme (NHIS). However, only 67 percent of respondents were assisted or registered on the scheme through the LEAP cash transfers.

Data from the survey further indicated that six out of ten respondents were enrolled onto the NHIS. On the other hand, 20 percent of these respondents did not have valid NHIS cards to access health care services. This means that not all the beneficiaries can access health care services when they are sick. And the reasons were that 59 percent had not renewed their NHIS registration because they were unable to pay for the insurance premiums while 13 percent had been registered but had not received their renewed cards. Again, it showed that a large proportion of the respondents did not renew their NHIS cards.

To find out how beneficiaries pay for health insurance premium in order to renew their cards. It was reported by CDD Ghana (2015) that LEAP cash assisted 61 percent of beneficiaries to pay for insurance premiums and 2 out of 10 also claimed their relatives were paying their insurance premium. Again, one out of ten respondents reported that LEAP cash transfers does not cover all health care expenses so they were not interested in enrolling members onto the scheme while 23 percent of the respondents indicated that LEAP transfers were not enough to cover NHIS premiums. From the above findings ,the researcher wants to stress that the objective to increase access to health care services among children below 5 years of age, the aged 65 years and above without productive capacity and persons with severe disability is not likely to be achieved due to lack of renewal of NHIS cards. The difference is that some LEAP managers are not helping or ensuring that all beneficiaries are enrolled onto the NHIS. If this is done for example, LEAP beneficiary PWDs who may be sick can access health care services either in the CHPS compounds, clinics or hospitals in their districts all the time without having to pay out from their meagre LEAP cash.

Another objective is to increase basic school enrollment, attendance and retention of beneficiary children between 5 and 15 years of age. CDD Ghana (2015) argued that 88 percent of children were enrolled into basic school before the implementation of LEAP in their beneficiary communities (p.18). On the contrary, 12 percent of beneficiary households indicated they enrolled their children after the implementation of the LEAP programme. This underpinned Handa, et al (2013) assertion that LEAP programme has no positive influence on current enrollment because primary school enrollment is nearly universal in Ghana (p. 26). However, LEAP initiative has had an important effect on other dimensions of schooling which are reducing the likelihood of missing any school, reducing the chance of repeating a grade and reducing the chance of missing an entire week (Handa, *et al.*, 2013, p.26). The provision of educational materials for beneficiary children is important and whether it has encouraged school attendance is a matter of concern. CDD Ghana (2015) also observed that 3 out of every 10 respondents reported that the LEAP programme helped them to acquire textbooks for children. On the other hand, 21 percent of the respondents said the programme helped in the provision of school uniforms for children. Furthermore, the LEAP programme has also contributed in securing shoes, school bags drawing boards to beneficiary children. In contrast, CDD Ghana (2015) noted that even after the receipt of LEAP cash payments beneficiary children were absent from school. Therefore, the researcher agrees that school enrollment is now universal for 1st and 2nd cycle public schools in the country in the sense that parents no longer pay fees for their wards in these schools. And so LEAP beneficiaries for example, can use their cash transfers to buy sandals, school bags, exercise books etc; for their children in schools. However, the difference is that little is known on how the programme

has influenced school attendance and retention among the LEAP PWD beneficiary children aged 5 and 15 years in the study area. And off course this will help know and understand the contribution of LEAP to achieving its objectives of improving basic school enrollment, attendance and retention in the study area.

The final objective of LEAP is to facilitate access to complementary services such as welfare, livelihoods and improvement of productive capacity among beneficiary households. Again, the fundamental aim of LEAP initiative is to empower the poor in order for them to exit poverty. Therefore, CDD Ghana (2015) examined household purchases of agricultural tools and attitudes towards savings and investments through the LEAP (p.23). A careful look at this area of LEAP programme provides a compelling evidence to assess whether it has contributed to empower beneficiaries. On this note, it was noticed that LEAP cash transfers have assisted households' to acquire agricultural tools (CDD 2015, p.24). For example, approximately 4 out of 10 respondents claimed LEAP cash transfers have helped them to acquire cutlasses, 39 percent of the respondents acquired hoes through LEAP assistance, 7percent of respondents acquired boots whereas 4 percent of them bought axes using LEAP cash transfers.

It further suggested that LEAP cash transfers had assisted beneficiaries to purchase nursing seeds, fertilizers and weedicides or pesticides. It was also found that approximately 55 percent of respondents claimed they purchased nursing seeds using the LEAP cash transfers. 6 out of every 10 respondents also purchased fertilizers through the LEAP cash transfers whereas 5 out of every 10 respondents purchased pesticides using the LEAP cash transfers. Besides, CDD Ghana (2015) indicated that they were purchases of durable goods other than agricultural tools

(p.25). Approximately 7 out of every 10 respondents have acquired their own torchlights while 19 percent of the respondents have purchased their own radio sets with the LEAP cash transfers. Relatively smaller proportion of respondents has acquired other items like room furniture, iron, fan, TV sets and sewing machine. Also, 63 percent of respondents indicated they invested part of the LEAP cash transfers into other economic activities. The researcher does not agree with many of the uses of LEAP cash as a way that will empower the poor to get out of extreme poverty in the districts. For example the acquisition of cutlasses, hoes etc; What is needed is much more intensive activities such as regular payment for hiring of farm labour for those who are interested in farming, ploughing of farmlands and regular spraying of their farms will go a long way to reduce poverty of these beneficiaries. In all of these, literature is not clear on the hiring of productive fixed assets and use for example, ploughing and spraying machines for farm work. Furthermore, on livelihood activities that beneficiaries engaged in with LEAP cash, it was found out that petty trading was the predominant activity respondents engaged in, comprising of about 39 percent of respondents. And 15 percent of the respondents invested into food vending, 4 percent into palm processing and 3 percent of respondents invested in gari processing activity (CDD Ghana, 2015, p.3). The researcher agrees with the findings that activities such as petty trading contribute to reduce poverty of some beneficiaries but this could be difficult for some LEAP PWD beneficiaries to engage in them.

Cash transfers from LEAP enable to pay household debts and assisted some respondents to pay loans contracted from friends, neighbors and family members. 25 percent of respondents indicated that the LEAP cash transfers assisted them to

pay off debts or monies borrowed. These findings showed that there is a difference in the sense that literature did not clearly capture whether persons with disability on LEAP programme have received complementary services such as microfinance or agricultural input support or engaged in livelihood activities that would help reduce poverty.

Notwithstanding the fact that LEAP transfers cash to poor households, it has an exit plan. The exit strategies are that beneficiaries with productive capacity will be in the programme for a period of three years to develop and maintain their basic livelihoods (MMYE, 2007, cited in Atulley, 2015, p.35). Three years after, participants will be connected up with other complementary programme to further enhance their social and economic capacities e.g. skills training or microfinance. In contrast, extremely poor above 65 years will continue to receive the social grants until death. Additionally, those who have family members or care givers with potential will be supported with a 2 year -time restricted social grants transfer benefits to serve as a buffer to lift them out of extreme poverty condition and empowered them with productive potential through other complementary programme. The researcher does not agree with this assertion because literature has not indicated in any part of the country where it has been or being implemented to lift beneficiaries out of poverty. To avoid misuse of LEAP funds for example, Ayala, (2010) stressed that in case a household dissolves or moves away into a non-LEAP area, transfers will be discontinued and the next potential beneficiary household on the ranking list can be included instead. Moreover, in every three years beneficiary households are reassessed to verify whether they still qualify for the scheme (p.14). The researcher agrees that transfers can cease or names of beneficiaries be removed from the payment voucher or list if LEAP

managers want to do so. However, it calls for monitoring of the performance of the programme in the districts and evaluating it before it is sure that the right step has been undertaken. On the contrary, literature is silent on how PWDs without productive capacity will be handled in case they provide false information or fail to collect the benefit in 3 consecutive times despite home visit and investigation by LEAP officials.

2.4 Criteria for Selecting Beneficiaries

The criteria for selecting beneficiaries involve the performance of two activities which are crucial to the LEAP programme cycle. These are targeting of potential and enrolment of qualified beneficiaries on the LEAP register. Targeting therefore is the situation where specific individuals or groups are selected as beneficiaries of a social intervention based on certain common characteristics or predetermined criteria (Neil, 2001, cited in Agbenyo *et al.* 2017, p. 22). Within the targeting approach, beneficiaries could be selected “through means tests, income tests, claw-back taxes, diagnostic criteria, behavioural requirements and status characteristics” Targeting is suggested to be more efficient, less costly and higher in quality in such programme. This is because targeting potentially saves money in the sense that it reduces the “inclusion error” of widespread programme – thus the distribution of cash transfers to people who are not poor. Effective targeting makes sure scarce resources go to those who need them most. In addition to the potential fiscal savings offered by targeting, the public is more willing to pay for services when families cannot afford to purchase these on their own (Barnet *et al.*, 2004, cited in Agbenyo *et al.*, 2017). Notwithstanding the above advantages of targeting, the approach is not without pitfalls. Mkandawire (2005) cited in Agbenyo *et al.* (2017) argued that the use of targeting involves some mechanisms

that discriminate between the poor and the non-poor (p.22). As such, it always runs in danger when someone who deserves the benefits is denied them (underpayment, false positives), or when benefits are paid to someone who does not deserve them e.g. overpayment, leakage (p.22). Therefore, how better targeting has influenced the selection of severe disable persons or households who are poor in the study area are also not known.

Moreover, the Centre for Social Protection (2014) pointed out that eligibility for LEAP is based on two criteria; namely the household being considered poor and having a member in one or more of the three demographic categories: orphans or vulnerable children, elderly people or people with disabilities and unable to work (p.16). The needy households in the community are targeted based on a combination of poverty status for example, presence of any disability, old age or orphan and vulnerable children. Therefore, Community Livelihood Implementation Committees (CLICs) undertake an initial identification or targeting and produce a list of 40 to 50 very poor households with eligible members (Ayala, 2010, p.29). Following this initial identification or targeting, a means testing questionnaire is administered to households. CSP (2014) pointed out that this goes through a process and a question of this nature is asked e.g. is the household poor? If the answer is no then there is no LEAP to the household. However, if yes then there is one condition to be fulfilled and that is a household member caring for orphan vulnerable children or elderly or person with extreme disabilities and unable to work? If none of these is met then there is no LEAP benefit. Rather, if one of these conditions is yes then the household is shortlisted for LEAP, verification and for the programme (CSP, 2014, p. 16). Data is then entered into the LEAP database and analyzed based on weights given to the proxy

variables that make up the eligibility formula. A list of proposed beneficiaries is then generated within a resource limit set for each community. This list is sent back to the CLICs for verification and approval and finally the selection is done centrally by a proxy means test (Handa *et al.*, 2013, cited in CSP, 2014 p.15). Secondly, the enrolment process for LEAP beneficiaries is not indicated in manual format however, there is an informal version of enrolment in which identity documents (IDs) are provided to eligible households and some basic orientation is given to beneficiaries (Ayala, 2010, p.33).

However, literature is scanty on whether after verification and approval PWDs are informed of being selected for LEAP cash transfers, understand the selection process, how much they are entitled to be paid, how long their benefits will last and whether they will exit or not from the programme. This underpins what Agbenyo *et al.* (2017) observed when some argued that their lack of understanding about the selection process resulted from the fact that the entire selection procedure was not explained to them (p. 28). Moreover, some openly expressed doubts about the transparency of the selection process and emphasised that they did not understand why some of the people who were initially selected by the CLICs at the community level were not included in the final lists of beneficiaries. Therefore, unsuccessful candidates always worry CLIC members or focal persons in the communities for inclusion unto the programme. This calls for the selection processes to be explained by managers of the programme to all who are being assessed for selection in order not to have doubts in their minds. Even though, the majority of interviewees (18 out of 30) initially reported that the selection procedure was transparent. However, an in-depth probing into this issue revealed that even some of those who held positive views about the selection

process were only conjecturing transparency of the process but in reality did not understand how and why they themselves were selected as beneficiaries instead of other community members thought to be equally poor (p. 28).

On the other hand, Agbenyo *et al.* (2017) noted that all respondents reported that the LEAP benefits package included regular cash transfers and unanimously acknowledged receiving cash often ranging from GH¢ 48.00 and GH¢ 90.00 from the programme (p.29). This shows that beneficiaries are aware of the cash component of the programme. And that LEAP cash is awarded to households rather than the individual but the amount is dependent on the number of eligible beneficiaries' per household. As such, the programme targets caregivers of orphans and vulnerable children (OVCs), the elderly and people with severe disabilities.

Again, after the household has been selected there are conditions for beneficiaries to fulfil in order to benefit from the programme. Cash transfer to a person with disability without productive capacity and the aged 65 years and older are unconditional. However, it is conditional for a single parent with orphan and vulnerable children (OVCs) to enroll and retain in school of school- age children between 5-15 years in public basic schools, there should not be any form of child labor, family members must be enrolled into the National Health Insurance Authority (NHIA) and Children between 0-5 years regularly visit health facilities for vaccinations and growth monitoring and there must be birth registration for all children (CSP, 2014, p.17). In contrast a large majority of LEAP beneficiaries are not even aware of any conditions or rules that they need to abide by in order to receive transfers (Handa *et al.* 2013). Even though LEAP was established to

alleviate poverty Ayala (2010) also argued that LEAP has a graduation policy. That is a household graduates from the scheme in case it is no longer extremely poor or in case all of its eligible individual household members have graduated or are no longer part of the household (p.15).

2.5 Cash Payments or Transfers

Cash payments to selected beneficiaries is the third activity of LEAP programme cycle. The reason is that cash transfer programme all over the world have been used as a major social protection intervention to improve the livelihood of the extremely poor and vulnerable people. Hence, the significance of cash payments to beneficiary households cannot be underestimated in poverty reduction or alleviation efforts. This means that cash should be transferred regularly and on time to those who are to receive it. This is why Ayala (2010) explained that initially cash transfers to beneficiary households are channeled through the Ghana's postal service which has the greatest coverage countrywide over all financial institutions. Reconciliations were done manually and completed late with high transaction costs (p.36). This also confirmed the view held by Agbenyo *et al.* (2017) that social grant from LEAP includes cash transfer through the Ghana Post Office and free health insurance membership.

Ayala (2010) also indicated that payment process takes place at the village sites where pay points are established in the different communities. The payment lists are sent to post office for every payment cycle to enable post officials take the money to the payment sites and pay beneficiaries. District officials assist them to close the event and prepare the reconciliation report and submit to District Social Welfare Office (p.37). However, Ghana News Agency reported in June 2019 that

almost 30,000 LEAP households with over 125,000 beneficiaries in ten districts across the country were not paid their grants under the 61th bi-monthly payment cycle. Therefore, beneficiaries who depend on LEAP's regular income to address their basic needs are faced with serious threat to their survival when there is delay in payment of the cash transfer. Therefore, Send Ghana (2019) indicated that the government should transfer funds to pay LEAP beneficiaries in order to end the irregular and delays in cash payment. However, literature is not clear on how and what selected beneficiaries do to survive when payments delay or are not paid to beneficiaries especially LEAP PWDs.

Moreover, it is for selected LEAP households to receive a bi-monthly payment (every first week of the second month) the amount of which is based on the number of 'eligible beneficiaries' who fall into one or more of the three demographic categories within the household. The maximum number of eligible beneficiaries is capped at four people per household. On the other hand, even if more household members are part of the three demographic categories mentioned above the amount does not increase. However, Centre for Social Protection (2014) indicated that transfer amounts received by eligible households since 2012 has tripled. Despite the increase from Gh¢24 to Gh¢45 in the transfer amount, LEAP constitutes only 11 per cent of average household consumption nationally which is exceptionally low when compared to other cash transfer programme in Sub-Saharan Africa (Handa *et al.*, 2013 cited in CSP, 2014). Even though cash payments to each beneficiary household has recently been increased from a range of Gh¢8.00 to Gh¢15.00 per month in 2008 to Gh¢64.00 – Gh¢106.00 (1.00 US Dollar is approximately Gh¢4.00 per month, as at September, 2015 (p. 24).

Currently, the cash payment structure is as follows: GH¢64.00 to households with one eligible beneficiary; GH¢76.00 to households with two eligible beneficiaries; GH¢88.00 to households with three eligible beneficiaries; and GH¢106.00 to households with four or more eligible beneficiaries (Agbenyo *et al.* 2017., p. 24). LEAP beneficiaries and their caretakers are expected to spend the money on basic needs such as food, clothing, shelter, education and health care. According to MoGCSP (2018) –GHIPSS effects payment to beneficiaries or care-givers of beneficiaries using licensed financial institutions located within a radius 5 kilometres of the communities of the beneficiaries”. The second level of verification of beneficiaries before payment is by the use of biometric fingerprint. Nowadays, the payment unit is responsible for payroll functions regarding beneficiary grants. It generates the payroll for each cycle of payment and advises the accounts unit to transfer funds to a contracted third party payment service provider. It further ensures that approved grant amounts are paid to beneficiaries on the LEAP register. Payment to beneficiary caregivers is done through the Ghana Interbank Payment and Settlement System (GHIPSS) – a subsidiary of the Bank of Ghana—to pay beneficiaries electronically using the E-zwich platform (MoGCSP, 2018).

