
By

Agbaam, Akachabwon Callistus

A Mini thesis submitted at the Institute for Social Development, Faculty of Arts, University of the Western Cape in partial fulfilment of the requirements for the award of a Master of Arts Degree in Development Studies.

Supervisor: Dr. Mulugeta F. Dinbabo

May, 2013
KEYWORDS

- Alleviate
- Cash
- Exclusion
- Ghana
- Grant
- Livelihood
- Poverty
- Social
- Transfers
- Vulnerability
ABSTRACT

Over the last decade, there has been a marked convergence in thinking regarding the importance of social cash transfers in poverty alleviation. As such, most governments especially in the developing world have begun embracing the idea of rolling out various social cash transfers programmes in a bid to address poverty, social exclusion and vulnerability.

This study which is predominantly centred on the LEAP social grant programme in Ghana aims at assessing the impact of the programme in alleviating household poverty in rural Ghana, specifically in the Tolon-Kumbungu district of the Northern region. Through a combination of both qualitative and quantitative strategies, the study focuses on unravelling in how far the programme has contributed to improving the livelihoods and general welfare of beneficiary households in the case study area.

Using data from structured household questionnaires, focus group discussions and in-depth interviews conducted in two rural communities (Dingoni and Woribogu), the study establishes that the LEAP social grant has a significant positive impact on food consumption, frequency of utilization of healthcare facilities and the school enrolment rate for children aged 6-13 years in beneficiary households. However, although hypothesised, no significant impact is observed in relation to the incidence of child labour in the household. Thus, in line with Rawls’ theory of justice, the researcher argues that the LEAP social grant programme is a very useful mechanism for promoting social justice in the Ghanaian society.

Despite its successes, the study also uncovers that, the insufficient nature of the cash transfer, irregular payment periods, lack of access to complimentary services and lack of transparency and accountability on the part of payment officials are some key challenges confronting the programme from the perspective of beneficiaries, whilst limited staff capacity, the non availability of training opportunities for staff, inadequate logistical support and no motivation for programme staff and voluntary structures also constitute some key challenges from the institutional perspective.

In all, the study recommends that government increases the cash amount and pay transfers regularly, link beneficiaries to existing complimentary services in the district, recruit more staff and provide in-service training opportunities for them, strictly monitor compliance to LEAP conditionalities and ensure transparency and accountability in the payment of transfers to beneficiaries.
DECLARATION

I hereby declare that this mini thesis entitled Assessing the Impact of the Livelihood Empowerment Against Poverty (LEAP) social grant programme on household poverty reduction in rural Ghana: A Case Study of the Tolon-Kumbungu District in Northern Ghana is my own work and that I have not previously submitted it at any university for a degree or examination. All sources that I have quoted have been indicated and duly acknowledged by means of referencing.

Agbaam, Akachabwon Callistus

Signature: ------------------------

May, 2013.
DEDICATION
I humbly dedicate this thesis to the entire Agbaam family and to the late Mr Anaab.
ACKNOWLEDGEMENTS

First of all, I wish to thank the almighty God for granting me the strength and wisdom to be able to undertake this study.

I am also extremely grateful to my supervisor, friend and mentor Dr Mulugeta F Dinbabo, for his immerse support and academic nurturing throughout my studies at the University of the Western Cape. I particularly appreciate the countless hours and sleepless nights that he spent reading this thesis and offering very meaningful and useful insights into its successful competition.

I also wish to express my sincere gratitude to the staff and students of the Institute for Social Development (ISD) for being a very wonderful family to me throughout my study period in Cape Town. I particularly want to thank, Mrs Ina Conradie Mrs Priscilla Kippie and Mrs Berlinda du Plessis for all their untiring efforts especially during the final phase of my studies.

I will also want to express my heartfelt appreciation to DAAD through the South Africa-German Center for Development Research and Criminal Justice for offering university bound graduates like me, the opportunity to experience world class education in a foreign country through the award of a full time Masters scholarship. I forever remain indebted to DAAD.

To my parents Mr and Mrs Paschal Agbaam, My uncle Mr J.B Agbaam, My siblings, Bruce, Gaeten, Tina and Bertha, I want to say a very big thank you for all the sweet talks, support and encouragement you gave me during very turbulent times. You make life so meaningful to me.

Finally, I also wish to thank all persons who contributed in diverse ways to making this study a success. I cannot forget my very wonderful friends, Bisrat, Jacob, Daniel, Botwe, Kingsley and John Baptist for always being there for me whenever times were tough and harsh. I surely have neither gold nor silver to offer you but from the bottom of my heart, I pray that the good lord will reward you all in a thousand handfuls. God bless you all.
TABLE OF CONTENTS

KEYWORDS ................................................................................................................................................. i
ABSTRACT ................................................................................................................................................... ii
DECLARATION ........................................................................................................................................... iii
DEDICATION ............................................................................................................................................. iv
ACKNOWLEDGEMENTS ........................................................................................................................... v
TABLE OF CONTENTS ............................................................................................................................ vi
LIST OF TABLES ......................................................................................................................................... ix
LIST OF ABBREVIATIONS AND ACRONYMS .................................................................................. x

CHAPTER ONE .............................................................................................................................................. 1
INTRODUCTION AND BACKGROUND ................................................................................................. 1
  1.1 Chapter overview ............................................................................................................................ 1
  1.2 Introduction ..................................................................................................................................... 1
  1.3 Contextualisation of the study ....................................................................................................... 2
  1.4 Problem statement ......................................................................................................................... 5
  1.5 Research questions, aims and objectives of the study ................................................................. 6
     1.5.1 Research questions .................................................................................................................. 6
     1.5.2 Aims of the study ..................................................................................................................... 6
     1.5.3 Specific objectives of the study ............................................................................................... 6
     1.5.4 Significance of study .............................................................................................................. 7
  1.6 Chapter outline .................................................................................................................................. 7

CHAPTER TWO ............................................................................................................................................. 9
LITERATURE REVIEW ............................................................................................................................... 9
  2.1 Chapter overview ............................................................................................................................ 9
  2.2 The concept of poverty ................................................................................................................... 9
     2.2.1 Defining poverty ...................................................................................................................... 9
     2.2.2 Absolute versus relative poverty ............................................................................................ 10
     2.2.3 Aggregate measures of poverty ............................................................................................ 11
     2.2.4 Manifestations of poverty ...................................................................................................... 13
  2.2 Social cash transfers ....................................................................................................................... 14
     2.2.1 Definition of social cash transfers .......................................................................................... 14
     2.2.2 Types of social cash transfers ................................................................................................. 14
     2.2.3 Social cash transfers: is conditionality important? ............................................................... 17
     2.2.4 The question of dependency, affordability and sustainability of SCTs ................................... 20
  2.3 Developmental impact of social cash transfers: empirical evidence .......................................... 22
     2.3.1 Reducing income poverty and inequality ............................................................................... 23
CHAPTER FIVE ................................................................................................................................ 49

5.0 UNDERSTANDING THE IMPACT OF THE LEAP GRANT ON HOUSEHOLD POVERTY REDUCTION IN THE TOLON KUMBUNGU DISTRICT: EMPIRICAL FINDINGS. ...............49

5.1 Chapter overview .................................................................................................................... 49

5.2 An overview of the LEAP social grants programme .............................................................. 49

5.2.1 Background and context of LEAP ................................................................................... 49

5.2.2 Targeting .......................................................................................................................... 50

5.2.3 Cash amount and payment procedure .............................................................................. 50

5.3.4 Conditionality .................................................................................................................. 51

5.3.5 Complimentary programmes (State led) .......................................................................... 52

5.3 Implementation of the LEAP programme in the Tolon-Kumbungu district ........................... 53

5.4 Socio-economic and demographic characteristics of respondents ........................................ 54

5.5 Impact of LEAP grant on household poverty: Quantitative analysis ..................................... 56

5.5.1 Health (frequency of utilization of healthcare facilities) ................................................. 56

5.5.2 Education (school enrolment rate) .................................................................................. 59

5.5.3 Food consumption (satisfaction after meals) ................................................................. 60

5.5.4 Child labour ..................................................................................................................... 62

5.6 Impact of LEAP grant on household poverty: Qualitative analysis ....................................... 63

5.6.1 Health (frequency of utilization of healthcare) ............................................................... 63

5.6.2 Education (school enrolment) ....................................................................................... 65

5.6.3 Food consumption ............................................................................................................ 66

5.6.4 Child labour ..................................................................................................................... 67

5.7 Challenges confronting the LEAP cash transfer programme in the Tolon-Kumbungu district .............................................................................................................................. 68

5.7.1 Beneficiary perspective .................................................................................................. 68

5.1.2 Institutional perspective .................................................................................................. 69

5.8 Chapter summary .................................................................................................................... 70

CHAPTER SIX ................................................................................................................................... 71

6.0 SUMMARY OF FINDINGS, CONCLUSIONS AND POLICY RECOMMENDATIONS ..... 71

6.1 Chapter overview .................................................................................................................... 71

6.2 Summary of findings and conclusions .................................................................................... 71

6.3 Policy recommendations ....................................................................................................... 73

6.4 Limitations and suggestions for future research ..................................................................... 75

REFERENCES .................................................................................................................................... 77

APPENDICES ..................................................................................................................................... 88
LIST OF TABLES
Table 1: Complimentary Services Matrix (Government-led)...........................................53
Table 2: Marital Status of Respondents by LEAP Status.................................................55
Table 3: Sex of Respondents by LEAP Status.................................................................55
Table 4: Frequency of utilization of healthcare facilities by LEAP Status......................57
Table 5: Summary of Group Statistics for School enrolment rate by LEAP Status........59
Table 6: Food Consumption (Satisfaction after meals) by LEAP Status......................61
Table 7: Frequency of Child Labour by LEAP Status........................................................62

LIST OF FIGURES
Figure 1: The proportion of poor across districts in Ghana, 2003-6.................................3
Figure 2: Causal pathways by which cash transfers improve household wellbeing.....37
Figure 3: Map of Tolon-Kumbungu District..................................................................40
Figure 4: A pie Chart showing the occupational distribution of respondents..............56
Figure 5: Frequency of utilization of healthcare facilities by LEAP Status......................57
LIST OF ABBREVIATIONS AND ACRONYMS

CCTs: Conditional Cash Transfers
CLIC: Community LEAP Implementation Committee
CWIQ: Common Welfare Indicator Questionnaire
DSW: Department for Social Welfare
DLIC: District LEAP Implementation Committee
FGD: Focus Group Discussion
GDP: Gross Domestic Product
GHC: Ghana Cedis
GLSS: Ghana Living Standards Survey
HIV: Human Immune Virus
LEAP: Livelihood Empowerment Against Poverty
MDGs: Millennium Development Goals
NGOs: Non-Governmental Organizations
NSPS: National Social Protection Strategy
OVC: Orphans and vulnerable children
PWD: Persons With Disabilities
PNDC: Provisional National Defence Council
SPSS: Statistical Package for the Social Sciences
CHAPTER ONE
INTRODUCTION AND BACKGROUND

1.1 Chapter overview
This chapter provides a general introduction to the entire study. It highlights the background and context of the study, the research problem, research questions, aims and objectives of the study, significance of the study, main research hypothesis and the operationalization of key variables. It ends with a structural overview of chapters in the entire mini-thesis.

1.2 Introduction
The incidence of poverty remains a major challenge confronting most countries in the developing world. This is in view of the fact that, despite decades of global efforts aimed at stemming the tides, the phenomenon continues to persist with deep manifestations on the lives of low income earners and vulnerable groups in the developing world (Malik, 2009; Sarangi & Panda, 2008; Armin et al., 2008; Agrenor, 2007). Globally, it is estimated that, some 1.4 billion people in the developing world live in extreme poverty by surviving on less than 1.25 US Dollars per day at 2005 purchasing power parity (Kharas, 2010; Haughton & Khandker, 2009; Chen & Ravallion, 2008).

As a giant step towards alleviating the harsh conditions of poverty among its citizenry, some national governments in the developing world have on their own, or in collaboration with donors and development partners began to embrace the idea of providing comprehensive social protection packages especially in the form of social cash transfers for the extremely poor and vulnerable in society (Dinbabo 2011; Samson, 2009; Britto, 2006). It is envisaged that through these social cash transfer programmes, the poor will be economically empowered and thus be able to lift themselves out of the malaise of extreme poverty (Ibid).

In line with the above, the government of Ghana in its bid to provide meaningful livelihood support for the poorest of the poor in the Ghanaian society has since 2008 implemented the Livelihood Empowerment Against Poverty (LEAP) social grants programme as a key component of its National Social Protection Strategy (NSPS). The programme which is being executed by the now Ministry of Employment and Social Welfare and the Department for Social Welfare is cardinally aimed at “decreasing chronic or shock-induced poverty,
addressing social risk and reducing economic vulnerability” amongst the extreme poor in Ghana (Government of Ghana, 2007).

This study which is predominantly centred on the LEAP social grant programme in Ghana aims at assessing the impact of the programme in alleviating household poverty in rural Ghana, specifically in the Tolon-Kumbungu district of the Northern region. Through a combination of both qualitative and quantitative strategies, the study focuses on unravelling in how far the programme has contributed to improving the livelihoods and general welfare of beneficiary households in the case study area.

1.3 Contextualisation of the study

In Ghana, day in and day out, a significant number of people continue to battle with issues of poverty, social exclusion and vulnerability (Ardayfio-Schandorf, 2006; Gbedemah et al, 2010; Osei, 2010). According to the report on the fifth round of the Ghana living Standard Survey (GLSS 5), 28.5% of the Ghanaian population can be described as poor (referring to individuals who are able to meet their nutritional needs but are unable to satisfy additional necessities such as health, education, shelter and clothing), whilst an additional proportion of approximately 18.2% of the same population live under extreme poverty (meaning they are unable to cater for their basic human needs and suffer from intergenerational poverty) (Asante-Asare, 2009, Ghana Statistical Service, 2008).