The only challenge for LEAP cash is whether the money is supporting children’s care and well-being. A number of respondents – adults and children highlighted that the cash may not be used for its intended purpose to improve household living conditions, livelihoods or children’s care. Although respondents alluded to the good use of the money and how not everyone used the money well, with some suggesting that it was spent on alcohol and drinking. This was not always specific

to the LEAP transfer in particular but considered an issue across income earnings more generally.

2.6 Effects of LEAP on Household Food Consumption

A number of studies have shown that LEAP is reaching the poorest households. This is due to its effectiveness in reaching deserving beneficiaries. Again, LEAP ensures that households survive and meet basic food needs in the sense that beneficiaries buy items in bulk such as food grains and rice (MoGCSP, 2013 p.2). Also, it has significantly reduced food insecurity for LEAP households as payment were made in lump sums in recent years due to delays in the programme receiving funds. LEAP cash grant is also helping beneficiaries to meet their food consumption needs. CDD Ghana (2015) cited in 3news.com revealed that beneficiaries food situation has improved in LEAP households. This is evident as 75 per cent of beneficiaries stated that household food situation has improved tremendously and that they are able to buy staple food for household consumption, which used not to be the case prior to their enrolment onto the LEAP programme. According to 3news.com Abdul Rahman, a caregiver of two disabled children in Tamalgu community in Karaga District of the Northern region stated that ~~the~~ LEAP cash grant has been of tremendous assistance to him because life was challenging prior to the enrolment of his children on LEAP. But now, he is able to feed the children and take care of their needs. Sulemana *et al.* (2018) further insisted that a great number of LEAP beneficiaries use the grants to buy food to feed their families. For instance, a widow in Gumah remarked ~~before~~ LEAP grants, my family sometimes went a whole day without food due to lack of money; my children lost weight and grew stunted because they did not have enough to eat”. However, when I was finally registered on to the LEAP

programme and the monies started coming now Alhamdulillah [thank God] this is no longer the case, I use majority of the money to buy food to feed my family. We eat three to four times a day and still have reserved food. This finding conforms to Handa *et al.* (2016) cited in Sulemana *et al.* (2018) that among very poor households, impacts on total consumption are about equal to the per capita value of the transfer, which is expected to lead to reductions in consumption-based poverty measures (p.7). This finding is further buttressed by other beneficiaries. A physically challenged person in Tong stated that ~~the~~ money is used to buy food, now my children are happy to go to school unlike before. They have money for food at school and there is also food for them at home after school. Anytime I receive the money I use half for food and keep half for emergencies. He has also invested part of the cash grant into his farming activities.

The LEAP programme has helped beneficiaries to avoid starvation during the lean sessions because household food situation has become better. Even though, Handa *et al.* (2013) found that there is no overall change in food consumption, LEAP has led to an increase in the consumption of fats and food eaten out and a reduction in starches and meat particularly for smaller families (MoGCSP, 2013, p.3). Also, CDD Ghana (2015) found that LEAP is crucial in the provision of stable foods for beneficiary households. In contrast, half (50) percent of the respondents claimed children in their households skipped meals because there was not enough money for food and also household members were too many to provide enough food. However, 37 percent of the respondents claim children did not skip any meals. This finding means that half of the people eat less food in the day. However, literature is not clear whether beneficiary PWD households have to

skip food and how often it takes place. On the other hand, due to LEAP cash there is an improvement and changes in the diet of beneficiaries compared to when the programme was non-existence. They are now able to cook with good Maggi and more fish, while there is more variation of food to eat. Hence, the ability to provide the food needs of children and adults subsequently brings positive impacts on non-material aspects of well-being and care. Tensions and stress within the family – between careers, between children and between careers and children – are reduced and both adults and children indicate that relationships within the household improve due to the receipt of LEAP (CSP, 2014, p.27)

Furthermore, CDD Ghana (2015) reported that through the implementation of LEAP children have gained weight because beneficiary households are able to purchase and eat nutritional food items they were unable to before LEAP. On the other hand, some beneficiaries did not agree that their children have gained weight because of LEAP implementation.

2.7 Effects of LEAP Programme on Health Care Services

LEAP enables beneficiaries to focus on their health needs because one of the conditions of the programme is free enrolment in the National Health Insurance Scheme (MoGCSP, 2013, p.3). The link to the NHIS and exemption from fees has also helped programme beneficiaries to afford health care, particularly for their children (CSP, 2014, p.27). In terms of access to health care, CCD-Ghana (2015) as cited in 3news.com shows that 67 per cent of beneficiaries were registered on the NHIS through the LEAP cash grant while 72 per cent of LEAP beneficiaries indicated that they purchase drugs prescribed by medical practitioners, using the LEAP cash grant. This supports the findings that it has enabled beneficiaries to

maintain their health, paying for prescriptions and medicines and even major operations. For example, LEAP grant has helped in the payment of a long awaited eye surgery and the acquisition of medicines. LEAP transfer assisted to purchase drugs from medical shops, access traditional or herbal medicines. Besides, LEAP cash transfers were used for transport to the health care units in their districts (CDD Ghana, 2015, p.18). The LEAP programme has also helped beneficiary households to reduce their out-of-pocket expenses and increase their desire to seek preventive as well as curative healthcare when sick. However, the programme has not had an impact on curative care seeking but has increased preventive care among girls age 0-5 (Handa *et al.*, 2013, p 2). The provision of cash transfers has also enabled beneficiary households to make improvements in sanitation facilities and hygiene practices at home thus improving the overall health environment where a child lives (3news.com). The effect of LEAP on health care in communities shows that beneficiaries who are enrolled automatically into the National Health Insurance Scheme (NHIS) have their fees waived. For this reason a widow in Kunang stated –LEAP helps me in taking care of the health of my children after the death of my husband. I am able to buy drugs for them when they are sick. I am also able to renew our NHIS cards when they expired, unlike previously, now LEAP renews them free of charge to enable me take them to Sung Community-based Health Planning and Services (CHPS) compound to seek medical care when sick (Sulemana *et al.*, 2018, p.7).

Again, a 70-year-old physically challenged person in Tong also explained –now when any of my children are sick or injured, I quickly take them to a health care facility with the aid of the free health insurance indigent card. This was not the case in the past where I took them to herbal centre for treatment because I

couldn't afford the cost of treatment at the health centre". This finding confirm Owusu-Addo (2016) cited in Sulemana *et al* (2018) opinion that cash transfers improved child nutrition, health service utilisation, poverty reduction and social transformation, education, and emotional health and well-being (p.7).

Therefore, it is not very clear in literature as to how beneficiary PWDs use cash transfers to maintain their health e.g. whether all have NHIS cards, making sure their NHIS cards are renewed, the willingness and how often do they go for health care, what diseases or illness do they take to health centres for treatment by the programme.

2.8 Effects of LEAP Programme on School Enrolment and Retention

The LEAP programme also contributes to increase school enrolment and regular attendance. For households with orphaned and vulnerable children (OVC) regular school attendance has improved at all levels. This is because it is one of the conditions for LEAP and as such carers of OVCs are mandated to send these children to school and ensure they stay in school. For example, a LEAP beneficiary indicated that not only has school attendance increase but they are also able to keep up with additional fees and spend more on books and uniform (MoGCSP, 2013, p.3). CDD Ghana (2015) also observed that beneficiaries' children were enrolled in schools. In in terms of education, CDD (2015) revealed that the LEAP programme has contributed to about 12 per cent increase in school enrolment of children of school going age in LEAP beneficiary households. LEAP assisted households of beneficiaries to meet the educational needs of their children including purchase of text books, school uniforms, and school bags among others. However, majority (88 percent) of these children were enrolled in

basic schools before the implementation of LEAP in their beneficiary communities while 12 percent of beneficiary households got their children enrolled after the programme (p.18). Besides, the ISSER /North Carolina research findings showed that LEAP has increased school going among secondary school aged children by 7 per cent and reduced grade repetition among both primary and secondary aged children (3news.com).

Once again, CDD Ghana (2015) also examined school absenteeism of beneficiary children after the receipt of LEAP cash transfers. The findings revealed that LEAP has contributed to a reduction in school absenteeism and acted as a motivation for children to be in school. As a result, 66 per cent of LEAP beneficiaries stated that school attendance has improved, while 65 per cent stated that children were much motivated to attend school after their households were enrolled onto the LEAP Programme. Again, 65 per cent indicated that school absenteeism has decreased after the receipt of the LEAP cash grants. The report further found that when beneficiary children are not sick and were absent from school, it was extra demands from teachers such as printing fees, extra classes fees were the main reasons why children were absent from school. 3 out of 10 respondents also attributed school absenteeism to inadequate education materials or school supplies. A relatively small proportion of beneficiaries (about 5 percent) attributed absenteeism to engagement of children in farm activities on some days (p.19).

There is also an unintended impact of the LEAP programme which is of worthy to note that the programme has assisted 13 per cent of adults in beneficiary households to enroll in adult literacy and education programme (Agbekpornu, 2016). Even though some selected LEAP beneficiaries have been enrolled in

adult literacy classes the difference is that there is virtually no literature on LEAP beneficiary PWDs as to whether their children or themselves are in school because of LEAP.

Persons with disabilities (PWDs) without productive capacity have livelihood needs such as shelter, food, clothing, soap, water, medical support (Joha, 2012 p.67). Therefore, social services LEAP PWD beneficiaries receive such as enrollment on the National Health Insurance Scheme (NHIS) enable them to access health care services; help them to be healthy and can work to improve their living conditions. Hence, these services for example caregivers, agricultural input support, microfinance and income-generating activity as well as support and skills training for caregivers are part of LEAP programme for beneficiaries (p.67). According to Joha (2012 p. 68) none of the beneficiaries in Yama a town in the Northern Region of Ghana were enjoying any of such services. This clearly defeats the purpose for which the grant is being given in the first instance. However, it is worthwhile to note that a beneficiary, Madam Beatrice Mensah from Wamahinso community in Asutifi North District is able to take care of four grandchildren that her deceased daughter left behind. She has used the cash grant to start mushroom farming and used the proceeds to take care of the four children. Madam Afua Afriwa is an 82 year widow in Komenda Edina Aguafu Abirem Municipality of the Central region. She also takes care of three orphans left behind by her deceased daughter. She and her grandchildren's living condition were bad prior to their enrolment onto the programme. She lived in a building roofed with bamboo however, after her enrolment onto the LEAP programme; she has been able to save part of her money and roofed her building with aluminum roofing sheets. A number of researches conducted by independent organization indicated

that the LEAP programme is improving everyday lives of extremely poor and vulnerable families in Ghana. According to 3news.com —a qualitative research conducted by the Food and Agriculture Organisation (FAO) in seven (7) African countries including Ghana on the impact of cash transfers on Local Economies (the Transfer Project – from Protection to Production) in 2012 indicated that the LEAP cash transfers encouraged income generating activities, which in many cases stimulated livelihood improvements and better off households were able to make productive investments”.

It also indicated that cash transfer under the LEAP programme has increased investment in household economic activities, particularly in female headed households. The LEAP cash transfer has also increased social capital and allowed beneficiaries to re-enter existing social networks. Households are seen as more financially trustworthy to reduce debt levels and increase credit worthiness. For instance, a recent independent survey conducted in 2015 by the Centre for Democratic Development (CDD), Ghana clearly showed that the LEAP programme is improving everyday lives of poor and vulnerable families in Ghana. The CDD Ghana (2015) survey looked at the contribution of LEAP programme to the living conditions of beneficiaries in terms of social services (household access to health, food and educational services), economic benefits and civic participation and community social relationships.

CSP (2014) indicated that LEAP programme has the potential to impact on family separation in various ways, both positively and negatively. The provision of cash transfers directly reduces poverty and can improve living conditions including shelter. This improved ability to provide for children’s basic material needs can

prevent the need for placing children in the care of others and may lead to improved relationships between parents and caregivers, all of which could support the prevention of family separation and loss of parental care. Besides, a potential negative effect of LEAP in terms of family separation and loss of parental care is the issue of misuse of transfers received through the programme. LEAP staff and children raised concerns about adults not using the money for the benefit of children within the household but spending it on alcohol instead. In such cases, the transfer fails to improve children's well-being and quality of care, at best, and can, at worst, increase domestic conflict and tensions, playing into causes for family separation (CSP, 2014, p.25).

2.9 Challenges of LEAP Programme

The implementation of any development programme such as the LEAP which is to reduce extreme poverty in the country will definitely come with its associated challenges. These challenges come in the form of administrative or officers related challenges, beneficiary related challenges and political challenges (Jaha & Sika-Bright, 2015 p.197). According to Joha (2012, p.78) ~~there~~ is only one staff in some District Offices of the Social Welfare Department who has to visit all the beneficiaries". Secondly, in some cases the Department of Social Welfare has no office space in the district. Certain times the department shares the same office space with two other government departments e.g. the Department of Community Development (DCD) and National Commission for Civic Education (NCCE). Besides, the District Officer is responsible for the implementation of LEAP in the district along with other social welfare duties. There is also no official vehicle for Social Welfare Officers to do their daily activities which supports Jaha and Sika-Bright (2015) assertion that a major issue revealed was the unavailability of

official means of transportation for programme officers. However, the officers were in charge to pay beneficiaries, they also organize beneficiary fora in the communities, and it is also their duty to do house to house visits and monitor the actual usage of the money. All these duties involve extensive travels and therefore demands that they have reliable means of transport. Therefore, due to unavailability of official means of transport they are compelled to use their own means of transport e.g. motorbikes which adds to their cost of running the programme. With regards to office logistics, some have no computers to facilitate storage and retrieval of data and also do not have any cabinet to shelve files. This the officer explained account for the poor record keeping and the reason why he could not find some essential documents on the programme when he resumed work (Joha, 2012, p. 78). Therefore, how LEAP officers in the districts are keeping and retrieving records of beneficiaries for instance the total number on LEAP programme, those who are disable, amounts paid to them bi-monthly etc; is not documented in the literature.

The second challenge is the procedures involved in the selection of beneficiaries of the policy. Akeliwira (2017) argued that available research indicates that people who are extremely poor and should have been considered for the LEAP programme were excluded from it. This is partly because of the fact that the selection criteria of beneficiaries of the policy are not clear and transparent enough. This happens due to poor targeting of beneficiaries which is likely to derail the gains of this rather laudable social programme. Therefore, non-beneficiaries often feel the selection process is either biased or politicized in favor of households that are aligned to the political party in power.

Another challenge is lack of knowledge and awareness of LEAP among non-participants and participants. Despite the community-based selection process, approximately one-third of respondents not receiving LEAP were not aware of the programme (CSP, 2014). However, those who had heard of LEAP, including some participants, were unclear of the eligibility criteria and were generally able to identify only one of the three criteria. This buttresses what Handa *et al.* (2013) cited in CSP (2014) that 10 per cent of LEAP participants had never actually heard of LEAP (p.18). Azungah (2016) further indicated that there are a number of challenges confronting LEAP beneficiaries in accessing cash transfer from the district LEAP office. These challenges were the long distance they have to travel and time spent to the collection points as observed in the several kilometres covered, long interval in-between disbursement months for example, two months and the relative smallness of cash amount (p.36). Further probing also revealed that beneficiaries were also having difficulties accessing the other services that they were entitled to particularly the national health insurance scheme. Programme officers explained that due to the level of illiteracy among beneficiaries they easily misplace their identity cards which entitle them to access health care. Therefore, any time they intend to visit a health facility it becomes difficult since they do not have identification cards. In addition to loss of identity cards, there is also lack of money for transportation. Jaha and Sika-Bright (2015) supported the argument that beneficiaries were equally unable to access health services because they cannot afford the cost of transport to health facilities especially for those who live far away from health facilities. Even though they are entitled to free medical care under the National Health Insurance Scheme the

unavailability and the cost of transportation prevent and limit them to access such services (p. 202).

Although payments are due to be paid on a bi-monthly basis, this has proved unfeasible. In an evaluation spanning a period of 24 months, Handa *et al.* (2013 cited in CSP, 2014) found that households received only 20 months' worth of payments. The long gaps in cash transfers in 2011 were followed by a triple payment in February 2012 to settle arrears (FAO, 2013 cited in CSP, 2014, p.18). Issues with payment arrears were also consistently identified as challenges related to the LEAP programme. Again, when the 2 month- period is due for beneficiaries to be paid, the challenge they faced is delay in payment of monies. This corroborates some researches done on the issue that delay in payments is as a major challenge facing cash transfer programme all over the world. Moreover, FAO (2013) cited in Jaha and Sika-Bright (2015) pointed out that on the impact of LEAP in Ghana payments were irregular and infrequent and therefore made it difficult to smooth consumption and plan investments and expenditures within families and in communities (p. 201). Also, Agbaam and Dinbabo (2014) cited in Jaha, and Sika-Bright (2015) on the impact of LEAP in Ghana uncovered that there is insufficient nature of cash transfer, irregular payment periods, inadequate means of transport, lack of access to complimentary services and limited staff capacity pose serious challenges to the programme (p.201). This is likely to affect PWD beneficiary households in their food consumption, health care services etc. A final challenge pertains to the limited use of opportunities for the provision of complementary services and sensitization. Manual payments of the cash transfers necessitate regular interactions between programme staff and beneficiaries, allowing for the provision of advice or support regarding health, nutrition and

other aspects of well-being of OVCs and other ‘eligible beneficiaries’. The researcher agrees with the above assertion that if there is something to give out (cash) they are likely to pay close attention to the interactions between them. However, LEAP managers in the districts can set a day aside which is a non-payment day to visit beneficiaries and interact also with them to get their feedback on the cash transfer in order to improve the programme.