According to Al-Hassan & Poulton (2009), the patterns of poverty in Ghana show that poverty in the country is predominantly a rural phenomenon. For Coudeuel et al (2006), about 80% of the poor live in rural areas where there is lack of access to basic social services such as health, education and portable water. According to statistics from the most recent living standard survey in Ghana (GLSS 5), the poverty incidence rate for rural dwellers is estimated at 37.2% whilst that of those living in the urban area is pegged at 10.8% (World Bank, 2011). Osei (2010) believes that for these rural households, the probability of continuously transmitting poverty from one generation to the other is more than twice higher in comparison to that of those living in urban households. More so, for Boon & Ahenkan, (2008), rural poverty in Ghana is more particularly widespread among traditional small scale farmers, many of whom are women and heads of rural households. Typically, these traditional small scale farmers lack access to modern technologies of production and hence continuously depend heavily on traditional and subsistence agriculture (IFAD, 2010). Evidently, six out of ten small scale farmers experience severe poverty in rural Ghana (Ibid).
Furthermore, on a regional dimension, poverty (in terms of both headcount and severity) is unevenly distributed in Ghana. Although some strides have been achieved in relation to poverty reduction in Ghana as a whole, there is strong evidence of wide disparities between the relatively richer south and the poorer north (World Bank, 2011; Asante-Asare, 2009). This evidence points to the fact that, inequalities between regions in the south and those of the north have continually increased over time (Ibid). Evidently, the savannah regions of the north (Northern, Upper East and Upper West regions) are the poorest parts of Ghana, with chronic food insecurity and livelihood vulnerability being very prevalent in the area (IFAD, 2010). The poverty map of Ghana as shown in figure 1.0 clearly depicts this situation.

Figure 1: The Proportion of Poor across Districts in Ghana, 2003-6


In the figure above, the World Bank (2011) clearly depicts the poverty situation using a combination of information on households’ endowments and characteristics from the 2003 Core Welfare Indicator Questionnaire (CWIQ) with estimates of returns to those
endowments and characteristics using 2005/6 GLSS data which is the most recent living standards survey data currently in Ghana (also see appendix 1 of this study for poverty map indicating severity of poverty across districts in Ghana).

Although the presentation of spatial disparities as shown in the poverty map above (figure 1.0) should be understood as depicting the Ghanaian situation between these years, Coulombe (2008), posit that yet the broad patterns of poverty as shown in this figure essentially remain unchanged. Thus, the poverty situation in Ghana can still be likened to the situation as portrayed in figure 1.0 above.

Moving further, besides its regional dimension, poverty in Ghana also highly gendered. According to Wrigley-Asante (2008), women in Ghana are generally much poorer than their male counterparts. Particularly, “women are less literate, face heavier burdens on their time and are less likely to use productive resources” (Government of Ghana, 2003 cited in Gbedemah et al., 2010). Although their role in agricultural production is very important, their productivity has over the years been constrained by very limited access to and ownership of land, credit or inputs (ISSER, 2007). Evidently, according to Ardayfio-Schandorf (2006) majority of female headed households (61% of urban and 53% of rural) fall into the poorest quintile of the population, and this number has increased from around 27.5% in 1960 to over 33% in 2003. Thus, despite their dominant role in the rural economy, women largely bear a disproportionate share of the burden of poverty in Ghana (Ibid).

In light of the brief situational analysis on poverty in Ghana, it is also imperative to mention that as daunting as the situation may appear some studies show that Ghana seems to be making some strides in the area of tackling poverty. Evidently, a review of poverty trends under the last three rounds of the Ghana Living Standards Survey (GLSS 3, 4 & 5) indicate that poverty (as measured by the level of per capita consumption, adjusted for differentiated needs across individuals and prices across regions) has reduced significantly. The phenomenon is said to have declined from 57.1% in 1991/2 to 28.5% in 2005/6 (World Bank, 2011). Furthermore, the 2008 progress report on the Millennium Development Goals (MDGs) in Ghana clearly point to the fact that the country is on track to achieving the MDG goal of halving the proportion of people living in extreme poverty by the year 2015 (Government of Ghana, 2010).

Despite this positive development, much more still need to be done to enable the country win its long fought battle against poverty, social exclusion and vulnerability. Considering the fact
that economic growth alone has not resulted in the much needed social change and
development for all segments of the Ghanaian society (Baah-Boateng, 2004), there has been a
strong call for government and its development stakeholders to develop and implement social
protection programmes which have the possibility of directly impacting on the bottom
segments of the country’s population, who most often than not, hardly benefit from any major
economic intervention (Cook, 2008). The development and implementation of the National
Social Protection Strategy (NSPS) according to Gbedemah et al (2010) clearly demonstrates
the Ghanaian government’s commitment to robustly fighting poverty and enhancing the
welfare of its citizenry particularly that of the “poorest of the poor” through an integrated
social protection approach. The LEAP social grants programme which constitutes a core
component of the NSPS with the direct aim of providing both conditional and unconditional
grants to the poor and vulnerable is the focus of this study.

1.4 Problem statement

Since independence, various successive governments in Ghana have implemented several
policy decisions and programmes aimed at tackling the incidence of poverty in the Ghanaian
society (Mba, 2009; Batse et al, 1999). However, despite all these efforts, poverty continues
to remain a widespread phenomenon in the Ghana. Although being hailed for its recent
achievement of relatively high levels of economic growth in Sub Saharan Africa, Ghana
continues to battle with issues of poverty and vulnerability especially among its large rural
populace (Gbedemah et al, 2010; Cook, 2008; Domfeh & Bawole, 2009). According to the
Economic Commission of Africa (2010), “Ghana’s poverty reduction performance has not
fared very well in terms of equitable income distribution”. For Osei (2010), data available
from the GLSS conducted over the past two decades indicate that income inequality has
become more pronounced with the Gini index rising from 35.3% in 1991/2 to 37.8% in
1998/9 and further up to 39.4% in 2005/6. More so, as mentioned earlier, approximately
18.2% of the Ghanaian population live in extreme poverty, meaning that they are unable to
afford the cost of securing their basic needs and hence suffer from intergenerational
transmission of poverty (Asante-Asare, 2009).

In view of the fact that social cash transfers are a crucial part of social protection strategies
that aim at addressing poverty and vulnerability (Dinbabo, 2011, Hanlon et al, 2010), the
Government of Ghana introduced the LEAP social grant programme in 2008 with the intent
of reducing the high levels of extreme poverty and improve household welfare amongst the
bottom poorest in the Ghanaian society. However, since its implementation not much has been done to ascertain the extent to which the programme is meeting its intended purpose. According to UNICEF (2009b), very little attempts have been made to produce robust evidence of the broad base impact of the programme on beneficiary households and communities. For, Osei (2010), although the programme enters into its final pilot implementation phase in 2012, much work is yet to be done on evaluating and assessing the impact of the LEAP social grant in reducing household poverty in rural Ghana. Hence, there is therefore the need for some robust assessment of the programme to help ascertain and produce evidence of its impact on beneficiary households. This study is therefore a contributory effort aimed at bridging the existing knowledge gap.

1.5 Research questions, aims and objectives of the study

1.5.1 Research questions

In view of the research problem highlighted above, this study will primarily seek to answer the following research questions;

- Does the LEAP social grant have any impact on household poverty reduction in rural Ghana?
- How and in what ways are these impacts observable among beneficiary households in the Tolon-Kumbungu district of Northern Ghana?

1.5.2 Aims of the study

The main aim of this research is to empirically assess the impact of the LEAP social grant in reducing household poverty among beneficiaries in the Tolon-Kumbungu district and thereby contribute to the body of scholarly evidence on the impact of social cash transfer programmes on household poverty reduction in Ghana, Sub-Sahara Africa and the world in general.

1.5.3. Specific objectives of the study

Specifically this study seeks to

- investigate various perspectives of literature to unearth current knowledge on social cash transfers and household poverty reduction and as well provide a theoretical and conceptual framework for the study by analysing the relevant theories and concepts.
- provide a comprehensive overview of the LEAP social grant programme and describe its process of implementation in the case study district.
investigate the impact of the LEAP grant in reducing household poverty through well defined indicators in key areas such as health, education, child labour and food consumption patterns

identify the main challenges confronting the smooth implementation of the programme in the case study district.

make recommendations to government, policy makers, NGOs and other principal stakeholders of the programme on some possible ways of enhancing programme efficiency.

1.5.4 Significance of study

Baird et al (2009) note that, despite the recent growth of scholarship on the impact of social cash transfer programmes, most of the evidences gathered so far seem to be generated from within the Latin American context. In places such as in Sub-Sahara Africa, very few assessments and documentation have been made on the efficacy of social cash transfer programmes on beneficiary households (DFID, 2011). The study will provide useful insights into the efficacy of social cash transfer schemes from within the Ghanaian context and thus be very relevant for the purposes of programme and policy reviews in the framework of the LEAP, especially as the implementation of the pilot phase of the programme is brought to a close.

1.6 Chapter outline

This study is organised into five chapters. Details of these chapters are provided below;

*Chapter One* presents a general introduction to the study. It highlights the background and context within which the study is launched and also presents the problem statement, research questions, aims and objectives of the study, the significance of the study, main research assumption, and operationalization of key variables. The chapter ends with an overview of chapters for the entire thesis.

*Chapter Two* basically provides a review of literature on the concepts of poverty and social cash transfers. Furthermore, it also highlights some international experiences (especially from Latin America, Asia and Africa) of the impact of social cash transfers on rural household poverty reduction.

*Chapter Three* presents an exposition into the theoretical and conceptual underpinnings for the study. Specifically, the Rawls’ theory of justice and its relevance to this study is clearly
espoused. Furthermore, the DFID conceptual model for evaluating the impact of social cash transfers on household welfare is also discussed and duly applied to this study.

*Chapter Four* deals predominantly with elaborating the research design and methodology employed in the study. It also espouses the ethical considerations that underpinned the study. *Chapter Five* focuses on the analysis, presentation and discussion of the empirical findings emanating from the study.

*Chapter Six* which is the last chapter of this mini thesis presents a summary of the research finding, conclusions and policy recommendations.
CHAPTER TWO
LITERATURE REVIEW

2.1 Chapter overview

This chapter presents a review of relevant literature on the subject matter. Specifically it discusses the concept of poverty and social cash transfers and concludes by highlighting some international experiences of the impact of social cash transfers on rural household poverty reduction.

2.2 The concept of poverty

2.2.1 Defining poverty

Poverty is a complex and multidimensional phenomenon. It is a concept that has been widely defined by several institutions and scholars in many different and varying ways (Laderchi et al, 2006). According to the World Bank (2000:15), poverty is defined as “pronounced deprivation in well-being”. Thus “To be poor is to be hungry, to lack shelter and clothing, to be sick and not cared for, to be illiterate and not schooled” (Ibid). For Asenso-Okyere et al (1993:3), poverty encompasses “a state in which an individual or group of persons cannot meet the basic necessities of life either because they cannot afford them or because the necessities are not available or both”. In a much broader sense, Sen (1999) depicts poverty as a situation whereby an individual lacks the capability to function in a given society. This observed lack of capability could either be inadequate income or education, poor health, powerlessness, insecurity or less freedom (Haughton & Khandker, 2009).

Notably, all the above definitions point to poverty as not just encapsulating the traditional, conventional and uni-dimensional notion of deprivation of income, but one that can be understood from a more stimulating and multi-dimensional perspective. As opposed to the conventional notion of poverty, the multi-dimensional approach to understanding poverty highlights both the income and non income dimensions of poverty. Hence, the United Nations through the Programme of Action of the World Summit for Social Development characterised the multi-dimensionality of poverty as follows;
“Poverty has various manifestations, including lack of income and productive resources sufficient to ensure sustainable livelihoods; hunger and malnutrition; ill health; limited or lack of access to education and other basic services; increased morbidity and mortality from illness; homelessness and inadequate housing; unsafe environments; and social discrimination and exclusion. It is also characterized by a lack of participation in decision-making and in civil, social and cultural life” [United Nations, 2006, resolution 1, annex II, paragraph 19, cited in United Nations (2009:8)].

Evidently, this broad characterization of poverty provides a more holistic and fairly balanced understanding of the phenomenon (as reflected in the millennium development goals) and therefore widens the scope of global development discourse on poverty as well as broadening the net of interventionist policies aimed at ensuring total human well being (Bellu & Liberati, 2005). Following the above, throughout this study, poverty is conceptualised from a purely multi-dimensional rather than the conventional uni-dimensional perspective.

2.2.2 Absolute versus relative poverty

Besides its dimensions, poverty may also be thought of in either absolute or relative terms. Frye (2005) argues that the concept of absolute poverty reflects the absence of sufficient resources to meet a specified minimum quantum of basic needs which is usually established based on the cost of purchasing a minimum basket of goods and other essential items necessary for human survival. For Woolard & Leibbrandt (1999), absolute poverty is measured using an absolute poverty line which in essence estimates the minimum living level required to ensure survival. Evidently the 1 US dollar per day (at 1999 purchasing power parity) and the 1.25 US dollars per day (at 2005 purchasing power parity) represent typical examples of absolute poverty lines. However, measuring poverty using absolute poverty lines comes with certain weaknesses. According to Bellu & Liberati (2005:4) absolute measures of poverty do not only exclude non food items but they also ignore the fact that “minimum diet cost may vary among households as they do not all share the same preferences of nutritional patterns”.

On the other hand, Lok-Dessalian (2002) posits that, definitions of relative poverty do not employ a specific quantitative measure in distinguishing the poor from the non poor. Rather, it attempts a comparison of the incomes and consumption of persons or households in relation to that of other members within the same society. The comparison is usually between persons or households within the lowest segment and those of the upper segments. Thus, the exact
measure of poverty is contingent and relative to different groups of people in different societies (Ibid). Similarly, relative poverty is measured via relative poverty lines. According to Statistics South Africa (2007), “a relative poverty line is comparatively simple to calculate and takes into account the standards of “adequate” household wellbeing shift with rising prosperity, over time”. It may therefore be calculated as “a set proportion of the average, or median level of household incomes, or it could be defined by a specified share in the income distribution, like the poorest 10, 20 or 40 percent of the population”. Furthermore, relative poverty lines are also not devoid of weaknesses and limitations. Obviously, by defining poverty as “a fixed percentage of some synthetic indicator of income distribution” relative poverty lines also virtually erase the possibility of alleviating poverty “unless the income distribution becomes perfectly egalitarian” (Bellu & Liberati, 2005:4).