The 2012 budget for Asikuma Odoben Brakwa district indeed indicates that funding was allocated for sensitization and awareness activities to accompany LEAP (MOFEP 2012 cited in CSP, 2014, p.18). The extent to which CLICs and social welfare workers use the opportunities for such discussions and sensitizations was erratic and dependent on individual capacities. If enforced, the element of ‘responsibilities’ could constitute a valuable opportunity for facilitating discussions, sensitizing the community and offering sources of support to programme participants around child protection and care, for example (UNICEF & ODI 2009 cited in CSP, 2014). Programme Officers from other districts have also complained that there are inadequate complementary services which include inadequate health facilities and basic schools in the programme area. The researcher agrees with the fact that these services which is one of the support services to LEAP beneficiaries is not adequate and certain times they are not given to help reduce poverty in some programme areas of which Effutu Municipality is not an exception. Therefore, what is being done to help or support PWDs withstand irregular payment periods, insufficient cash payments and alternate way of using other services is not very clear in the literature. Also, when payments delay how LEAP officials in the district disseminate information to LEAP PWD beneficiaries in those difficult times is not captured in literature.

Another issue of concern is whether there have been some political influences in the running of LEAP in the districts. Some district officers maintained they were not under any influence or pressure from any political authority but others complained of political interference in their work. Some politicians in the district would want to score political point by using the programme to their advantage. They also try to influence the selection of communities to favour their political interests. This poses problems for the programme as it can result in poor targeting of beneficiaries (Jaha & Sika-Bright, 2015 p.203). Such interferences were sometimes accompanied by threats of withdrawal from the post if the programme officer failed to meet their interests. Sulemana *et al.* (2018) added that a District Director of Social Development pointed out that the programme does not promote engagement between policymakers and recipients in programme design (p.9). Accordingly, beneficiaries do not know their rights and cannot make recommendations to improve the programme based on their experiences. Moreover, poor motivation of LEAP officials and lack of impress to run LEAP from the Department of Social Welfare office in the districts is also an important challenge. Furthermore, issue of sustainability is a challenge going forward as the project is funded by the government of Ghana and few support from donors.

2.10 Global Issues on Persons with Disability

WHO (2011) explained that disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning (p.3). Disability is a physical, mental, cognitive, or developmental condition that impairs, interferes with, or limits a person's ability to engage in certain tasks or actions or participate in typical daily activities and interactions (Merriam-Webster

Dictionary). However, persons with disability (PWDs) have been defined as those who are unable to or are restricted in the performance of specific tasks/activities due to loss of function of some part of the body as a result of impairment or malformation (GSS, 2014, p.36). As a result, PWDs face a wide range of life challenges because of disability in whatever form or type which can reduce an individual's ability to function to his or her full potential. Disability can limit an individual's full participation in a number of activities in life (GSS, 2013, p. 305).

For instance, a worker or person who has disability for the job being performed is one whose earning or productive capacity is impaired by a physical or mental disability, including those relating to age or injury. Disabilities which may affect productive capacity include blindness, mental illness, developmental disabilities, cerebral palsy, alcoholism and drug addiction (U.S Department of Labour, 2008). Also, the term severe disabilities refers to a deficit in one or more areas of functioning that significantly limits an individual's performance of major life activities. Severe disabilities can include challenges in one or more of the following areas: Cognition | communication | mobility/self-help skills, social/emotional skills, hearing and visual impairments (Study.com/academy).

WHO (2011) argued that generalizations about “disability” or “people with disabilities” can mislead. This is because persons with disabilities have different characteristics in terms of gender, age, socioeconomic status, sexuality, ethnicity, or cultural heritage. Each has his or her personal preferences and responses to disability. Also, while disability correlates with disadvantage for example, in terms of employment but not all people with disabilities are equally disadvantaged. However, women with disabilities experience the combined

disadvantages associated with gender as well as disability, and may be less likely to marry than non-disabled women in developing countries.

People who experience mental health conditions or intellectual impairments appear to be more disadvantaged in many settings than those who experience physical or sensory impairments. Employment data from Europe suggest that people with more severe impairments from rural Guatemala often experience greater disadvantage. Conversely, wealth and status can help overcome activity limitation and participation restrictions (WHO, 2011, p. 8).

There are over 600 million persons with disability in the world. The World Health Organization estimates this to represent about 10 percent of the world's population. Less than 20 percent of them are found in developed countries whilst more than 80 percent is found in the developing countries. The World Bank report as cited in Voice Ghana, (2014) revealed that people with disabilities comprise one in five of the global population living below the poverty line (p. 8). Therefore, 90 percent of disabled children do not attend school while 30 percent of street children are disabled reported by UNICEF as cited in Voice Ghana, 2014 (p. 8). Also, literacy rates among adults with disabilities do not exceed 3 percent for men and 1 percent for women as indicated by the United Nations Development Programme (p.8). The unemployment rate for people with disabilities reaches 85 percent in some countries as suggested by the International Labour Organization (ILO) as cited in Voice Ghana, 2014 (p. 8). All these point to the fact that persons with disabilities (PWDs) have a lot of challenges in their area where they live while trying to perform certain activities. In order to find solutions to these issues there have been some measures in place to protect them such as the United

Nations Convention on the Rights of Persons with Disabilities. In the past few years, great strides have been made towards bolstering the position of persons with disabilities and integrating disability issues into the fabric of human rights by grounding them in the principles of the United Nations Charter and Universal Declaration of Human Rights. Disability is also affirmed in other human rights instruments such as: the World Program of Action concerning People with Disabilities, the Standard Rules on Equalization of Opportunities for People with Disabilities, and the UN Convention on the Rights of Persons with Disabilities (CRPD).

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) was approved by the UN General Assembly on December 13, 2006 after considering suggestions for a broad and fundamental worldwide convention to promote and increase respect for the rights and dignity of PWDs by an Ad Hoc Committee (Guernsey et al, 2007 cited in Voice Ghana, 2014, p. 9). The convention spells out how countries must fulfill their obligations towards PWDs and also help improve the lives of PWDs, reduce discrimination against them and provide them with equal opportunities. WHO (2011) argued that institutions and organizations also need to change in addition to individuals and environments to avoid excluding people with disabilities (p.6). The 2005 Disability Discrimination Act in the United Kingdom of Great Britain and Northern Ireland directed public sector organizations to promote equality for persons with disability by instituting a corporate disability equality strategy for example, and by assessing the potential impact of proposed policies and activities on disabled people (WHO 2011, p.6). Again, the World Psychiatric Association's campaigns against stigmatizing schizophrenia over 10 years in 18 countries demonstrated the importance of long-

term interventions, broad multi sectoral involvement, and the inclusion of those who have the condition. The evidence from Norway showed that knowledge about psychosis among the general population improved after a year of information campaigns, and that the duration of untreated psychosis fell from 114 weeks in 1997 to 20 weeks in 1999 due to greater recognition and early intervention with patients. Another programme is the setting of a Community-based rehabilitation (CBR) to challenge negative attitudes in rural/urban communities, leading to greater visibility and participation by people with disabilities. For example, a three-year project in a disadvantaged community near Allahabad, India, resulted in children with disabilities attending school for the first time, more people with disabilities participating in community forums, and more people bringing their children with disabilities for vaccination and rehabilitation (WHO, 2011, p. 6-7). The researcher agrees with the above assertion because there are a number of disable programme or interventions in Ghana. For example, blind, deaf and dumb schools and 2% of the District Assembly's Common Fund for them to take advantage and make their life worth living.

Therefore, WHO (2011) suggested that people with disabilities may require a range of services from relatively minor and inexpensive interventions to complex and costly ones. Data on the needs both met and unmet are important for policy and programme. There are unmet needs for support which may relate to everyday activities – such as personal care, access to aids and equipment, participation in education, employment, and social activities, and modifications to the home or workplace (p.40). In this direction, most public spending on disability programme shows that nearly all countries have some type of public programme targeted at persons with disabilities, but in poorer countries these are often restricted to those

with the most significant difficulties in functioning. For example in Ghana, LEAP is assisting people with severe disabilities. However, the difference is that there are implementation challenges in the capture of the targeted disables. Additionally, the researcher observes that majority of people in developing countries are poor. And therefore, when such intervention is executed non -target groups would want to be part and finally find their names in the programme as beneficiaries.

The programme that are mostly carried out include health care and rehabilitation services, labour market, vocational education and training, disability social insurance e.g. contributory benefits, social assistance e.g. non-contributory disability benefits in cash, provision of assistive devices, and subsidized access to transport, subsidized utilities, various support services including personal assistants and sign language interpreters, together with administrative overheads (WHO, 2011, p.43).

2.11 Persons with Disability – the Situation in Ghana

Ghana is a developing country with a population of about 24 million. And according to the 2010 Population and Housing Census (GSS, 2013), there were 737, 743 persons made up of 350,096 males and 387,647 females with some form of disability in Ghana. This constituted about 3 percent of the population of Ghana. Ganle, Otupiri, Obeng, Edusie, Ankomah, and Adanu (2016) indicated that other estimates of the disability population in Ghana is around 7-12 percent approximately 1.5–2.2 million people. A total of 64 percent of Ghanaian adults with disabilities are women. The disability prevalence rate among women and men is 10.6 percent and 6.2 percent respectively. The three most prevalent types

of disability are those related to physical disabilities, visual impairment, and hearing impairment and according to them, this number keeps growing. Research has shown that the situation of people with disabilities is marked by serious socio-economic inequality when compared with the rest of the population. This is because PWDs face unemployment challenges in the public and private sectors, and unable to attend schools because facilities are not friendly to them.

The various forms or types of disability in the country include visual or sight impairment, hearing, speech, physical, intellectual, emotional, others and multiple. Besides, the most common type of disability in the country is sight (40.1 percent) followed by physical disability (25.4 percent), emotional challenges (18.5 percent), intellectual (15.2 percent), hearing (15 percent) and speech (13.7 percent). However, there are also a percentage of persons with more than one form of disability which is known as multiple disabilities (GSS, 2013, p. 309). Slikker (2009) observed that people have different perceptions of disability in the country. Therefore, when respondents were asked to identify these disabilities, it became clear that someone who is deaf (96.7 percent) and someone who is in a wheelchair (99.8 percent) are clearly considered as a person with a disability (p.37). Again, most of the respondents (72 percent) think that someone who has difficulty speaking has a disability. Limited vision is perceived as a disability by 77.5 percent of the respondents. According to the respondents (74.5 percent) someone who is not able to take care of him/herself has a disability. This is the description of a person with an intellectual disability given by some respondents as someone who is not able to take care of him/herself cannot dress, eat and talk in the way other people do. They always need someone to look after them. When asked to describe what an intellectual disability is, most respondents answered

someone who is mentally retarded or a mad person and often reference was made to a person living on the street. Also, 45.8 percent considers someone who has a depression as a person with disability. Some respondents did not understand the term depression which has to be explained in a simple way as someone who is feeling down all the time. A person who cannot stay in the sun because of the type of skin (albinism), has difficulty learning, difficulty with social interactions or has HIV/Aids is considered as having a disability only by a small minority of the respondents. The results show that knowledge about different types of disability among respondents of the survey is quite low. It seems that only the clearly detectable impairments like blindness, deafness, physical and apparent learning disabilities are considered a disability by a majority of the respondents. Knowledge about different kinds of learning disabilities or about any psychiatric illnesses is almost non-existing. When respondents were asked to mention different types of disability in most cases only physical, visual and hearing impairments were mentioned. Some respondents said they were not aware that mental retardation is also a form of disability (Slikker, 2009, p. 38).

Moreover, when respondents were asked whether people with disabilities are treated fairly in Ghana, only 15.8 percent agreed with the statement that PWDs are treated fairly. The respondents who thought PWDs are treated fairly mentioned the fact that there are special schools for PWDs and people treat them well. Most respondents (84.2 percent) gave examples of unfair treatment of PWDs like the use of derogatory names such as cripple, blind man, abandonment by the family; underrating of value or capability due to the disability (people do not value them, they do not see them as part of the society). People do not listen to the opinion of disabled, excluded from participation in social activities, limited access to

employment and education, disability unfriendly infrastructure; and a lack of government support for PWDs (p.39). This buttressed the point that in Ghana, persons with disabilities constitute an impoverished and marginalized group. Furthermore, they are marginalized socially, excluded and deprived of literacy skills and have a very low social status (Voice Ghana, 2014).

Slikker (2009) noted that 43 percent of the respondents reported that there is discrimination against PWDs for example; they are not often involved in decision making and in many communities are excluded from becoming a chief. However, respondents (57 percent) further maintained that discrimination against PWDs manifests itself in the way they are treated e.g. people call them names, insult them or ignore them, their exclusion from full participation in society and cannot find employment because of his/her disability is not enough justification to consider this to be discrimination (p.40).

The researcher agrees with the suggestions provided to reduce stigma and unfair treatment against PWDs as a whole. As a result, the opinion of respondents was sought on whether children with disability should study in regular schools. It was found out that a small majority (52.2 percent) of the respondents is of the view that children with a physical disability should go to regular schools (p.44). Respondents further explained that children with physical disability should interact and socialize with other children, which will improve their inclusion in society later in life as well. But, other respondents felt it is better if these children go to special schools because of the inaccessibility of regular schools and because other children in the regular schools will tease them. On the other hand, it was found out that most respondents with a disability who attended a regular school

were positive about their experiences. They had friends and the other children supported them. The fact that other children could help them (with carrying a bag or moving around) is also a reason why some PWDs preferred to attend a regular school (Slikker, 2009, p.45). These suggestions seemed to have helped some PWDs participate fully in certain activities with their non-disable friends. However, respondents who were in a special school also had positive feelings about their schooling. They liked to be among children who all had the same difficulties and therefore they were not teased and they understood each other (p.46).

Majority of PWDs lack access to public health, education, and other social services. The results are that PWDs have poorer health status, lower educational achievements and less economic participation. For instance, access to maternal health remains a challenge to PWDs who get pregnant and want to access maternal healthcare at the various health facilities. According to the –National Policy Document cited by Slikker, (2009) in the country the employment rate of PWDs is 69 percent, compared to a rate of 80.2 percent of the general population”. Furthermore, the unemployment rate of PWDs (23 percent) is much higher than that of the general population (14 percent). Previously, a quota system was in effect so that employers with a certain number of employees were obliged to have a percentage of PWDs employed. However, the system was poorly monitored and has been dropped. Even in cases where PWDs are employed, the quality and level of employment are often not appropriate and people face many constraints (p.21). Therefore, it is not only one of an employment quota for PWDs but also of equipping PWDs with appropriate employable skills and competence to make them self-reliant. It is also important to ensure good care and conditions

of work for PWDs whose working conditions are often dehumanizing. Employment opportunities are also limited due to institutional barriers and unfair treatment.

In economic and social terms, persons with disabilities are classified among the poorest of the poor. This confirms the view by GSS (2013) that there is a wide gap between the proportions of PWDs and non- PWDs who are economically active. While the proportion of economically active persons among non- PWDs is 72 percent the corresponding proportion of PWDs is 57 percent (p. 321). They are often regarded as unproductive and incapable of contributing in a positive way to society (Voice Ghana, 2014, p. 9). Four misconceptions that seem most prevalent and which affect PWDs are often perceived as someone else's responsibility; as requiring constant supervision; as being best served in isolated self-contained settings and as being generally incompetent (Slikker, 2009, p. 22). Besides, they are often seen as a burden on society and their unfortunate circumstances are viewed sometimes as a curse or punishment (GSS, 2013, p. 305). Also, people with disabilities are largely excluded from the development processes and so have extremely limited opportunities to be engaged in public consultations and decision-making. Isolation and confinement based on traditional and cultural beliefs, superstitions including prejudices and other negative beliefs continue to affect persons with disabilities, especially those at the grassroots level (Voice Ghana, 2014, p. 9).

Slikker, (2009) posited that most people in Ghana think women are supposed to be housewives and support their husbands. Due to this value system, women with a disability face a lot of challenges. Marriage is easier for men with a disability

than for women with a disability because society thinks the women cannot contribute to the family and income. Men think a woman with a disability is an extra burden to them. A husband often leaves his wife who has a disability after pregnancy. Most of the men who have a disability themselves do feel they also have problems getting married, because most women want a man with income to take care of them. People are also afraid that a woman with a disability will give birth to a child with a disability. It is always thought that the disability is inherited through the woman. For example, a man who has a disability with a good job he can get a woman to marry. Double discrimination against women with disabilities will probably change only when general attitudes towards women and their position in society changes (Slikker, 2009, p.52).

Many challenges continue to confront PWDs for instance lack of physical power. Some PWDs lack the physical energy to fight sexual aggressors when they are confronted with such issues. And because most of them are poor they easily accept those sexual advances as they look for money and in the end acquire HIV/AIDS. They also have limited access to information because they are often excluded and marginalized who are not easily reached by health information sites, for example many people with disabilities do not have the opportunity to access where HIV/AIDS discussion, blood screening and where sensitization takes place. In the same manner people deliberately have unprotected sex with them. Also, there is this wrong belief that women with disabilities are not HIV/AIDS infected. Due to this, some men tend to assume that women with disabilities are less likely to have HIV/AIDS and so involve them in sex relations (Uromi & Mazagwa, 2014, p.162). Furthermore, Ganle *et al.* (2016) argued that in the context of reproductive health, women with disabilities have largely been ignored in

reproductive health research and programming. Therefore, part of the reason for this neglect is that they are often thought not to be sexually active, and less likely to marry or to have children than women without disability.

The perception that women with disability are not sexually active has often resulted in limited access to sexual and reproductive health services for them. For example, a review on disability sexual and reproductive health policies and research in Ghana concluded that there has been little attention on the issue. Even though PWDs have the desire for childbirth through skilled care, some disability-insensitive organizations and skilled care services, and other constraints, often make it extremely difficult or impossible for them to access and use such services (Ganle *et al.*, 2016). There are other major challenges like mobility of PWDs from their homes to health facilities to receive care. Most of the women with visual impairment and physical disability as well as those in rural areas are facing this challenge, perhaps, because access to maternal healthcare often involves travelling relatively longer distances. Ganle *et al.* (2016) noted that the unfriendly healthcare infrastructure is one of the biggest challenges women with physical disabilities and visual impairment face in accessing skilled care.

Therefore, the 1992 constitution of the Republic of Ghana was formulated to guarantee the fundamental human rights of all persons including PWDs. In addition, Ghana has signed, ratified and adopted international agreements such as the convention on the rights of PWDs and the African Decade of the Disabled Persons which seek to protect the fundamental freedoms and human rights of all PWDs and to promote and respect their dignity (GSS, 2013, p.305). Disability is observed to have a direct relationship with poverty and because of this it is now

considered as a societal development issue. This is important because the nation's development depends on the contributions of all people including PWDs and not a segment of the population. To this extent the government and civil society organizations in recent years have made progress in addressing disability issues resulting in some positive gains in improving the lives of PWDs in Ghana (GSS, 2013, p. 305).

Voice Ghana, (2014) revealed that the action that has been taken so far is the passing of the Persons with Disability Act (Act 715) in 2006 which provides a legal framework and protection for persons with disability. The objectives of the Act are to fulfill a constitutional obligation of enacting laws to protect and promote the rights of people with disability and fulfill Ghana's international obligations (p.9). There are about 61 clauses in the Act, which are grouped in the following sections: rights of persons with disability, employment of persons with disability, education of persons with disability, transportation, health-care facilities, miscellaneous provisions, establishment and functions of the National Council on Persons with Disability (NCPD), and Administrative and Financial provisions. Furthermore, the Act promises good living conditions in specialized establishments, reduction in the exploitation and discrimination against PWDs, free education for children with disabilities (CWDs), integration of the needs of PWDs in transportation and periodic screening of CWDs etc. The National Council on Persons with Disability (NCPD) is mandated to propose and enact policies and programmes to enable PWDs contribute towards national development. With limited success the concerns of PWDs have been integrated in some programme of national interest and their issues gradually being highlighted in society (GSS, 2013, p.306). However, laws or Acts that make PWDs have a

good living condition are not enough without its implementation. But to ensure that the Government is pro-active in undertaking pro-poor programmes and projects aimed at alleviating poverty and enhancing the standard of living for the poor and vulnerable population including persons with disabilities. Among these programmes are the National Health Insurance Scheme (NHIS), Ghana Youth Employment and Entrepreneurial Development Authority (GYEEDA), Livelihood Empowerment Against Poverty (LEAP), Microfinance and Small Loans Centre (MASLOC), Local Enterprise and Skills Development (LESDEP), Microfinance in the Department of Women.

Slikker (2009) observed that PWDs employed in the public sector are entitled to disability allowance of Gh¢48.00 every three months. The allowance was previously paid out of the monthly payroll by the government but since the decentralization of this process, the institutions where PWDs are employed are responsible to pay this allowance. Allowances are only paid if the budgets are not exhausted, which means that in reality very few PWDs receive the allowance. In general, few PWDs are aware of their rights as employees, and few use the systems already in place (p.22). PWDs are also guaranteed protection against all exploitation and treatment of a discriminatory, abusive or degrading nature. In addition, every place to which the public have access shall as far as practicable have appropriate facilities for PWDs. Also, some provision is made for special incentives to be given to PWDs engaged in business and also to business organizations that employ PWDs in significant numbers. Currently activities concerning PWDs are allocated a 3 percent share of the District Assembly's Common Fund (GSS, 2013, p.306). This underpinned the position that people with disabilities are entitled to financial support from the government. This is

because 72.3 percent of respondents are of the opinion that PWDs are entitled to financial support from the government (p.46). For example, this was demonstrated when some 50 individuals living with various forms of disability in the Krachi West District in the Oti Region were given start-up kits from the Assembly. The start-up kits were procured with the 3 percent of the assembly's common fund earmarked for the upkeep of such persons. The items presented included industrial sewing machines, deep freezers, fridges, wheelchairs, milling-machines, desktops and cash. These items have brought some relief to PWDs, particularly those outside the formal sector of employment. In spite of all these interventions for the marginalized and socially excluded population including persons with disabilities literature is not only scanty on the use of LEAP cash on food, health and education but also how it has influenced the lives of LEAP PWDs.

GSS (2014) indicated that Effutu Municipality has 1,828 persons with some form of disability and this constitutes 814 males and 1,014 females. The proportion of PWDs is higher among the females (2.8 percent) than their male counterparts (2.5 percent). Additionally, the various forms of disability among the people are sight (41.8 percent), physical (31.9 percent), hearing (19.5 percent) and speech (16.0 percent). The proportion of females with sight disability is 46.5 percent as compared with 35.9 percent of the males in the same PWD category. Similarly, the proportion of males (33.4 percent) with physical disability is higher than that of the females thus 30.7 percent in the municipality. Moreover, the most common type of disability is sight or visually impairment which is 41.8 percent while the second most common type is physical disability (31.9 percent) with the least proportion of 11.2 percent of persons with other forms of disabilities (p.37). Furthermore, 1.6 percent of persons with sight disability are unemployed and 1.3

percent is employed. Of the persons with physical disability, 1.5 percent is not economically active and 1.4 percent constitutes the economically active. The total number of 1,773 was PWDs of which 654 constituted 208 males and 446 females have never attended school in the Municipality. This findings indicate that majority (1,119) of PWDs in the Municipality have attended school as a result of the existence of some specialized institutions for PWDs in Educational Institutions such as the Department of Special Education at the University of Education, Winneba and Donbosco Catholic school (p.39).

2.12 Concept of Poverty

Poverty is a condition in which an individual or community lacks a definite amount of resources or possessions including material or monetary possessions. Specific situation such as absolute or extreme poverty is the complete absence of the means required to meet basic needs e.g. food, clothing, and shelter (Pineda, 2018). Therefore, extremely poor people are those who live on \$1.90 a day or less.

2.13 Causes of Poverty

There are two major theories or school of thoughts that explained the causes of poverty to be individualistic and structural theories. The individualistic theory of poverty argues that poverty results from the deficiencies of individuals or shortcomings of poor people. An example of this is the biogenic theory which observes that the intelligence of an individual can better predict his or her financial income and job performance, among other personal dynamics. It argues that native intelligence, rather than social status, influences the life prospect of an individual. Nature essentially determines the socioeconomic status of an individual. People with a high level of intelligence are destined to become rich

while those with a lower level of intelligence are naturally fated to become poor. Another is human capital theory which is the collection of competencies or skills and knowledge, as well as traits or personal attributes, behaviors, and habits embodied within an individual and needed to perform labor and produce economic value. It shows the relationship between the decision of an individual to invest in education or training and the pattern of his or her lifetime earnings (Becker & Schultz, 1970, cited in Pineda, 2018).

On the contrary structural theories argue that poverty is not simply a result of the inability of an individual. Poverty tends to be prevalent in vulnerable demographic environments and troubled labor market circumstances. It explains that poverty results from the failure of the society to collectively take responsibility for promoting the economic security of its citizens through the instrument of the welfare state. Marxian theory further asserts that the cause of poverty is intentional due to the class struggle between the capitalist or owners of the means of production and laborers. Essentially, the capitalists intentionally exploit their laborers and try to prevent them from gaining socioeconomic advancements as much as possible to maintain their control over the means of production. Finally, the reason why LEAP is fighting poverty with the three demographic characteristics for example, orphan and vulnerable children, aged 65 years and older and people with severe disabilities supports the arguments of structural theorists that poverty tends to be prevalent in vulnerable demographic environments and the failure of society to collectively take responsibility for promoting economic security of its citizens. In summary the reviewed literature helped to understand what has been done on the issue and the gaps that exist to be addressed in the study.

2.14 Theoretical and Conceptual Framework

The study is supported by social protection theory which ensures the reduction of vulnerability and risk by providing protection against shocks and a conceptual framework. The study acknowledged the Rights Based Approach (RBA) and entitlement theory to explain social protection. LEAP final policy document is focused on the premise of rights of protecting the poor and vulnerable. The Rights Based Approach is defined as empowering people to take their own decisions rather than being the passive objects of choices made on their behalf (DFID 2000, cited in Joha, 2012).

However, within the framework of rights is the entitlement of people to overcome their prevailing difficulties. Entitlement theory is based on the assumption that famines do not come about as a result of the lack of food in a region but rather when people lose their entitlements - that is, the means of acquiring food (Sen 1981).

Even though the rights and entitlement theories perceived social protection as an obligation on governments, it depends on choices based on its financial capability. Furthermore, social protection is also viewed as “universalism” where everyone is eligible to receive benefits from an intervention. However, universal programme require a larger funding budget for implementation which often becomes a burden for governments in developing countries.

Therefore, these theories are not appropriate because current argument for social protection is focused on appropriateness of the social intervention for better inclusion (Agbenyo, *et al.*, 2017). In this vein, it is targeted to specific individuals or groups based on certain common characteristics or predetermined criteria (Neil,

2001). Hence, in Ghana the LEAP programme is targeted and has a cash transfer to some selected beneficiaries. Therefore, as cash is transferred to PWD beneficiaries, it brings out some challenges and effects on the LEAP programme. Hence, there is the need to develop or illustrate this in a conceptual framework to support the study.

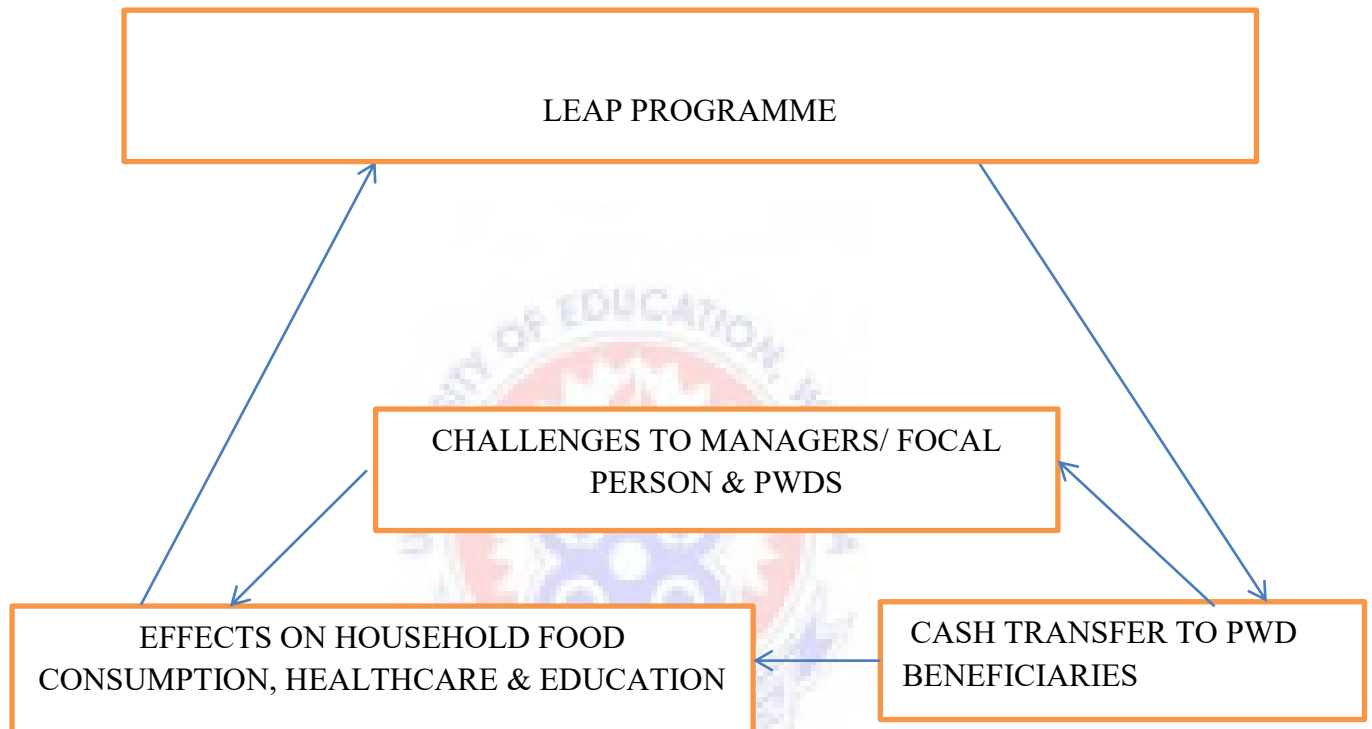


Figure 1.1: Conceptual framework

Source: Researcher's Construct, 2019

The figure 1.1 above is a conceptual framework on which the study was built upon. LEAP programme is aimed to improve basic household consumption and nutrition among children below 2 years of age, the aged 65 years and above without productive capacity and people with severe disability. It also seeks to increase access to health care services among children below 5 years of age, the aged 65 years and above without productive capacity and people with severe disability. It further helps to increase basic school enrollment, attendance and

retention of beneficiaries' children aged 5 and 15 years and facilitates access to livelihoods and improvement of productive capacity among these households.

LEAP is a social cash transfer programme that provides cash and health insurance to extremely poor households across the country. Agbenyo *et al.* (2017) also defined cash-based social transfers as regular non-contributory payments of money provided by government or non-governmental organizations to individuals or households, with the objective of decreasing chronic or shock-induced poverty, addressing social risk and reducing economic vulnerability (p.21). Therefore, social cash transfers have the potential of directly tackling income poverty and its implications for the realization of broader development objectives.

LEAP programme objectives ensure that cash is transferred to PWD beneficiaries on bi-monthly basis. Once the cash or money is transferred to be paid, it brings some challenges to Social Welfare and Community Development Officers who are managers and CLIC focal persons in the performance of their duties towards LEAP PWD beneficiaries. Some challenges managers are likely to face are lack of official means of transport to perform LEAP duties, lack of office logistics for instance, computers to facilitate storage, retrieval of data and cabinet to shelve files.

Record keeping on LEAP PWDs is poor and therefore essential documents on the programme cannot be traced when the need arises. Also, the challenges that CLIC focal person are likely to face when they know that the next day is a payment day is to ensure that all PWD beneficiaries are brought from their homes to the payment centre. Thus they have to go to their homes and inform them that next day is payment day or call them on phone for those who have mobiles phones.

For example, they are likely to either walk slowly with the blind or find a taxi to bring him/her to the centre. On the other hand, LEAP beneficiary PWDs are also likely to face similar challenges and these contribute to some effects on the objectives of the programme. Some of these challenges LEAP beneficiary PWDs likely to face may include delay in payment of cash transfers; long distance travelling and much time spent to collect their money, e-zwich cards not functioning on payment days and the sadness with which PWD beneficiaries have go home without cash. The long interval between disbursement months and the relative smallness of LEAP cash are worrisome.

However, some likely effects of cash transfers to LEAP PWD beneficiaries may be an increase in household food consumption; improvement in health care and school enrolment and retention of beneficiaries' children etc. Also, LEAP cash transfers may lead to food security and well-being and boost household investment in livestock as well as household assets. Lastly, all these may contribute to achieve the objectives of LEAP programme. Finally, LEAP cash transfer places challenges on managers/ focal persons in the performance of their duties and these may have some effects on persons with disability (PWD) in the Effutu Municipality.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The chapter dealt with the research approach, research design, description of the study area, study population, target population, accessible population, sample size, sampling techniques, data collection methods, data collection instruments, data analysis, ethical consideration and trustworthiness.

3.2 Research Approach

Qualitative methodology is the research approach used for the study because it enabled the researcher to have an in-depth knowledge of effects of LEAP on PWD beneficiaries in the Municipality. It also helped to understand the perception, feelings and opinions of participants as the researcher interacted with them.

3.3 Research Design

The research design used in the study was phenomenology. The term “phenomenology” is simplified by De Vos *et al.* (2005, p.250) as an approach to human inquiry that emphasises the complexity of human experiences and the need to study that experience holistically as it is actually lived. Moreover, it aims to understand and interpret the meaning participants give to their life world or life setting of their everyday lives.

Besides, Polit and Hungler (1989 as cited in Nkansah, 2017) describes phenomenological studies as “capturing what people think, feel, and behave in their naturalistic environment”.