Although both absolute and relative concepts of poverty remain widely debated in poverty discourse, Seidl (1988:79) believes that “poverty is neither a strictly absolute or strictly relative concept”. Nonetheless, Woolard & Leibbrandt (1999) contend that distinctions between these concepts are relevant because they shape and influence how individuals perceive poverty reduction strategies. For example whilst an increase in economic growth will impact on reducing the number of people in absolute poverty, it will require a change in the distribution of income to similarly reduce the proportion of individuals living in relative poverty (Ibid). Thus, “both the absolute and relative measures of poverty may be variable in time and space” (Bellu & Liberati, 2005:5).

### 2.2.3 Aggregate measures of poverty

According to the World Bank (2000) measuring poverty permits a comprehensive overview of the phenomenon and as well aids in the formulation of policies to tackle the root causes of it. It also helps to monitor the effectiveness of institutions whose duty it is to help the poor and more so, keep the poor on the global development agenda (Ibid). As evidenced in the preceding section, poverty could assume both absolute and relative terms. Thus, to measure poverty, Haughton & Khandker (2009) posit that one must define an indicator of wellbeing, establish minimum acceptable standards of that indicator to separate the poor from the non poor (poverty line) and generate a summary statistic to aggregate the information from the distribution of the welfare indicator relative to the poverty line. Hence, given some information on a welfare measure such as income per capita and that of a poverty line, a number of aggregate measures of poverty can be calculated. These aggregate measures may
include; the poverty headcount index, poverty gap index, squared poverty gap index, Sen index, etc (Ibid).

Evidently, the **poverty headcount index** measures the percentage or proportion of the population that have their income /consumption below a certain poverty line and hence are poor (Haughton & Khandker, 2009). According to the United Nations (2009), since trends in the poverty headcount index are largely determined by trends in the number of poor people and the size of a population, when the poverty rate (headcount ratio) drops it does not necessarily mean that the absolute number of poor people have decreased. Rather it means that the rate of growth of the number of poor persons is lower than that of the entire population (Ibid). Although the poverty headcount index probably seems to be the most popular measure of poverty, it has been heavily criticised by scholars because it does not give any indication as to the intensity, depth or severity of poverty as experienced by the poor (Ravallion, 1998).

Furthermore, the **poverty gap index** also “measures the extent to individuals fall below the poverty line (poverty gaps) as a proportion of the poverty line” (Haughton & Khandker, 2009:67). The sum of these poverty gaps give a clear indication of how much is needed to eliminate poverty, if cash transfers are well targeted. In reality, although the poverty gap index gives an indication as to the extent of poverty, it falls deficient in reflecting changes in inequality amongst those considered poor (Ibid).

In addition to the above, the **squared poverty gap index** also popularly known as the poverty severity index gives an indication of the severity of poverty by averaging the squares of the poverty gaps relative to the poverty line (Haughton & Khandker, 2009). This measure is one of the Foster-Greer-Thorbecke (FGT) measures of poverty that allows relatively heavier weights to be placed on the income or expenditure levels of the very poor in society. In contrast to the poverty gap index, the squared poverty index reflects changes in inequalities amongst the poor in society (Ibid).

Moving further, the **Sen-Shorrocks-Thon index** is another popular aggregate measure used in measuring poverty. This measure was initially proposed by Armatya Sen and later modified by others scholars to reflect its current version. The Sen-Shorrocks-Thon index “combines measures of the proportion of poor people, the depth of their poverty and the distribution of welfare among the poor” (Haughton & Khandker, 2009: 67). It effectively allows for the decomposition of poverty into three components reflecting the proportion of a population that
can be considered as poor, the extent of their poverty and finally the level of inequality amongst this same poor population (Ibid).

In sum, it is imperative to mention that, beside the above measures, there are a number of other aggregate poverty measures which can be employed in global poverty discourse. However, in the context of this study such other measures are not duly considered. Chuhan (2006) posits that because poverty is a complex and multi dimensional phenomenon there can be no single perfect measure of it. Thus, the various measures of poverty as discussed above are complementary and the choice of which one to use will depend on the purpose for which it is being employed (Ibid).

2.2.4 Manifestations of poverty

According to Dhaar & Robbani (2008), poverty in all its forms and manifestations continue to permeate every facet of human life. As a result, billions of people worldwide continue to battle with the malaise of this intricate phenomenon. According to the world Food and Agricultural Organisation (FAO, 2009) approximately 963 million people representing 14.6 percent of the global population of 6.6 billion, suffer from and live in extreme hunger. More so, school enrolment rates for children remains unenviable with evidence from the developing world indicating that as at 2005 about 72 million children of school going age were not in school, with half of this number being girls (United Nations, 2007). Additionally, the United Nations Children Fund (UNCF, 1999) also highlights that at the turn of the twenty first century, nearly 1 billion people were unable to read and write. Furthermore, the United Nations Development Programme (UNDP, 2006) also elaborates that about 2.6 billion people in the developing world lack access to basic sanitation.

Thus, in view of the global aim to meeting the Millennium Development Goals (MDGs) by 2015, poverty and its associated outcomes (vulnerability and inequality) must remain key items on the table of international development policy. As such strategies aimed at combating the malady must not focus only on increasing economic growth and growth redistribution but again, should also aim at removing all other forms of deprivations and access barriers in the lives of individuals particularly those in the bottom segments of society (Fukuda-Par, 2006).

Having presented a comprehensive discussion on poverty in the above, the next section presents a broad exposition and discussion of social cash transfers and their role in household poverty reduction.
2.2 Social cash transfers

Over the past decade, social cash transfer programmes have continuously gained global credence and acceptance as a key policy measure for social protection in many middle and low income countries throughout the world (GTZ, 2005; Hailu & Soares, 2008; Son, 2008). In the sub sections that follow, the researcher presents a thorough discussion of social cash transfers with emphasis on their role in improving general human being and reducing poverty.

2.2.1 Definition of social cash transfers

According to Samson (2009:43) social cash transfers may be defined as “regular non-contributory payments of money provided by governments and non-governmental organisations to individuals or households, with the objective of decreasing chronic or shock-induced poverty, addressing social risk and reducing economic vulnerability”. Although these transfers could be universal, they are mostly targeted at individuals within the poorest segments of society, many of whom are informal sector employees with no access to formal state social security systems and structures (Javad, 2011; Hailu & Soares, 2008). Currently, it is estimated that between 750 million and 1 billion people in the developing world benefit from social cash transfer programmes (DFID, 2011).

2.2.2 Types of social cash transfers

Generally, there are two main types of social cash transfers; conditional and unconditional cash transfers.