Furthermore, it is the reactions, perceptions and feelings of individuals or group of individuals as they experience an event.

Chilisa and Preece (2005, p.142) also indicates that phenomenology subscribes to the study of people's experiences and to know about their social lives. It was in this vein, that the researcher selected this design to gather information on individual experiences and capture the reactions and feelings of PWD beneficiaries as they receive and use LEAP cash transfers. Furthermore, phenomenological design was used to ascertain the truth which lies within human experience as PWD beneficiaries receive LEAP cash transfers.

However, some challenges were encountered in using this phenomenological design such as descriptive versus interpretive dilemmas, objective versus subjective dilemmas and participant voice versus researcher voice as well as researcher limitation.

The descriptive versus interpretive challenge aroused as to which view point to take in exploring lived experiences by PWD beneficiaries. Husserl, (1982) indicates that phenomenology is a rigorous and unbiased study that investigates a phenomenon to achieve an essential understanding of human experience. Dowling, (2007) suggests that researchers should examine phenomenon through a scientific description of the experiences. Shi (2011) posits that the importance of phenomenology lies in interpretation and understanding thus researchers can interpret a phenomenon only if they experience it. This study addressed the challenge by capturing the experiences of participants vividly on recorders, used semi-structured interview guides/focus group discussion guide and transcribed this

data on grid tables in themes for data presentation, discussion and interpretation to the world.

Moreover, the objective versus subjective dilemmas was also experienced as Ajjawi and Higgs (2007) have pointed out that it is impossible to achieve total objectivity because it is situated in a reality constructed by subjective experiences. Therefore, the researcher had to carefully record all the experiences as expressed and transcribed these views in a summarize form to reflect participants' position through member checks.

Another challenge was the participant voice versus researcher voice as Van Manen (1990) argued that research is a caring act because the value of research lies in knowing the essence of a human phenomenon. Therefore, to orient oneself to a phenomenon always implies a particular interest. Thus, one learns to know only what one loves and the deeper and fuller the knowledge will be of the phenomenon. Because of the caring act, researchers face the challenge of whether they speak for their participants or themselves. In this study, the researcher portrayed the views of LEAP PWD beneficiaries and managers/focal person who were knowledgeable on the issues.

Finally, another challenge was researcher limitations in the sense that due to language and cultural considerations researchers might feel limited in conducting phenomenological inquiry. In this study the researcher pre-tested the research instruments in a similar district close to the study area where Fante is spoken and interacted with participants to identify how they might understand and respond to the questions. Again, the researcher did not have any difficulty in understanding the language and culture of LEAP PWDs in Effutu Municipality. To ensure that

the researcher had captured what was said in the local language, the concept of member checks was employed where themes and patterns that emerged during data collection and analysis were summarized and verified with LEAP PWD beneficiaries and managers/focal person. Phenomenological studies enabled the researcher to focus on LEAP PWD beneficiaries' experiences as reality which supports qualitative philosophy.

3.4 Description of the Study Area

Effutu Municipality is one of the 22 administrative districts in the Central Region of Ghana. It is situated between latitude 5°16 and 20° 18'N and longitudes 0°32' and 48 32'W of the eastern part of Central Region. The Municipality lies between the Gomoa West District to the western, Gomoa Central to the northern and Gomoa East to the eastern flanks. On the southern flank is the Gulf of Guinea. The administrative capital is Winneba, a renowned town for its specialized institutions of higher learning. It covers a total land area of 95 square kilometres. According to GSS (2014) –Effutu Municipality has a total population of 68,597 consisting of 35,802 females and 32,795 males'. Additionally, within this population there are 1,828 made up of 1,014 females and 814 males living with some form of disability. The Municipality has fourteen settlements which are all clustered around Winneba the capital town. It has an average household size of 3.6 persons and some are benefiting from the LEAP programme. About 93 percent of the population resides in urban communities while 12.7 percent of households are engaged in agriculture (Ghana Statistical Service, 2014 p. 42). Besides, the poverty map of the country showed that the estimated number of poor persons in the Effutu Municipality is 7,465 (GSS, 2015, p 52). Thus, it is important to

investigate effects of LEAP programme on PWD beneficiaries as a social intervention strategy.

3.5 Study Population

The study population involved LEAP beneficiaries with disabilities, LEAP Managers as well as Focal persons of the Community LEAP Implementation Committee (CLIC) in the Effutu Municipality. The total number of persons with disabilities (PWDs) was three hundred and fifty seven (357), six (6) Municipal Managers and ten (10) Focal persons.

3.5.1 Target population

The target population for the study was LEAP PWD beneficiaries because they are the recipients of bi-monthly LEAP cash transfers, Municipal LEAP Managers are in charge of implementation of the programme and Focal persons of the Community LEAP Implementation Committee (CLIC) also support the implementation of the programme by organizing LEAP PWD beneficiaries for payment and other related activities in Effutu Municipality.

3.5.2 Accessible population

The accessible population was the available LEAP PWD beneficiaries, LEAP Managers and Focal person of CLIC in Effutu Municipality.

3.5.3 Sample size

The study used a sample size of 14 respondents. This consisted of 6 LEAP Managers, 1 Focal person of CLIC and 7 LEAP PWD beneficiaries. This was because as a qualitative study all the responses beyond this level or number signaled points of saturation for the study.

3.5.4 Sampling techniques

Purposive sampling technique was used to select LEAP PWD beneficiaries, LEAP Managers and Focal person of the Community LEAP Implementation Committee (CLIC). This was appropriate because it focused on participants that are knowledgeable on LEAP programme and of interest to the study. But beyond that the convenient sampling technique was also used to engage with seven (7) LEAP PWD beneficiaries, six (6) LEAP Managers and one (1) Focal Person for the study.

3.6 Data Collection Methods

The study applied individual interviews and focus group interview or discussion for data collection. An individual interview is an interaction between the researcher and LEAP PWD beneficiaries while focus group interview or discussion is also an in-depth interaction between six or twelve people (Chilisa & Preece, 2005).

Individual interviews were conducted with seven (7) LEAP PWDs while focus group discussion was held with six (6) LEAP Managers and one (1) Focal Person of the Community LEAP Implementation Committee (CLIC).

3.6.1 Data collection instruments

The data collection instruments used in the study is semi-structured interview guides, focus group discussion guide and recording instrument to capture responses from participants. The semi-structured interview guides allowed for in-depth interviews and probing for detailed information from LEAP beneficiary PWDs. It contains a set of questions on the themes to be covered and these were effects of LEAP on household food consumption of PWD beneficiaries, health

care services, basic school enrolment and retention of PWDs' children and challenges faced with the programme. The sequencing of questions is different for LEAP beneficiary PWDs and managers/focal person due to the process of interview for participants. However, the data collection instruments or guides ensured that the researcher collects similar types of data from all informants (Chilisa & Preece, 2005, p.147).

Focus group discussion guide is a short list between six (6) and twelve (12) discussion points related to the research questions (Eeuwijk & Angehrn, 2017, p.6). In focus group discussion there is a free and open interaction among participants which brings out new ideas useful for decision making. Focus group discussion guide was also used to gather information from LEAP Managers and Focal Person on their perception of effects of LEAP on PWD beneficiaries and challenges the programme is faced with in the Effutu Municipality. However, building of rapport with participants enabled to capture the views of those who were reluctant to share some sensitive ideas and concerns publicly.

3.7 Data Analysis

Transcription of data from focus group discussion guide on recorders as well as data from semi- structured interview guides was done on themes. The emerging themes were openly coded in a grid table based on responses from participants (Chilisa, & Preece, 2005, p.173). Moreover, data analysis was finally presented based on themes into grid tables from LEAP PWD beneficiaries and managers/focal person.

3.8 Ethical Considerations

Consent for the conduct of this study was sought with an introductory letter from the University of Education, Winneba to the following persons: LEAP Managers in Effutu Municipality, Head of Social Welfare and Community Development, LEAP PWD beneficiaries and a Focal Person of the Community LEAP Implementation Committee (CLIC).

Besides, in order to build rapport with participants, a consent statement was read from the data collection instruments to inform them about the purpose of the study, assure them that their identity and data would be kept in secret and confidential as well as to be used for academic purposes. However, all participants were informed that taking part in the study was voluntary which means that one is forced to take part in the study but their support and contribution would be very much appreciated. The researcher also ensured that the works of other researchers were duly acknowledged in the study.

3.9 Trustworthiness

Sandelowski, (1993) as cited in Gunawan (2015) mentioned that trustworthiness becomes a matter of persuasion whereby the scientist is viewed as having made those practices visible and therefore auditable. In order to accomplish this, the researcher ensured that data from the field is creditable because it was the views as expressed by LEAP PWD beneficiaries and managers/focal person. Again, it was clear that LEAP PWD beneficiaries were able to recognize the descriptions and interpretations of their experiences being accurate and true. This was achieved as a result of rapport building and longtime engagement with participants enabled them to provide more sensitive information about their situation.

The researcher also engaged in a pre-test of instruments with peers on the procedures of the study. This helped to reframe some of the questions for clarity and better responses from participants. Besides, the researcher employed the concept of member checks where themes and patterns that emerged during data collection and analysis were verified with LEAP PWD beneficiaries and managers/focal person. Thus at the end of an interview, the researcher summarized what was said and asked if it reflected the persons position.

Moreover, to ensure that the study was credible a triangulation method was used where two data collection instruments e.g. semi-structural interview guide and focus group discussion guide to collect data from LEAP PWD beneficiaries and managers/focal person respectively. This allowed data from the field to be verified or compared with LEAP PWD beneficiaries and managers/focal person to eliminate any possible biases in the study. Transferability of research findings was achieved when the researcher purposively selected LEAP PWD beneficiaries and managers/focal person who were knowledgeable in the issues to build a sample specific to the needs of the study.

Also, dependability of the research was enhanced when the researcher sought to study the uniqueness of human occurrences. This ensured that the results were consistent with data collected from LEAP PWD beneficiaries and managers/focal person. Furthermore, a study is dependable if and only if the reader of the research report judges it to be so. Finally, the researcher ensured there was confirmability since the study findings can be traced to data that was derived from LEAP PWD beneficiaries and managers/focal person in their setting.

3.10 Summary

The study used qualitative methodology as the research approach with phenomenological research design. It showed a clear description of the study area while LEAP PWDs/ Managers/ Focal person were the study population as well as its target population. The accessible population was the available LEAP PWDs/ Managers and Focal person for the study. The sample size consisted of 14 participants with purposive and convenient sampling techniques. Data collection methods were in-depth interviews, focus group discussion (FGD) as well as data collection instruments e.g. semi-structured interview guides and focus group discussion guide. Data from the study was transcribed and presented on themes in grid tables which helped for easy analysis. Ethical consideration and trustworthiness issues were considered to ensure research credibility.



CHAPTER FOUR

PRESENTATION OF DATA

4.1 Introduction

This chapter presents the data from the semi-structured interview and focus group discussion guide administered in the Effutu Municipality of the Central Region. The purpose was to present a vivid report of the experiences and perceptions as captured from LEAP managers/ focal person and LEAP PWD beneficiaries. The data generated from semi- structured interview and focus group discussion guides were transcribed and organized in themes on grid tables as shown in Appendix (C).

In the grid tables, emerging themes or patterns were identified and marked as response codes (x) and (o) to mean agreed or did not agree with the theme respectively. Consequently, all the themes were matched with their response codes from participants (interviewees). Hence, the use of grid tables to make analysis and presentation of findings easy. This allowed for a strong case for credibility and confirmability of the research findings (Chilisa & Preece, 2005, p. 172).

4.2 Socio- Demographic Characteristics of Respondents

A total number of fourteen (14) participants consisted of LEAP Managers/Focal Person and LEAP beneficiary persons with disability (PWD) were involved in the study. The socio-demographic characteristics in part showed the gender and age distribution of LEAP participants. Table 4.1 indicates that seven (7) out of the fourteen (14) participants were LEAP managers/focal person while the other seven (7) participants were LEAP PWD beneficiaries.

Table 4.1: Gender distribution of LEAP participants

LEAP participants	Males	Females	Total
Managers/Focal Person	3	4	7
LEAP PWDs	1	6	7
Total	4	10	14

Source: Field data, May 2020

Table 4.2 shows the age distribution by sex of LEAP PWD beneficiaries. It indicates clearly that majority of LEAP PWDs who were females fell within age 51-60 years. Moreover, one male PWD beneficiary also fell within age 71-80 years while one female each occurred within age 41-50 years and 61-70 years respectively. The implication was that government had to look for funding to support the aged LEAP beneficiaries as it dealt with other challenges.

Table 4.2: Age distribution by sex of LEAP PWD beneficiaries

Age Distribution	Sex		Total
	Males	Females	
41-50	0	1	1
51-60	0	4	4
61-70	0	1	1
71-80	1	0	1
Total	1	6	7

Source: Field data, May 2020

Table 4.3 also shows the disability by type and sex of LEAP beneficiaries. A total of two (2) LEAP beneficiaries consisted of one (1) male and a female have sight problems (blind). On the other hand, four (4) LEAP beneficiaries constituted of four (4) females and no male have physical issues (unable to walk). Finally, one (1) LEAP beneficiary who was a female has intellectual difficulty (mental illness). These conditions clearly demonstrated the reasons why they were selected as beneficiaries of the LEAP programme in the Effutu Municipality. The implication

was that LEAP PWDs depended on relatives, individuals and public support in their activities.

Table 4.3: Disability by type and sex of LEAP beneficiaries

Disability	Males	Females	Total
Sight	1	1	2
Physical	0	4	4
Intellectual(mental illness)	0	1	1
Total	1	6	7

Source: Field data, May 2020

Furthermore, Table 4.4 depicts the occupation by sex of LEAP PWD beneficiaries. Out of a total of seven (7) LEAP PWD beneficiaries three (3) females were engaged in petty trading and none was a male. However, one (1) male and three (3) females were not engaged in any work. The implications were that these beneficiaries could not support themselves in case LEAP cash delays. Besides, those engaged in petty trading looked for credit facility to expand their work in order to feed their households.

Table 4.4: Occupation by sex of LEAP PWD beneficiaries

Occupation	Males	Females	Total
Petty Trading	0	3	3
None	1	3	4
Total	1	6	7

Source: Field data, May 2020

Table 4.5 shows the disability by type of occupation of LEAP PWD beneficiaries. Out of a total of seven (7) LEAP PWD beneficiaries, two (2) persons with physical disability and one (1) with intellectual (mental illness) were engaged in petty trading respectively. On the other hand two (2) persons with sight disability and two (2) physical disabilities were not engaged in any work. This supports

WHO (2011) that people who experience mental health conditions or intellectual impairments appear to be more disadvantaged in many settings than those who experience physical or sensory impairments. This also confirms the individualistic theory of poverty which argues that poverty results from the deficiencies of individuals or shortcomings of poor people (Becker & Schultz, 1970 cited in Pineda, 2018). The implication for some of the beneficiary PWDs who could not do any work due to their conditions was to manage their LEAP cash transfers judiciously. However, any delay in payment made them to borrow from relatives or non- relatives for a living.

Table 4.5 Disability by type of occupation of LEAP PWD beneficiaries

Disability	Type of Occupation		
	Petty Trading	None	Total
Sight	0	2	2
Physical	2	2	4
Intellectual(mental illness)	1	0	1
Total	3	4	7

Source: Field data, May 2020

4.3 Emerging Themes

Many themes emerged from the grid tables and these were used to describe and interpret the experiences and reactions of LEAP beneficiary persons with disabilities (PWDs). The emerging themes provided the basis to know and understand the phenomenological dimension of the study.

This is because Van Mannen (1990 as cited by Nkansah, 2017) indicated that emerging themes are aspects or qualities that make a phenomenon what it is and without which the reality of the phenomenon could not be identified. In this direction, the researcher engaged with the data to identify the emerging themes.

Moreover, to be able to achieve this, the data was transcribed from the research instruments to describe reality and reactions of LEAP PWD beneficiaries. Using the grid tables for the analysis attached in Appendix (C) all the participants were assigned numbers from 1-14 rather than using their real names. Besides, the responses of participants were matched with the themes to enable verifiability and credibility. In the grid tables (1-5) essential themes emerged from effects of LEAP programme on household food consumption, health care services, basic school enrolment and retention and challenges with LEAP programme in the Municipality.

4.3.1 Effects of LEAP on household food consumption

To explore effects on household food consumption, the researcher asked participants: whether LEAP PWDs were worried if they would not have food to eat with LEAP cash; what food products they bought with LEAP cash; how their household food consumption situation was; the number of times they ate in a day; and whether they skipped meals in a day. From the responses in focus group discussion and one-on-one interviews the themes and patterns discovered have been discussed as follows:

No worry about food/feeding

57 percent of the participants explained that they were not worried about having food to eat with LEAP cash. This was due to the fact that LEAP cash was given to them every bi-monthly and they used it to purchase food. Participant numbered 13 who had sight difficulty indicated that:

LEAP cash had brought some relief to me in the sense that “I had not stayed a day without eating anything. And even if I did not have money I went out to relatives to borrow and pay back when LEAP cash was paid”.

Besides, it was confirmed by the LEAP Managers that PWD beneficiaries were encouraged to use the money in income generating activity. The implication was that these households did not encounter psychological stress. However, some of the participants indicated that the main source of worry was how to feed themselves when the LEAP cash delayed. As a result they had to borrow from relatives to buy food with the hope of paying when LEAP cash was due. However, if LEAP programme comes to an end or is discontinued some would end up begging on the streets.

Food products purchased

64 percent of the participants indicated that they used some of the LEAP cash to purchase food products such as maize, rice and gari. This enabled them to prepare food such as “banku”, rice or gari with palm nut soup to eat. Therefore, LEAP cash has given them their basic household food. Even though some LEAP Managers explained that they were not aware beneficiary PWDs used the money to buy food products.

Number of times of eating of food a day

Another theme that emerged from the interaction with participants was the number of times LEAP persons with disability ate food in a day. All participants indicated they ate 2 to 3 times a day. Some of the participants who ate two (2) times a day explained that they ate breakfast in the morning and skipped lunch to eat something in the evening. They explained that this was because the money was not enough to meet the next payment period. Participants numbered 12 and 13 who were blind beneficiaries reported that they avoided lunch in order to manage the little LEAP cash they received bi-monthly. Therefore, they ate enough in the

morning that aided them through lunch before eating in the evening. This shows how some LEAP PWDs were trying to manage the little money at their disposal and delaying cash payment would not serve their interest. The effect was that some tried to manage the LEAP cash up to the next payment so that they would not beg for money from other relatives. However, all beneficiary PWDs indicated that LEAP cash had generally contributed to improve their household food consumption. This was because they argued there was some food to eat unlike previously when they were not on the programme. A participant indicated that LEAP cash had brought some relief to her in the sense that she had food to eat in a day. She explained that:

“I was doing some petty trading to support the household food consumption”.

4.3.2 Effects of LEAP on the health of beneficiary PWDs

To understand effects of LEAP on the health of beneficiary PWDs, a number of items were put to the participants as presented below.

Acquisition of NHIS card

Acquisition of National Health Insurance Scheme (NHIS) card appeared as one of the ways to help increase access to healthcare services for LEAP PWD beneficiaries. Besides, 93 percent of the participants confirmed that LEAP PWDs had NHIS cards now to be able to access healthcare services in Effutu Municipality. This was one of benefits to improve health status of LEAP PWDs on the programme. However, a participant indicated that he did not have NHIS card and this meant that he had not benefited from the service. Furthermore, some of the participants indicated that they had not been able to renew their NHIS cards and this was explained by a focal person and one of the PWDs with sight

difficulty that Managers had asked for the cards but were yet to come for them. The effect was that some PWD beneficiaries continued to pay for healthcare services which are free of charge.

Healthcare services covered by NHIS

It was observed that 79 percent of the participants had NHIS cards to cover their health care. Some of the health care services covered by NHIS were diagnostic or laboratory testing operations. There is also the treatment of illnesses such as malaria, stomach ache, and repair of hernia, oral health care and maternity health care services. The implication was that PWDs could not complain of inability to attend clinic/hospital for treatment of illness.

Usage of NHIS card at hospitals/clinics

Usage of NHIS card emerged as one of the themes in grid table 2. Therefore, 79 percent of the participants accepted that LEAP PWDs who had NHIS cards used them at hospitals/ clinics in the Effutu Municipality. However, few (21 percent) participants said that LEAP PWDs could not access healthcare by using NHIS cards. These persons had to use their LEAP cash to pay for health care services anytime they fell sick. The implication was that they exhausted their LEAP cash quickly before the next payment is due which meant they borrowed from other people to survive.

Sickness paid with LEAP cash

Sickness paid with LEAP cash was another theme that emerged from the study. This came out because of those who did not have NHIS cards or renew them and had to use LEAP cash to pay for healthcare. Few participants however, reported that they used their LEAP cash to pay for malaria treatment. Thus, they bought

drugs such as Artesunate Amodiaquine, Paracetamol and Gebedol whenever they were attacked by malaria. A participant who was blind indicated that:

“I used some of the LEAP cash to purchase malaria drugs for treatment“

He further stressed that:

“What I did was to buy some drugs from the drugstore and at certain times relatives lend me some money for treatment at the hospital”.

Improvement in health status

Improvement in health status was also one of the themes that emerged during the interactions with participants. All the participants were of the opinion that health status of LEAP beneficiary PWDs had improved. One of the participants indicated, that at least she could get some money to buy drugs or go to a health center/ hospital for treatment.

Hence, she emphasized that at least with LEAP cash “I could get some money to buy drugs or go to a health center/hospital for treatment which was not the case previously without LEAP cash”.

Improvement in livelihood

A person's livelihood denotes the means of obtaining basic necessities of life such as food, water, shelter and clothing. However, by extension for LEAP PWDs the provision of cash to secure household food products, access healthcare services and free basic education for children is an indication of an improve livelihood. Therefore, all the participants confirmed that LEAP programme had improved beneficiary PWDs basic needs to some extent in the Effutu Municipality. The implication was that LEAP beneficiaries were gradually breaking out of the cycle of poverty.

There were some other themes that emerged on effects of LEAP on school enrolment and retention. These themes arose when all the participants were asked: How many of your children are attending school through LEAP cash? How many days in a week do your children go to school? How much LEAP cash is given as feeding fee for a child in school? Which school materials have you provided for your children through LEAP cash?

4.3.3 Effects of LEAP on school attendance and retention

The responses from 64 percent of the participants showed that LEAP beneficiary PWDs had their children attending basic school because of Free Compulsory Basic Education in public schools in the country and also with the support of LEAP cash. However, some of the participants articulated that some LEAP beneficiary PWDs had no children at all.

Besides, when all participants were asked how many days LEAP PWD children go to school in a week. Many participants indicated that LEAP children went to school five (5) days in a week and did not skip classes throughout. Therefore, a female participant who was unable to walk said that:

–My two (2) children go to school throughout the week and each day, I give them GH¢ 2.00 each as feeding fee from the LEAP money”

On the contrary, some of the participants reported that not all LEAP PWDs had children in school. However, for those who had their children attending school, materials such as school bags, school sandals, exercise books, pens and pencils were bought for them to aid their learning.

Hence, a participant indicated clearly that:

“I bought school materials such as exercise books, pens, pencils and school bags for my child with the LEAP money”.

Some participants revealed that the use of LEAP cash as feeding fee and provision of school materials motivated PWD beneficiary's children to go to school throughout the week. The implication was that LEAP beneficiaries' children in school were prepared to acquire employable skills in the future to support their parents.

4.3.4 Challenges faced in the implementation of LEAP in the Municipality

The final themes that emerged from grid tables (4) and (5) were on challenges faced by managers/focal person and LEAP beneficiary PWDs on the programme and their solutions respectively. Hence, LEAP Managers were asked the following questions: What are the challenges you faced in performing LEAP duties to PWD beneficiaries? And what are the solutions? For the LEAP PWD beneficiaries questions such as these were asked: What are the challenges you faced as a beneficiary with disability? How are you dealing with these challenges?

The following were challenges faced by LEAP Managers/Focal Person and their solutions as presented in themes:

Lack of vehicle for LEAP duties

The study noticed that all the six (6) LEAP managers except the focal person in Effutu Municipality did not undertake regular monitoring to interact with LEAP PWD beneficiaries. This was mainly due to lack of vehicle for LEAP duties. To confirm this, a focal person indicated that one or two LEAP officers came to interact with PWDs only on payment days on public transport. The effect of this

was that certain services for example, the renewal of PWD beneficiaries NHIS cards as well as payment of cash transfers delayed.

Inadequate money for administration and communication

LEAP Managers in Effutu Municipality observed that there was inadequate money for administration and communication in the sense that they had to call focal persons to inform them of their availability to make payments and any other matters related to the programme in the communities. LEAP Managers also had to pay focal persons their allowances on payment days because they were engaged to organize and mobilize PWD beneficiaries for sensitization and their payment. Also, LEAP Managers had to pay for printing of payment vouchers, photocopying of documents, internet and email costs to be able to carry on with the work in the Municipality. The effect was that managers used their personal items e.g. vehicle, laptops, pen drives etc; to ensure that the work of LEAP is done.

The following were the solutions employed by LEAP Managers.

Report e-zwich challenges to Headquarters'

LEAP Managers addressed the challenges of using GHIPSS platform of payment of LEAP cash such as malfunctioning of e-zwich cards, non –marching of finger prints and loading of cash unto e-zwich cards to the Headquarters. This was documented and written reports detailing all the issues sent personally by the Municipal Head of Social Welfare and Community Development with soft copies through email to the Headquarters.

Use of personal materials

It was observed that the Head of Social Welfare and Community Development in Effutu Municipality used her personal materials such as vehicle; modem etc. to aid the work of LEAP programme in the communities. Therefore, the effect was that cost of maintenance of such items had to be paid out of one's salary or pocket.

Education of LEAP officials

The Head of Social Welfare and Community Development always educated officers assigned on LEAP duties in the Municipality to do their work diligently for the benefit of LEAP beneficiaries. The effect was that it enabled LEAP beneficiaries to be paid without delay once the cash transfer is due for payment.

However, the following were also the challenges faced by LEAP beneficiary PWDs and how they dealt with them:

Difficulty using e-zwich machine and cards for payment

Difficulty using e-zwich machine and cards for payment was one of the themes that came out from the interactions with LEAP beneficiary PWDs. The Electronic payment machine (e-zwich machine) is a system that had been employed to pay LEAP beneficiaries throughout the country. Besides, 79 percent of the participants indicated that there were challenges using it for payment because some had faulty cards and beneficiary's finger print could not be recognized by the machine. Also, if a beneficiary misplaced his/her e-zwich card it became difficult to replace it and the reason was that most of them were unable to provide the earlier or same information they used for that card. The implication was that these beneficiaries did not receive the LEAP cash. At certain times, they had to wait until the next

payment. This means that they had to borrow from relatives or non- relatives to survive up to the next payment time.

Participants indicated that some LEAP PWDs due to their impairment were unable to go to the payment centre to collect their LEAP cash. Also, where finger print transformation had not been done for a selected person's choice it meant he/she could not get his/her cash for that payment period. Therefore, some of these PWDs had to be transported by a focal person to the payment point for their money.

Furthermore, during certain times at the payment centre the network system could go off and participants had to wait for some hours. In this sense, some LEAP PWDs with support of relatives went to the payment centre and those without help from home relied on the focal person for their money. However, 21 percent of the LEAP PWDs indicated that they did not find any problem using the e-zwich machines and cards.

Delay in payment of LEAP cash

Another theme that came out was delay in payment of LEAP cash. It was noticed that 57 percent of the participants indicated it took about 2 months to be paid their LEAP cash. As a result it contributed to some borrowing from relatives to manage with the living situation.

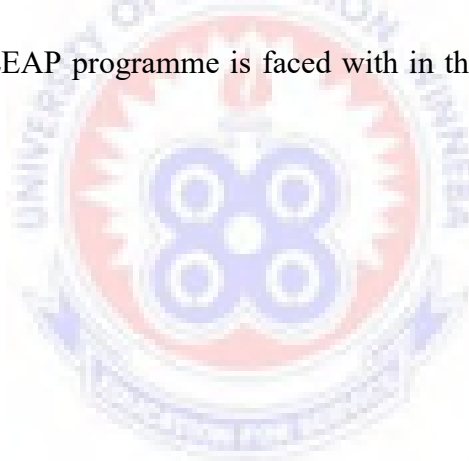
Finally, how LEAP PWD beneficiaries dealt with the challenges was expressed in the following theme.

Wait patiently

LEAP beneficiary PWDs waited patiently for LEAP Managers to solve the challenges which had been reported to them such as faulty e-zwich cards/machines. This effect was that they could not by-pass officials in the Effutu Municipality and report to the Headquarters.

4.4 Summary

The section presents data on socio-demographic characteristics of respondents and emerging themes of the study. Many themes emerged from effects of LEAP on household food consumption, effects of LEAP on healthcare of beneficiary PWDs, and effects of LEAP on school enrolment and retention as well as challenges the LEAP programme is faced with in the Municipality was indicated clearly.



CHAPTER FIVE

DISCUSSION OF RESULTS

5.1 Introduction

This chapter discusses results of the study conducted on effects of LEAP on beneficiary PWDs in a phenomenological dimension.

5.2 Effects of LEAP on household food consumption

Going with the LEAP programme objectives, research question one (1) was asked to explore effects of LEAP on household food consumption by LEAP beneficiary PWDs. Therefore, the questions sought to ascertain and provide answers to whether LEAP beneficiary PWDs were worried if they would not have food to eat with LEAP cash; what food products they bought with LEAP cash; how was their household food consumption situation, the number of times they ate in a day and whether they skipped meals in a day.

From the findings of the study, it was evident that majority of the participants indicated that LEAP beneficiary PWDs were not worried about getting food to eat with LEAP cash. This was due to the fact that LEAP cash was given to them bi-monthly. Hence, they used some to purchase food because it was one of the basic necessities of life which must be satisfied. To confirm this participant numbered 8 indicated that:

“I did not worry about getting food to eat with my LEAP cash”.

This also suggested that most of the LEAP beneficiary PWDs in Effutu Municipality were free from psychological stress as to where the next meal would be gotten. They would not be dependent on relatives or non-relatives for food in

times of hunger. Also, LEAP beneficiary PWDs would not engage in walking from house to house or on streets begging for food. This meant they had some money through LEAP cash to purchase food. Again, this was confirmed by managers of LEAP in the Municipality that LEAP beneficiary PWDs were encouraged to use the money in an activity that would give them daily income. Furthermore, this would assist them in regular feeding than spend all on food because the programme could come to an end or payment delayed.

This view was supported by (MoGCSP, 2013) that it has significantly reduced food insecurity for LEAP households as payments were made in lump sums in recent years due to delays in the programme receiving funds. However, some participants indicated that LEAP cash or money was not enough and thought it could be paid bi-monthly (thus every 1st week of the second month) without delay. Hence, participant numbered 12 indicated clearly that:

“I said the money was not enough and its delay was my worry and stressful looking for food to eat”.

The delay in payment became a source of concern because some LEAP beneficiary PWDs did not know what to do next to eat. Therefore, at certain times they had to borrow from relatives to buy food with the hope of paying when LEAP cash was due. This showed that some suffered as a result of the delayed payments. They also had to borrow money from relatives which made them remain in debts while trying to improve on their basic household food consumption. Hence, it meant that managers and any person working on LEAP cash transfers in the Headquarters and Districts/Municipalities should not take payments for granted because LEAP beneficiary PWDs lives depend on it. This was to prevent a situation put forward by the Ghana News Agency where almost

30,000 LEAP households with over 125,000 beneficiaries in ten districts across the country could not be paid their grants under the 61th bi-monthly payment cycle which was in June, 2019.

Another outcome was that majority of participants admitted they used some of the LEAP cash to purchase food products such as maize, rice and gari. This enabled them to prepare food for example, “banku”, rice or gari with palm nut soup to eat. As a result, LEAP cash has given them their basic household food. This revealed that there was some provision of food throughout the day for most of the households and that nobody would ask a neighbour or relative for food.

In this direction, participant numbered 10 indicated that:

“I used some of my LEAP cash to buy rice and maize which helped me to prepare food”.

This buttresses CDD Ghana (2015) assertion that beneficiary’s food situation had improved in LEAP households. Again, it further supports Sulemana, Malongza, and Abdulai, (2018) when they noted that a great number of LEAP beneficiaries use the grants to buy food to feed their families. This therefore suggested that LEAP cash grant was helping beneficiaries to meet their basic food consumption needs. It further supports the conceptual framework which indicates that as cash is transferred to beneficiaries‘ it brings some challenges as well as effects on the objectives of the LEAP programme.

However, some Managers of LEAP explained that they were not aware LEAP beneficiary PWDs used the money to buy food products such as maize, rice and gari. Therefore, this showed that there was no effective interaction between managers and beneficiary PWDs. The outcome is that there was lack of feedback

from LEAP beneficiary PWDs leading to the inability of managers to know some food products they purchased. Moreover, all participants indicated that beneficiaries ate 2 to 3 times a day. But a few who ate two (2) times a day explained they ate breakfast in the morning and skipped lunch but ate something in the evening to make it twice a day. This point was clearly expressed by participant numbered 14 that:

“I ate in the morning but skipped my lunch and ate in the evening for the day”.

This portrays that the LEAP cash was inadequate for some beneficiaries to meet the next payment period so some resorted to manage the little under their control. Participants numbered 12 and 13 who were both blind beneficiaries reported that they avoided lunch in order to manage the little LEAP cash they received bi-monthly. Moreover, they ate enough in the morning to go through lunch before eating in the evening. This revealed that LEAP beneficiary PWDs therefore had some energy to carry out their tasks during the day. Hence, this clearly provided an indication of how some LEAP beneficiary PWDs tried to manage the little money at their disposal and so delaying payments would not serve their interest.