Conditional cash transfers (CCTs) refer to cash transfers that usually require beneficiary individuals or households to fulfil some stipulated human development responsibilities such as investments in nutrition, health and education (Fiszbien et al, 2009; Moore, 2008; Britto, 2006; Mulaccio, 2004). Conditions that centre on health and nutrition usually require regular utilisation of health care services, growth monitoring, regular dietary intake, immunisation for children under 5 years, regular checkups and the regular attendance by mothers at periodic health talk sessions. However, those that centre on education may also generally include school enrolment and retention, regular attendance and some measure of academic performance occasionally (Fiszbien et al, 2009). According to Son (2008), these conditions are very important for the poor because they serve as a means of achieving the required levels of human capital investment necessary for breaking the cycle of intergenerational poverty.
Although, initially introduced in a few countries in Latin America and South Asia, CCTs have gradually become widespread in most parts of the developing world with quite a large number of poor and disadvantaged people benefitting from these programmes (Fajth & Vinay, 2010). Examples of some key CCTs include the Bolsa Familia in Brazil, Oportunidades in Mexico, Familias en accion in Colombia, Red de Proteccion social in Nicaragua, Female Secondary School Programme in Bangladesh, Jaring Pengamanan Social in Indonesia, Programa de Asignacion Familiar in Honduras, Solidaro in Chile and Cash Transfer for Orphans and Vulnerable Children in Kenya (Fiszbien et al, 2009; Kunnemann & Leonhard, 2008).

Evidently, CCTs are not the same everywhere. They vary significantly in scope, coverage, design and context. With regards to their scope, whilst some CCTs operate nationwide, others either function only within a particular region or are small scale pilot programmes that focus on just a few communities (Fiszbien et al, 2009). More so, some CCTs relatively cover huge populations than others. For instance, whilst 11 million families benefit from the Bolsa Familia in Brazil, 5 million households benefit from the Oportunidades in Mexico and about 1.5 million household remain covered under the Familias en Accion in Colombia. In relatively smaller programmes such as those in Kenya, Chile and Bangladesh, a few thousand households are also covered (Ibid). Furthermore, with regards to their design and context, whilst some CCTs have emerged out of reforms and are designed to provide large scale social assistance (Bolsa Familia), some others such as the Oportunidades in Mexico have been established in replacement to consumption subsidies that have had very little or negligible impact on household poverty alleviation. However, in countries such as Chile and Cambodia, CCTs have largely been in response to the need to fill up the cracks in social protection and as well provide links to a wide range of existing social services available to the poor (Ibid).

Generally, CCTs have been hailed as a sure way of reducing inequality, breaking the intergenerational cycle of poverty and improving outcomes related to household nutrition, child health and education (Barrientos, 2010; Fiszbien et al, 2009; Hailu & Soares, 2008). Moreover, although much evidence is yet to be produced in relation to their impact on child labour, Hirata (2008) believes that CCTs are also highly instrumental in reducing child labour. For Fajth & Vinay (2010), the fact that most CCTs focus their conditionalities on various human development centred indicators also makes them highly relevant for the attainment of the Millennium Development Goals (MDGs). However, it must also be noted that despite their wide appeal, CCTs have their limitations and therefore may not always have
a strong edge over other types of social protection programmes under all situations and context (Ibid). Nonetheless, CCTs can always play a major role in social policy strategies that aim at and recognize the need for strengthened social protection for poor and disadvantaged populations in a given society (De la Brière & Rawlings, 2006; Gertler, 2005).

On the other hand, **unconditional cash transfers** refer to cash transfers that do not explicitly impose any conditionality or behavioural responsibility on the recipients (Aguero et al, 2007). These types of cash transfers are usually targeted at incapacitated poor individuals who are unable to participate in any form of productive labour activity (UNICEF, 2009a). Evidently, Cash for Relief programmes, Old age grants, non-contributory/social pensions and disability grants all constitute various forms of unconditional cash transfers. Some key examples of unconditional cash transfer programmes include the non-contributory Pensions scheme in Lesotho, the cash-for-relief programme in Ethiopia, the emergency cash relief programme in Somalia, Social Pensions Schemes in South Africa and Zambia respectively, the National Old Age pensions scheme in India, Programa de Pensiones Asistenciales in Chile, the Old Age Allowance Scheme in Bangladesh, the Old Age grant, Widows Allowances and Disability Pensions all in Nepal and Bono Solidario in Bolivia (Kunnemann & Leonhard, 2008; Brandsetter, 2004; Standing, 2007). In terms of their scope and coverage, most unconditional cash transfer programmes in Latin America, Asia and southern Africa cover an appreciable number of extremely poor and vulnerable individuals. However, some others such as those in Zambia, Ethiopia and Mozambique are small scale pilot programmes with relatively low coverage (GTZ, 2005).

Similar to CCTs, unconditional cash transfers also impact largely on household poverty reduction. By increasing disposable household income unconditional cash transfers enable beneficiaries to meet their basic needs such as food, clothing health and shelter (Help Age International, 2009). Moreover, since these transfers are not tied to any specific conditions, they enable beneficiaries to develop a good sense of autonomy in respect to making their own decision on how the money should be spent (Ibid). According to the United Nations (2009), unconditional cash transfers are increasingly being offered as a rapid response measure in emergency and crisis situations to reduce acute poverty and hardship. Although these programmes are typically implemented together with material-based (in-kind) aid such as food aid, their aim transcends the immediate consumption goals of commodity transfers to enhancing livelihoods and long term incomes (Ibid). Thus, unconditional cash transfers also remain a valuable option in the basket of social protection measures that aim at reducing
poverty and vulnerability for the under privileged populations in the all parts of the world (Standing, 2007; GTZ, 2005).

2.2.3 Social cash transfers: is conditionality important?

Generally, one key issue that has thronged the global debate on social cash transfers is the question as to wherether or not it is desirable and relevant to attach conditions to cash transfers for poor individuals. As enunciated earlier, conditionalities are “behavioural requirements that programme participants must satisfy in order to receive regularly the cash benefit” (Samson 2009:51). A host of arguments have been advanced by various scholars and institutions both in support and against the issue of conditioning these transfers. (Barrientos, 2010; Fajth & Vinay, 2010; Fiszbien et al, 2009; United Nations, 2009; De Brauw & Hoddinott, 2008).

Basically, arguments in support of conditioning social cash transfers have hovered around the need to increase investments in human capital accumulation and more so, ensure a good system of redistribution from the angle of political economy. According to Fiszbien et al (2009:9) the former applies to situations where “private investment in human capital is thought to be too low” and the latter is applicable if conditions within the political economy show very little support for redistribution unless it is seen to be conditioned on good behaviour by the poor. Evidently, with regards to the former, private investments in human capital may tend to be too low in two respects. First, it may be below the private optimal level for individual children particularly if parents or household decision makers hold some misguided beliefs about the nature of such investment processes and therefore discount the future returns associated with investing in their children’s education and health (Jensen, 2006). Secondly, the private optimal level for investing in children’s education and health may actually be much lower than the socially optimal level, especially in cases where such investments show extensive positive externalities and remain very much beneficial to the wider society at large. Thus, in all these two instances, a strong case could be made to attach human development conditions to social cash transfers since this will ensure that households invest in the human capital of their children in certain pre-specified ways. (Fiszbien et al, 2009).
Furthermore, from the political economy perspective, redistribution through cash transfers is mostly perceived as being politically feasible if such transfers are conditioned on good behaviour by the deserving poor (Fiszbien et al, 2009; De Brauw & Hoddinott, 2008). Evidently, in most countries the decision to finance or allocate resources for social protection programmes such as cash transfers is often an outcome of complex political economy processes such as lobbying stakeholder groups to buy into the idea of redistribution via cash transfers (Fiszbien et al, 2009). However, the difficulty may always be that, individual stakeholders such as the ordinary taxpayer may view these cash transfers as pure hand outs especially if they do not benefit directly from the cash transfer schemes themselves. Thus to instil some level of confidence in the ordinary taxpayer that his /her tax bills are not just being flashed out to some lazy poor individuals, human development conditions may then usually be attached to these transfers. It is widely argued that, there is a possibility for taxpayers to be more supportive and willing to pay for cash transfers if such transfers are administered to poor individuals who are perceived to be putting in efforts to lift themselves out of poverty than those equally poor who are perceived to be lazy and careless about their current state of life (De Brauw & Hoddinott, 2008).