However, majority of the participants admitted that LEAP beneficiary PWDs used some of the cash to buy food products. This contributed to the number of times food was eaten in their households during the day. Therefore, in these households there was an atmosphere of harmony and intimacy always, LEAP beneficiary PWDs did not easily get angry due to lack of money, and children did not often stay away from the house and were not truants. Again, LEAP beneficiary PWDs' children in such households would want to stay at home and be prepared to run errands knowing that at the end of the day there was food to eat. Hence, LEAP

cash transfers had improved beneficiary PWD's basic household food consumption situation. This supports what Ayala (2010) stated that the objective of improving basic household consumption and nutrition for people without productive capacity including persons with severe disability is being achieved. However, some participants indicated that LEAP beneficiary PWDs skipped food in a day due to the fact that the money delayed and was inadequate. This underpins Handa, Park, Darko, Osei-Akoto, Davis and Daidone (2013) when they opined that the impact of LEAP programme on household consumption is negligible because consumption is driven by permanent income. But a LEAP beneficiary PWD numbered 8 stated that:

“I had the hope of getting some food to eat with the LEAP cash unlike previously when I was not on the programme”. “It had improved my household food consumption”.

Moreover, a physical disable participant numbered 11 indicated that LEAP cash had brought some relief to her in the sense that she has not skipped food in a day.

She explained that:

“I was doing some petty trading to support the household food purchases”.

This meant that there was no food shortage in the house as she used some of the profits to buy food items for their household consumption. This meant that their household food consumption situation had improved. On the other hand, those who did not have money went to relatives to borrow to purchase food and paid when LEAP was due. This also indicated that they had some debts to pay and this would reduce the total LEAP cash they had to spend for that period. Furthermore,

they could be on the streets or visit homes to beg for food or money until the next payment period.

5.3 Effects of LEAP on Health Care Services

Research question two (2) sought to understand effects of LEAP on the health of beneficiary PWDs, Thus a number of questions such as: Do you have NHIS card to access healthcare services? Which healthcare services are covered by NHIS? What do you do any time you fall sick as a LEAP beneficiary? Which healthcare services do the LEAP cash help you to pay? Which other type of illness or diseases have you used LEAP cash to pay? What is your health status now as a LEAP beneficiary were put to the participants to assess effects of LEAP on healthcare services by beneficiary PWDs.

The results from the study showed that almost all the participants confirmed that LEAP beneficiary PWDs had NHIS cards to be able to access healthcare services covered by NHIS in Effutu Municipality. This was further confirmed by participant numbered 10 who indicated that:

“I had NHIS card to access healthcare services throughout the year”.

Therefore, this was an indication that LEAP beneficiary PWDs would receive out-patient care for example treatment that did not require an overnight stay in the hospital or clinic including necessary drugs, injection and drips. Secondly, they could receive prescribed drugs as well as diagnostic tests for their illness. There would be the elimination of unnecessary stress on LEAP beneficiary PWDs such as where to get money for transport to the hospitals/clinics as well as treatment of ailments. It supports what Sulemana *et al.* (2018) opined that the effect of LEAP

on health care in communities showed that beneficiaries who are enrolled automatically into the NHIS have their fees waived. Therefore, LEAP helped to take care of the health of beneficiary PWDs and their children when they attended hospitals/clinics in the Municipality. This further underpins CCD-Ghana (2015) assertion that sixty seven per cent (67%) of beneficiaries were registered on the NHIS through the LEAP cash grant.

On the other hand, a participant numbered 11 indicated that:

“I had no NHIS card and did not benefit from its services but I paid from my LEAP cash”.

This explained that some LEAP beneficiary PWDs who did not have NHIS cards or renew them would be able to pay for or buy drugs and go to the clinic/hospital when they were sick. This supports the finding by CDD (2015) that LEAP has enabled beneficiaries to maintain their health, paying for prescriptions and medicines. Therefore, this further reflects the views of Sulemana *et al.* (2018) when they indicated that LEAP has helped vulnerable people to access health care which is an essential basic need. It further supports the conceptual framework which indicates that as cash is transferred to beneficiaries‘ it brings some challenges as well as effects on the objectives of the LEAP programme.

Majority of the participants observed that NHIS covered the health care of LEAP beneficiary PWDs. Some of the health care services covered by NHIS which they had benefited were laboratory test, illness such as malaria, stomach ache, in and out-patient services etc. However, other participants indicated that some who had not been able to get their NHIS cards or renew them had to pay from their LEAP cash. This showed that LEAP cash was used on a service they should have gotten

free of charge at the hospital or clinic but had to pay for it anytime they fell sick. For instance, it was worthy to note that a blind male participant numbered 14 indicated he used some of the LEAP cash for treatment of his ailment at the time.

Therefore, he indicated that:

“What I do is to buy some drugs from the drugstore and at certain times relatives lend me some money for treatment at the hospital”.

This view buttresses Handa, Park, Darko, Osei-Akoto, Davis, and Daidone, (2013) when they opined that the LEAP cash has also helped beneficiary households to reduce their out-of-pocket expenses and increase their desire to seek preventive as well as curative healthcare when they are sick.

Moreover, majority of the participants recognized that LEAP beneficiary PWDs who had NHIS cards used them in hospitals and clinics in Effutu Municipality. Therefore, some of the healthcare services LEAP beneficiary PWDs received when they went to the hospitals/clinics was diagnostic test, drugs for malaria treatments, BP test and provision of medications etc. This implied that most of the LEAP PWDs would no longer complain of feeling too weak or tired easily but showed signs of an improve health. All these services helped sustain the health of LEAP beneficiary PWDs so that they could engage in their normal work or duties.

Therefore, this revelation goes contrary to the view that majority of PWDs lack access to public health and the results are that they have poorer health status (Slikker, 2009). However, only a few participants said that LEAP beneficiary PWDs could not access healthcare through NHIS. Thus it meant they had neither NHIS cards nor renewed them so they paid for health care services from their LEAP cash anytime they fall sick.

They also reported they used their LEAP cash to pay for malaria treatment indicating they bought drugs like Artesunate Amodiaquine, paracetamol and Gebedol whenever they were attacked by malaria. Moreover, another blind participant numbered 12 indicated clearly that:

“I used some of the LEAP cash to purchase malaria drugs for treatment”.

Some of these expenses could contribute to exhaust the LEAP cash early which would make LEAP beneficiary PWDs struggle to cope with the situation until the next payment period. Generally, all participants acknowledged there was an improvement in the health status of LEAP beneficiary PWDs. Thus one of the participants indicated that at least she could get some money to buy drugs or go to a health center or hospital for treatment.

Hence, she emphasized that:

“I could get some money to buy drugs or go to the hospital which was not the case previously without LEAP cash”.

This finding confirms Owusu-Addo (2016 cited in Sulemana, Malongza & Abdulai, 2018) when they noted that cash transfers improved child nutrition, health service utilization, poverty reduction and social transformation, education, and emotional health and well-being. Again, this finding in particular revealed that the objective of LEAP programme to improve access to health care services among persons with severe disability has been attained in Effutu Municipality. This was because LEAP beneficiaries PWDs were no longer worried about seeking for health care services. They could go to the hospital/clinic with their NHIS cards for treatment free of charge in Effutu Municipality. The only thing

some LEAP beneficiary PWDs needed was support from relatives to lead them to a health facility for treatment during sickness or illness.

5.4 Effects of LEAP on School Enrolment and Retention

Furthermore, to understand effects of LEAP on school enrolment and retention of beneficiaries' children, research question three (3) sought to ask the following: How many of your children are attending basic school through LEAP cash? How many days in the week do your children go to school? How much LEAP cash is given for feeding fee of your children in school a day? Which school materials have you provided for your children with LEAP cash? How have these school materials encouraged them to go to school?

The reactions from majority of the participants showed that LEAP beneficiary PWDs had their children enrolled in basic schools because of Free Compulsory Basic Education in public schools in the country and also with the support of LEAP cash. It was further observed that many participants indicated that LEAP beneficiary PWDs children went to school 5 days in a week and did not skip classes throughout. These meant that these children would learn throughout the whole week, study with their friends in basic schools, perform their homework and undertake extra-curricular activities as well as prepared for school the following week. This would help sustain the interest of these children to go to school often. It further meant that LEAP beneficiaries' children would not be missing any school days which would affect their learning and reducing repeating a grade. Besides, this would eliminate the issue of engaging in by-day work or job on people's farms, mending of fishing nets for money and as well as accompany fishermen on sea. This supports what Becker and Schultz (1970 cited in Pineda,

2018) as human capital theory which is the collection of competencies or skills and knowledge embodied within an individual and needed to perform labor and produce economic value. By so doing extreme poverty of LEAP beneficiary PWDs households through these children would be reduced or eliminated to ultimately achieve the overall objective of the programme.

Consequently, a female participant numbered 11 indicated that:

“My two (2) children go to school throughout the week and each day, I give them GH¢2.00 each as feeding fee from the LEAP money”.

It also confirmed what MoGCSP (2013) indicated as stated by a beneficiary that not only has school attendance increased but they were also able to keep up with additional fees and spent more on books and uniforms. This supports the findings of CDD Ghana (2015) that beneficiaries' children were enrolled in schools. And that the LEAP programme has contributed to about twelve per cent (12%) increase in school enrolment of children of school going age in LEAP beneficiary households. In contrast, it was noticed that not all LEAP beneficiary PWDs had children in school. Only two participants numbered 11 and 14 had their children enrolled in basic school. Moreover, for those who were in school some of the LEAP cash was used to buy materials such as school bags, school sandals, exercise books, pens and pencils for them to aid learning. Hence, a participant indicated clearly that:

“I bought school materials such as exercise books, pens, pencils and school bags for my child with the LEAP money”.

Some participants revealed that the use of LEAP cash to provide school necessities motivated LEAP PWD beneficiaries' children to go to school throughout the week. This could also contribute to improve learning among these

children in basic schools. It supports the conceptual framework which indicates that as cash is transferred to beneficiaries' it brings some challenges as well as effects on the objectives of the LEAP programme.

5.5 Challenges LEAP Programme is faced with in the Municipality

Research question four (4) examined challenges the LEAP programme is faced with in Effutu Municipality. Thus, the challenges faced by managers/focal person and their solutions were ascertained respectively. Hence, LEAP Managers/Focal Person was asked the following questions: What are the challenges you faced in performing LEAP duties to PWD beneficiaries and their solutions. For the LEAP beneficiary PWDs questions such as what are the challenges you faced as a beneficiary with disability? And how are you dealing with the challenges?

LEAP Managers/Focal Person confirmed that they were challenges using e-zwich machines or cards to pay LEAP beneficiary PWDs in the Municipality. To indicate this one of the managers stated that:

“I have seen some LEAP PWDs card not being recognized by the e-zwich machine on payment days”.

The effect was that some LEAP beneficiary PWDs would not collect their LEAP cash for that specific period. This meant they had to visit the Social Welfare Office until it was rectified. It was also likely that they would not receive the cash until the next payment time. Hence, the likelihood of some LEAP beneficiary PWDs to borrow for feeding was inevitable.

Lack of vehicle for LEAP duties was another challenge LEAP managers faced in performing their duties to PWD beneficiaries in the Municipality. This clearly under pins what was indicated in the conceptual framework that LEAP Managers are likely to face some challenges such as lack means of transport to perform

LEAP duties. It was also corroborated by one of the LEAP Managers in this direction:

“I said the Municipal Social Welfare Office does not have a vehicle to perform LEAP duties”.

The effect was that it became difficult for managers to undertake regular monitoring and interacted with LEAP beneficiary PWDs. As a result, services which beneficiaries needed such as collection of their particulars for NHIS registration or renewal of cards, finger print transformation, and replacement of e-zwisch cards were not possible. This finding agrees with the study conducted by Jaha and Sika-Bright (2015) when they asserted that a major issue revealed was the unavailability of official means of transportation for programme officers.

However, the focal person in the community often visited and interacted with LEAP beneficiary PWDs in their households. However, the challenge of the focal person was to hire chairs and ensure that all LEAP beneficiary PWDs were brought to the payment centre to collect their cash transfers. Certain times, the focal person had to arrange a taxi for some of them who were blind or could not walk to be transported to the payment centre. Furthermore, other problem faced by LEAP beneficiary PWDs such as NHIS card renewal was made known to the focal person and it was communicated to the LEAP Managers for solutions. Moreover, the work of the focal person was voluntary in the community and because of that nothing was given for travel and transport to commute for LEAP duties. Therefore, to confirm it the focal person stressed that:

Apart from an allowance of GhC 15.00 on payment days nothing was given for travel and transport.

This indicated that not much funds were provided to perform LEAP duties in the Municipality. Majority of the LEAP Managers also revealed that there was inadequate money for administration and communication. This was reported by a LEAP Manager when she said that:

The money for administration and communication was inadequate for LEAP work in the Municipality.

This came out in the sense that LEAP Managers had to pay for printing of payment vouchers, photocopying of documents, emails and internet costs for every payment cycle. They had to pay focal persons their allowance on payment days because they organized beneficiaries, hired chairs and prepared the centre for the payment. They also had to call focal persons on phones to inform them when next payments would be made and any other matters related to the programme in the communities. This implied that they would reduce emails, internet costs and focus on photocopying of payment vouchers of beneficiaries to the Headquarters. Eventually, this would affect correspondence between LEAP Managers and the Headquarters. It could also delay the payment of allowances and reduce telephone calls to focal persons in the communities.

Almost all LEAP beneficiary PWDs indicated that they had challenges using the e-zwich machine and cards to collect their money on payment day. This was because not only did some beneficiary's e-zwich card or finger print not recognize by the machine but also certain times both of them could not work. This implied that the e-zwich card or machine was faulty and should be replaced before one could be paid. Furthermore, what this meant was that beneficiaries would not be paid on that particular day. This was explained by participant numbered 10 that:

“My card could not be recognized by the e-zwich machine for my payment”

The result was that some beneficiaries had to go home empty-handed which could lead to begging or borrowing from relatives in the community. It also implied that such beneficiaries had to travel or spend some money on transportation the next day or two to the Social Welfare and Community Development office in Winneba for rectification and possible payment. The finding supports Azungah (2016) view that some of the challenges were the long distance they have to travel and time spent to the collection point was the issue. As a result, some LEAP beneficiary PWDs with support from relatives always accompanied them to the payment centre for their money and those without help depended on the focal person. Also, if a beneficiary misplaced his/her e-zwich card it became difficult to replace it because most of them were unable to provide the earlier or same information they used to register for the card. It had to take about 3 months for a LEAP beneficiary PWD's e-zwich card to be replaced for him/her. To confirm this, the focal person said that:

It took six (6) months for a LEAP beneficiary PWD's e-zwich card to be replaced for him/ her.

Some participants observed that due to their impairment they were unable to go to the payment centre to collect their LEAP cash. And where finger print transformation had not been done for a selected person's choice, it meant that such a LEAP beneficiary PWD would not be paid for that period unless he/she was transported to a payment point in Winneba. And these were some of the challenges which emerged when LEAP cash transfers were paid to beneficiary PWDs in Effutu Municipality. Generally, payment to LEAP beneficiary PWDs through the Ghana Interbank Payment and Settlement System (GHIPSS) – a

subsidiary of the Bank of Ghana electronically using the e-zwich machine was not without difficulty in the Municipality.

Another problem was that certain times at the payment centre the network system could go off and LEAP beneficiary PWDs had to wait for long hours before being paid. This became worrisome for some of these beneficiaries who were frustrated on such occasion. However, when the e-zwich machine experienced network challenges the bank representative or Social Welfare and Community Development Officer present at the centre usually used the unique code of the beneficiary at that payment period instead of his/her fingerprint to assist payment. Furthermore, loading of money on a beneficiary's replaced or renewed card took a long time to be successful. To confirm this, a focal person said that:

Anytime payment was due and participant numbered 13 went to collect the money, there was no money on it. It took three (3) months before the e-zwich card was loaded with money.

In contrast, it was noticed that a few LEAP beneficiary PWDs had no problem using the e-zwich machine or card for their payment. This meant their e-zwich cards and fingerprint were all recognized by the machine for the payment of LEAP cash. Therefore, it could be suggested that such LEAP beneficiary PWDs would continue to improve their basic household food consumption and well-being. The effect was that it would lead to achieve the programme objectives of LEAP in Effutu Municipality.

Another challenge was that LEAP cash payment delays. Majority of LEAP beneficiary PWDs noted that the last time they were paid was about 2 months in Effutu Municipality. This point was forcefully stressed by participant numbered 8 that:

“I said my LEAP cash transfer delayed and that was my worry”

And that as the money delayed it contributed to some nearly begging for food from non-relatives and borrowing from relatives. This goes to support FAO (2013) cited in Jaha and Sika-Bright (2015) when they observed that on the impact of LEAP in Ghana payments were irregular and infrequent and therefore made it difficult for smooth consumption, plan investments and expenditures within families and in communities. Therefore, all these challenges could have a general effect on the programme objectives of increasing access to household food consumption, improve access to health care, basic school enrollment and retention of LEAP beneficiary PWD’s children.

Finally, LEAP Managers and LEAP beneficiary PWDs were able to solve or deal with the challenges. LEAP Managers solved these challenges by reporting e-zwich issues such as malfunctioning of cards, non –marching of finger print and difficulty loading cash unto e-zwich cards to the Headquarters for solutions. The Head of Social Welfare and Community Development in Effutu Municipality used her vehicle, modem etc. to aid the work of LEAP programme. Education on social service was often given to Officers assigned on LEAP duties to ensure that they were committed to their work. Finally, LEAP beneficiary PWDs reported the issues to managers in the Municipality and waited patiently for solutions from the Headquarters. It further supports the conceptual framework which indicates that as cash is transferred to beneficiaries‘ it brings some challenges as well as effects on the objectives of the LEAP programme.