More so, the fact that these conditions are cardinally geared towards building the human capital base of children rather than just supporting parents also enhances the political acceptability of conditional cash transfers since they are then widely viewed as key mechanisms for promoting future livelihood opportunities for the poor and under privileged in society. Thus, the idea of gaining wide public support from the taxpayer, who is largely perceived as not self regarding but would want to see his/her tax bills being used judiciously by the state, in helping poor individuals who are willing to put in efforts at breaking the intergenerational transmission of poverty also makes a good case in justifying the attachment of human development conditions to social cash transfers from the view point of political economy.

Nonetheless, despite the justifications for conditioning social cash transfers as espoused in the above, a number of key arguments have also been raised against conditioning social cash transfers for the poor. Principally, scholars such Mkandiwire (2006) and Pauw & Mncube (2007) contend that, in view of the high cost and lack of administrative capacity to effectively monitor compliance to cash transfer conditions in many developing countries, unconditional transfers may seem much more plausible than condition transfers. For them, conditional cash transfers are usually targeted at households with human capital development potential
(households with children). Thus in situations where the target population is narrow, it becomes relatively expensive to administratively run such programmes across large geographical regions from the very limited resources available to the state. Particularly, in cases where much complicated targeting mechanisms such as means testing are involved, high administrative capacity is in turn required not only to minimise both exclusion and inclusion errors in the selection of beneficiaries, but also to monitor the strict adherence to transfer conditions throughout the entire stages of programme implementation. However, as evident in many low income countries, there is an existing difficulty in meeting this demand. Thus, a strong case could be made for unconditional rather than conditional transfers since unconditional cash transfers may not relatively require much stringent processes (Ibid).

In addition to the above, it is imperative to logically presume that the imposition of conditionalities on cash transfers should come with the existence of the necessary infrastructure needed for providing the required mandatory services to beneficiaries. However, in situations where this is not the case, it obviously becomes difficult for beneficiaries to meet the conditionalities attached to the transfers. Barrientos (2010) argues that, in many low income countries with a deficit in health and education infrastructure, attaching conditions to cash transfers will not yield the desired outcomes since beneficiary households can simply not comply with them. Furthermore, even if these infrastructures do exist, another key issue that emerges is to examine the extent to which the required service provisions are readily available and easily accessible by the targeted beneficiaries. According to the United Nations (2009) some families in the developing world are not able to meet these stipulated conditions simply owing to the fact that they lack easy access to health and education services and hence risk being excluded from these schemes in subsequent rounds. For Kunnemann & Leonhard (2008), such excluded families may actually be the poorest of the poor and thus their exclusion could become counterproductive to the aim for which the conditional cash transfer scheme was instituted, since the scheme will have no direct or observable impact on their lives as poor individuals or poor households in that particular society.

More so, beside the issue of poor households being unable to meet the stipulated conditions due to the lack of access to the necessary infrastructure and service facilities, another key argument against the imposition of conditions on social cash transfers is centred on idea of individual freedoms. Evidently, Schubert and Slater (2006) argue that, the introduction of conditionalities deprives the poor of the freedom to make their own decisions regarding how
the transfer should be spent in order to increase household welfare. Thus, for the poor, this could mean that they are irresponsible and cannot do anything good to their own benefit and interest. Furthermore, this may also imply that, the poor are responsible for their condition and should therefore be blamed for being poor, a moot assumption which cannot be proven beyond reasonable doubt in all situations (Handa and Davis, 2006). Hence, for Standing (2007), blaming the poor for their current state could be very demeaning and consequently very likely to be resented. Therefore, from this perspective, unconditional cash transfers remain much more desirable than conditional cash transfers.

In light of the above discussion, having presented both sides of the issue, the author is of the candid opinion that, both conditional and unconditional cash transfers remain useful social protection instruments that can be applied in varied context and in response to different needs. Thus, in situations where human capital is low and there is an urgent need to build a strong foundation for human development, conditional cash transfers may be more desirable. However, in situations where there is an observed lack of capacity to administer and effectively monitor compliance to various conditions and also in situations where there is a difficulty in adhering to conditions due to the absence of service infrastructure and facilities, unconditional cash transfers or even much better universal cash transfers could be much suitable and desired over conditional cash transfers. Thus, depending on the context and the need arising, both types of transfers could serve very relevant and complementary purposes.

2.2.4 The question of dependency, affordability and sustainability of SCTs

Generally, social cash transfers have been widely criticised as generating possible avenues for creating “dependency” among its beneficiaries (Kunnemann & Leonhard 2008). According to such critics, social cash transfers could end up creating a welfare trap and thus result in a disincentive for work by the poor who by virtue of receiving the cash benefit are able to meet their basic needs. However, proponents of social cash transfers have despised this thought with counter claims of cash transfers rather playing a much developmental role as opposed to creating a dependency net for the state. According to Samson (2009), such claims of dependency may only be plausible in the context of the heavily targeted social welfare programmes in highly industrialised countries where the size of the transfer could sometimes be much appreciable but not in middle and low income countries where most often than not, the size of the payment is relatively very low. Thus, in the developing world, evidence of social cash transfers rather show a stimulating effect on the desire to work since
part of the money received may be used by beneficiaries in paying for the cost of transportation to enable them move from one place to another in search for employment opportunities (Kunnemann & Leonhard, 2008; Posel, 2006). Evidently, in South Africa a number of studies have shown that, workers in poor households receiving a cash transfer look for work more intensively and do get employed much faster in comparison to those in poor households who do not receive any cash benefits (Samson & Williams, 2007). More so, teaming evidence from the implementation of social cash transfers in other countries such as Mexico, Brazil, Zambia, Kenya and Namibia also tend to corroborate the aforementioned fact (Kidd, 2006; Schubert, 2005). It is therefore prudent to assert that, contrary to the claim of dependency, social cash transfers increasingly play a liberating role in middle and low income countries, where their poverty alleviation effect remains evident and extensive among extremely poor households (Barrientos, 2006).