5.6 Summary

The finding suggested that 57 percent of the participants confirmed that LEAP beneficiary PWDs did not worry about food with LEAP cash. This was because their basic household food consumption had improved to some extent. LEAP beneficiary PWDs attested to this fact because they used their LEAP cash to buy food products such as maize, rice, gari which enabled them to eat at least 2 to 3 times daily. This also supports the conceptual framework used in the study that once LEAP cash is transferred to LEAP beneficiaries, it will have effect on household food consumption. Almost all LEAP beneficiary PWDs had NHIS cards to be able to access healthcare services in Effutu Municipality. Thus they could attend hospitals/clinics with their NHIS cards for treatment free of charge. The effect was that there has been improvement in health status of LEAP beneficiary PWDs which indicates that the programme objective of increasing health care to has been achieved. Furthermore, the lack of an office vehicle was the reason why LEAP Managers could not engage in field visits and interact with LEAP beneficiary PWDs.

One of the focal persons indicated that except on payment days no one came to visit LEAP PWDs and dealt their issues such as faulty e-zwich cards. They noted also that the LEAP cash transfer delayed. This resulted to borrowing of money from relatives to deal with the situation. Finally, LEAP Managers and PWD beneficiaries were able to solve or deal with the challenges. This emerged when LEAP Managers reported the issues to Headquarters while LEAP beneficiary PWDs waited patiently for improvement in the use of e- zwich cards and machines.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This section of the study summarises the findings of the research. It also indicates how the objectives of the study were achieved and its contribution to knowledge. Besides, it draws a vivid conclusion and provides useful policy recommendations that address the issues raised in the analysis to enhance the welfare of LEAP beneficiary PWDs in Effutu Municipality. Finally, it shows the limitation of the study and offers useful suggestions for future research work.

6.2 Summary of Findings

The research set out to study effects of LEAP programme on persons with disability in Effutu Municipality. It sought to find out the challenges faced by managers/focal person in the discharge of their duties as well as LEAP beneficiary PWDs. Therefore, a qualitative research approach with phenomenological design was engaged for the study. The research also used purposive and convenient sampling techniques to select 14 participants who constituted seven (7) Managers/ Focal Person and seven (7) LEAP beneficiary PWDs. The instruments that were engaged to collect data for the research was semi-structured interview guide, focus group and discussion guide to capture all interactions with the participants. The study findings were based on the objectives of the research and these revealed that:

- i. Majority of the participants indicated that LEAP beneficiary PWDs do not worry they would not have food to eat with LEAP cash. This is due to the fact that LEAP cash was given to them every bi-monthly and they used it

to purchase food. However, some of the participants indicated that though the LEAP cash or money was not enough they thought it would be regular. Besides, it delayed which was a source of worry as to what to eat next in the day. Hence, at times they had to borrow from relatives as a last resort to buy food with the hope of paying when LEAP cash was due.

- ii. Many of the participants admitted they used some of the LEAP cash to purchase food products such as maize, rice and gari. This assisted them to prepare food for example, “banku”, rice or gari with palm nut soup to eat for two (2) or three (3) times a day. This brings to light the contribution of the research to knowledge in the sense that LEAP beneficiary PWDs do not starve the whole day without food.
- iii. The study showed that cash transfers had improved LEAP beneficiary PWDs basic household food consumption situation. Even though some participants skipped food once in a day due to the fact that the money was inadequate, they argued it was better now than when they were not on the programme. This also provided an indication that the research has contributed to knowledge in the sense that cash transfers had improved their basic food situation in Effutu Municipality.
- iv. Moreover, even though participants recognized that LEAP beneficiary PWDs who had NHIS cards used them in hospitals and clinics while a few could not access healthcare through NHIS. This shows that some continue to use their cash transfers to pay for health care services that they should have gotten free of charge.
- v. All the participants confirmed that through the LEAP programme health status of LEAP beneficiary PWDs had improved. This means that many of

the LEAP beneficiary PWDs no longer lack access to health care in Effutu Municipality. This result provides a major contribution to knowledge. However, it was noted that one of the participants that had not renewed his/her NHIS card which meant he/she could not benefit from its service.

- vi. As PWDs children are enrolled in school, LEAP cash has contributed to improve school attendance in the Effutu Municipality. This was because LEAP cash is given as feeding fee to PWDs children to attend school.
- vii. Majority of the participants indicated that there were challenges using e-zwich cards and machine for payment. This was because some cards were faulty and beneficiary's finger print cannot be recognized by the machine. Also, LEAP beneficiary PWDs who misplaced their e-zwich cards were not easily replaced due to the inability to provide the earlier or same information they used for them. This clearly indicates another major contribution of the study to knowledge.
- viii. Participants indicated that some LEAP beneficiary PWDs due to their impairment were unable to go to the payment centre to collect their LEAP cash and where finger print transformation had not been done for a selected person of his/her choice it means a beneficiary could not get his/her cash for that payment period. Unless, that person is transported or find time to go to a payment point or centre for the money.
- ix. It was also evident that managers except the focal person could not undertake regular monitoring to interact with LEAP beneficiary PWDs due to lack of office vehicle for LEAP duties.
- x. LEAP Managers in Effutu Municipality observed that there was inadequate money for administration and communication in the sense that

they incurred cost of printing, photocopies of document, A4 sheets, tonner and calls to focal persons to inform them of their availability to make payments in the communities. They also had to contact them for any other matters related to the programme.

- xi. LEAP beneficiary PWDs revealed that LEAP cash delayed and as a result some borrowed from relatives to cope with living conditions.
- xii. The study observed how LEAP Managers dealt with the challenges such as malfunctioning of e-zwich cards and machine on payment day, non – marching of finger prints and loading of cash unto e-zwich cards. Thus LEAP Managers directly reported the challenges to be addressed by the Headquarters’.
- xiii. The Head of Social Welfare and Community Development in Effutu Municipality used her personal materials such as vehicle; modem, pen drives etc. to aid the work of LEAP.
- xiv. LEAP beneficiary PWDs waited patiently for managers to solve these challenges. This was because they could not report these issues directly to the Headquarters’.

6.3 Conclusion

LEAP cash transfer has a positive effect on household food consumption in Effutu Municipality in the sense that beneficiary PWDs did not worry about food.

This meant that LEAP PWD beneficiaries no longer complain of hunger due to lack of money. They did not stay without eating and had no psychological problem about what to eat during the day. The effect was that LEAP programme

objective to improve basic household consumption among children and people with severe disability has been achieved.

LEAP has improved health of PWD beneficiaries because they used NHIS cards to access health care. It meant that beneficiaries went to hospitals/clinics for treatment free of charge. As a result they were healthy to perform their normal duties. This supports the programme objective of LEAP to increase access to health care services among people with severe disability.

LEAP has contributed to improve school attendance in the sense that beneficiaries' children went to school 5 days a week without skipping classes. This revealed that LEAP has aroused the interest of these children to go to school. It also indicated that these children would develop their skills and in future overcome poverty in their households. This finding further supports the argument that LEAP programme objective to increase basic school enrollment, attendance and retention of beneficiaries' children aged 5 and 15 years has been achieved.

Finally, LEAP is faced with administrative and technical challenges in the sense that there was lack of funds for printing, photocopies of document, A4 sheets, and tonners while e-zwich machine /cards were faulty. For example, 79 percent of participants had some challenges using e-zwich cards and machine to access their payment.

6.4 Limitation of the Study

The study findings cannot be generalized because it used a qualitative research method which used a sample size of fourteen (14) out of 357 PWDs. Thus, the researcher could not conclude that PWD beneficiaries were affected the same

way. Also, the study focused only on LEAP persons with disability in Effutu Municipality.

Furthermore, during the focus group and discussion, one of the managers provided more detail information than other participants which might lead to some possible biases. However, notwithstanding these limitations, the results of the study were reliable and valid to further improve the LEAP programme. This was because these constraints did not have any negative bearing on the findings of the study.

6.5 Recommendations

- i. Ministry of Gender, Children and Social Protection (MoGCSP) must ensure that LEAP cash is paid on time. This means the money should be regular and promptly paid in the 1st week of every second month to prevent LEAP PWDs from borrowing.
- ii. LEAP PWDs NHIS cards should be renewed regularly by LEAP Managers/Focal Persons in Effutu Municipality. This would prevent beneficiaries from using their LEAP cash to pay for health care services which can be obtained free of charge.
- iii. MoGCSP should provide LEAP Managers in Effutu Municipality with official means of transport to enable them visit and interact with PWD beneficiaries.
- iv. MoGCSP should provide LEAP Managers in Effutu Municipality with an accountable impress to enable them pay for administrative cost e.g. purchase of A4 sheets, tonners, photocopying, printing, e-mails and telephone calls as they perform LEAP duties.

- v. LEAP Managers/Bank Officials in Efutu Municipality must use the unique code of PWD beneficiaries to facilitate payment.

6.6 Suggestions for Future Research

The following are some suggestions for consideration in the future:

- i. A study on how the Ministry of Gender, Children and Social Protection (MoGCSP) can continue to fund the LEAP programme.
- ii. A research on how beneficiaries are targeted or selected for LEAP cash programme.



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APPENDIX A

INTRODUCTORY LETTER

	UNIVERSITY OF EDUCATION, WINNEBA FACULTY OF SOCIAL SCIENCE EDUCATION DEPARTMENT OF SOCIAL STUDIES EDUCATION
 P. O. Box 25, Winneba, Ghana	 socialstudies@uew.edu.gh
 +233 (020) 2041096	

31st January, 2020

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

LETTER OF INTRODUCTION: KPENTEY KWAME ERNEST

We write to introduce Mr. Kpentey Kwame Ernest to your outfit. He is a Master of Philosophy Social Studies student with registration number 8180140023 from the above-named Department.

As part of the requirements for the award of Master of Philosophy in Social Studies Education, he is undertaking a research on "*Effects of Livelihood Empowerment Against Poverty (LEAP) programme on Persons With Disability (PWD) in Effutu Municipality*"

We wish to assure you that any information provided would be treated confidential.

Thank you.

Yours faithfully,


Mrs Margaret Gantier Nyala
For: Ag. Head of Department

APPENDIX B

SEMI-STRUCTURED INTERVIEW GUIDE FOR PWDs ON LIVELIHOOD EMPOWERMENT AGAINST POVERTY (LEAP) PROGRAMME

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF SOCIAL STUDIES

The purpose of this study is to examine effects of Livelihood Empowerment Against Poverty (LEAP) on persons with disability in Effutu Municipality. Kindly be assured that your responses will be treated with utmost confidentiality and it is solely for academic purposes.

And please be informed that participation in the study is voluntary which means that no one is forced to take part in the study. Should you wish to withdraw from the study, please feel free to do so. However, your support and contribution would be very much appreciated.

Demographic characteristics

- 1 What is your sex?
- 2 What is your age?
3. What type of disability do you have?
4. Please can you tell me about your occupation?

Effects of LEAP programme on household food consumption

1. Have you been worried you will not have food to eat with LEAP cash?
If.....yes.... why.....
If.no.....why.....
2. What food products do you use the LEAP cash to buy?.....
3. What is your household food consumption situation?
4. How many times do you eat food in a day with LEAP cash?
5. Tell me if you have skip food in a day after getting LEAP cash?

Effects of LEAP programme on health care services

1. Do you have a NHIS card now to be able to access healthcare services?

Yes.....ask Q2

No.....ask Q3

2. Which healthcare services are provided for using NHIS card?

3. What do you do anytime you fall sick as a LEAP beneficiary?

4. Which health care services does the LEAP cash help you to pay?

5. How often do you use your LEAP cash to pay for health services?

6. Which other type of illnesses or diseases have you use LEAP cash to pay?

7. What is your health status now as a LEAP beneficiary?

Effects of LEAP programme on basic school enrolment and retention

1. How many of your children are attending basic school through LEAP cash?

2. How many days in the week do your children go to school?

3. How much LEAP cash is given for feeding fee of your children in school a day?

4. Which school materials have you provided for your children with LEAP cash?.....

5. How have these school materials encouraged them to go to school?

Challenges faced with the LEAP programme

1. What are the challenges you face as a LEAP beneficiary with disabilities?
.....
.....

2. How are you dealing with the challenges in your own way?
.....
.....

APPENDIX C

FOCUSED GROUP DISCUSSION GUIDE (FGD) FOR MUNICIPAL LEAP

MANAGERS AND FOCAL PERSON

The purpose of this study is to examine effects of Livelihood Empowerment Against Poverty (LEAP) on persons with severe disability in the Effutu Municipality. Kindly be assured that your responses will be treated with utmost confidentiality and solely for academic purposes.

And please be informed that participation in the study is voluntary which means that no one is forced to take part in the study. Should you wish to withdraw from the study, please fill free to do so. However, your support and contribution would be very much appreciated.

Effects of LEAP programme on household food consumption

1. Tell me if PWDs have been worried they will not have food to eat with LEAP cash?

.....

2. What food products do PWDs use LEAP cash to buy?

3. What is LEAP PWDs household food consumption situation?

4. How many times do PWDs eat in a day with LEAP cash?

5. Do PWDs skip meals in a day after getting LEAP cash?

Effects of LEAP programme on health care services

1. Do PWDs have NHIS card now to be able to access healthcare services?

Yes..... ask Q2- Q3

No.....ask Q4

2. What means did LEAP PWDs get their NHIS cards?

3. Which healthcare services are provided to LEAP PWDs for using NHIS card?

.....

4. What do PWDs on LEAP programme do anytime they fall sick?

5. Which health care services do the LEAP cash help PWDs to pay?

6. Do PWDs use LEAP cash to pay for health care services?

7. Which other type of illnesses or diseases do PWDs use LEAP cash to pay?
.....
8. What can you say on the health status of PWDs as LEAP beneficiaries?

Effects of LEAP programme on school enrolment and retention

1. Do PWDs have any children attending basic school?
Yes.....ask Q 2
Noskip Q2- Q3
2. What are the means by which PWDs pay their children's school fees?
3. How many days in the week do LEAP PWDs children attend school?

Challenges faced with the LEAP programme

1. What are the challenges you face in performing LEAP duties to PWDs?
.....
.....
2. How have you addressed these challenges faced in performing LEAP duties to PWDs?
.....
.....

APPENDIX D

Grid Table showing the effects of LEAP on Household Food Consumption, Healthcare Services, Basic School Enrolment and Retention and Challenges of LEAP

Focus Group Discussion (FGD) and one- on- one interviews held with LEAP Managers/Focal Person and LEAP PWDs respectively was transcribed into grid tables for analysis. The grid shows themes and participants who revealed information to which the themes could be traced and its frequency. In the grid tables, participants who agreed to the theme were marked with response code (x) and those who did not agree were marked by another response code (o).

Grid Table 1: Effects of LEAP on household food consumption

Theme	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8	Interview 9	Interview 10	Interview 11	Interview 12	Interview 13	Interview 14
No worry about food/feeding	x	x	x	x	x	x	o	x	o	x	o	o	o	o
Food products Purchased (maize, rice etc.	o	o	o	o	o	x	x	x	x	x	x	x	x	x
Number of eating food a day	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Skipping of food in a day	o	o	o	o	o	x	x	o	x	o	o	x	x	x
Improvement in household food consumption	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Grid Table 2: Effects on healthcare services

Theme	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8	Interview 9	Interview 10	Interview 11	Interview 12	Interview 13	Interview 14
Acquisition of NHIS card	x	x	x	x	x	x	x	x	x	x	o	x	x	x
Health care services covered by NHIS	x	x	x	x	x	x	o	x	x	x	o	o	x	x
Usage of NHIS card at hospitals/clinics	x	x	x	x	x	x	o	x	x	x	o	o	x	x
Sickness paid with LEAP cash	o	o	o	o	o	x	x	o	o	o	x	x	o	o
Improvement in health status	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Improvement in their Livelihood	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Grid Table 3: Effects on basic school enrollment and retention

Theme	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8	Interview 9	Interview 10	Interview 11	Interview 12	Interview 13	Interview 14
School attendance and retention	x	x	x	x	x	x	x	o	o	o	x	o	o	x
PWD's children attend school every week	x	x	x	x	x	x	x	o	o	o	x	o	o	x

Grid Table 4: Challenges of LEAP

Theme	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8	Interview 9	Interview 10	Interview 11	Interview 12	Interview 13	Interview 14
Difficulty using E-zwich machine and cards for payment	x	x	x	x	x	x	x	o	o	x	x	x	x	o
Lack of vehicle for LEAP duties	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Inadequate money for administration and communication	x	x	x	x	x	x	x	x	o	o	x	x	o	o
Delay in payment of LEAP cash	o	o	o	o	o	o	x	x	x	x	x	x	x	x

Grid 5: Solution to LEAP challenges

Theme	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8	Interview 9	Interview 10	Interview 11	Interview 12	Interview 13	Interview 14
Report E-zwich challenges to Headquarters	x	x	x	x	x	x	x	o	o	x	x	x	x	o
Usage of personal materials	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Education of LEAP Officials	x	x	x	x	x	x	x	o	o	o	x	x	x	x
Wait patiently	o	o	o	o	o	o	x	x	x	x	x	x	x	x