Furthermore, beside the issue of dependency, another key debatable issue in the global policy arena on social cash transfers is the question of their affordability especially in many low income countries. Generally, it may be accepted that most governments in the developing world face real fiscal constraints financing the implementation of cash transfer programmes. This is mainly because such governments run very limited budgets in their national treasuries and consequently depend on donor support to enable them service their balance of payments deficits (McCord, 2009). However, despite this constraint, a number of scholars have argued that in view of the continuous flow of donor aid to most governments in the developing world, social cash transfers depending on their size and target group could be affordable in these settings (Javad, 2011; Barrientos, 2010; McCord, 2009; ILO, 2008). According to the OECD (2009) social cash transfer programmes can be funded with less than 5% of the current donor aid inflows to low income countries. The International Labour Organization (ILO) drawing on a number of country case studies also believe that in areas such as Sub Saharan Africa the estimated mean cost for providing cash transfers and other social assistance programmes can be approximated at 4.4% of GDP (ILO, 2008). Therefore, with initial donor support, it is potentially feasible for governments to afford the cost of implementing social cash transfer programmes in many low and middle income countries (Ibid). Evidently, South Africa spends around 3.5% of its GDP on its wide social welfare programmes whilst Lesotho spends approximately 2.4% of GDP on its pension grants scheme (Barrientos, 2010). Additionally, in Latin American countries such as Brazil and Mexico, the Bolsa Familia and Oportunidades cash transfer programmes cost around 0.7% and 0.5% of
GDP respectively. Hence, with social protection being a top policy priority, it is possible for governments in middle and low income economies to venture into their implementation. According to some scholars (Barrientos, 2010; Samson, 2009; McCord, 2009) domestic taxes, revenues from natural resources, savings from debt cancelations and the reallocation of existing expenditure on underperforming programmes could all serve as possible sources of funding for implementing social cash transfer programmes in the developing world.

Furthermore, beyond the question of affordability is the issue of the **sustainability**. Evidently, a number of concerns have been raised over how sustainable social cash transfers can be especially in most middle and low income economies. These concerns have mainly been predicated on the fact that, with the continuous reliance on international assistance/aid in programme design and implementation, social cash transfer programmes risk being discontinued upon any eventual shortfall in donor aid provision (McCord, 2009). In view of this, it has therefore been well argued that, to enhance medium to long term sustainability of social cash transfers in the developing world, national governments must show strong political will and remain financial committed to the delivery of these programmes after the initial phase of donor support is ended (Javad, 2011). As such, governments must be willing to accept and incorporate these programmes into their national policy priorities and more so put in efforts aimed at mobilising adequate resources to cover the cost of their implementation (McCord, 2009). Additionally, for Samson (2009), since most countries in the developing world are confronted with human capacity challenges, enhancing long term sustainability of social cash transfer programmes will also require a strong commitment to capacity building by respective governments since this will result in the creation of “a cadre of development professionals” who better understand the dynamics and complexities surrounding the design and implementation of these programmes. Consequently, this new class of professionals will not only hold the potential to deliver these programmes in a much more efficient and cost effectives manner, but again, will possess the ability to influence policy-makers and mobilise the political will necessary for sustaining these programmes (Samson, 2009: 48).

### 2.3 Developmental impact of social cash transfers: empirical evidence

Generally it has been widely accepted that, since the 1990s social cash transfer programmes have increasingly become widespread in the developing world (GTZ, 2005). Baird et al (2009) note that, this phenomenon is largely as a result of the wide developmental impacts of
social cash transfers on the lives of beneficiaries and their communities. In this section, the researcher highlights the developmental impacts of social cash transfers based on empirical evidences from the international context especially in Latin America, Asia and Africa.

2.3.1 Reducing income poverty and inequality

Evidently, one major developmental impact of social cash transfers is their role in reducing income poverty amongst beneficiaries and consequently inequality in society. Considering the fact that beneficiaries of these transfers have real incomes falling below the national poverty line, in most well targeted programmes, social cash transfers practically serve to increase real income and therefore raise such beneficiaries above the national poverty line. The welfare effect of this is that, beneficiary households with incomes now exceeding the national poverty line may then be in a much better position to afford the basic basket of goods and services which they were hitherto were unable to afford. Consequently, this reduces the depth and severity of income poverty amongst the poorest segments of society (Fajth & Vinay, 2010). In line with this view, Kunnemann & Leonhard (2008) contend that, evidence from Mexico’s Progresa cash transfer programme reveal that the poverty gap among beneficiaries reduced by 36% between 1997 and 1999. Furthermore, Brazil’s social pension’s scheme also increased the income of the poorest 5% segments of its society by a double fold (Ibid). Similarly in Mozambique, the GAPVU social cash transfer programme is estimated to have contributed to a reduction in the poverty headcount by 6%, and reductions in the poverty gap and poverty severity by 27% and 44% respectively (Datt et al, 1997). In addition, Booysen (2004) believes that the wide array of social cash transfers available to poor and vulnerable groups in South Africa also contributes greatly to the reduction of poverty. Evidently in a study among both rural and urban Human Immune Virus (HIV) infected households, it was discovered that the Child Support Grant reduced the incidence of poverty by 8%, whilst the Foster Care Grant and the Old Age pension reduced poverty incidence by 6% and 48% respectively (Ibid). In Ecuador and Bolivia, social pension schemes have also reduced the poverty rate of older people by 36% and 44% respectively (Help Age International, 2011). All these examples add more credence to the fact that social cash transfers remain an effective instrument for reducing income poverty.

Besides, reducing income poverty, social cash transfers also reduce the level of inequality between the poor and the rich in society. According to Soares et al (2007), an evaluation of social cash transfers in Brazil and Mexico showed that although the total budgets for the cash
transfers were relatively small (just about 4% of GDP), the ensuing effect of these transfers was a fall in the inequality gap measured via the Gini Coefficient in both countries. Thus, between 1995 and 2004, income inequality fell by 0.5 Gini points in both Brazil and Mexico. Evidently, these facts and figures further point to social cash transfers as a very effective tool for income redistribution (Ibid).

2.3.2 Reducing hunger and improving nutrition

In addition to reducing income poverty and inequality, DFID (2011: 20) highlights the fact that “one of the strongest and most consistent findings regarding the impact of cash transfer programmes is their contribution to reducing hunger and food insecurity”. In most low income countries where poverty is generally severe, households receiving a social cash transfer most often than not spend a larger proportion of the cash transfer improving the quantity or quality of food consumed (Adato & Basset, 2008). Kukrety (2007) contends that in Lesotho, the social pension scheme has improved household food security by increasing food consumption, normalizing access to food and improving the diversity of meals consumed. In addition, the proportion of older people reporting that they “never went hungry” increased from 19% to 48% after the pension was administered to the aged in Lesotho (Croome & Nyanguru, 2007). Furthermore, Devereux & Coll-Black (2007) posit that, in Ethiopia the Productive Safety Nets Programme has improved food security for about 7.8 million people who hitherto depended on emergency relief. More so, about three-quarters of these persons consumed higher quantity and quality of food as compared to the previous year and approximately 60% of them avoided selling off their assets to purchase food (Ibid). For Vincent and Cull (2009), an evaluation of the food and cash transfer programme in Malawi revealed that, about 75% of the cash transfer was spent on groceries.

Moving further, on improving household nutrition, Schuering (2008) argues that in Zambia an evaluation of the Kalomo social cash transfer scheme revealed an increase in satiation levels after meals for beneficiaries with the percentage of households complaining of not being satisfied after each meal decreasing from 56.3% to 34.8%. Furthermore, beneficiary households also recorded a high intake of balanced diets with more households consuming vitamins and proteins such as vegetables, fruits, fish and meat (Ibid). For Aguero et al (2007), an analysis of anthropometric survey data in South Africa estimates that a boy who receives the child support grant for about two-thirds or more of the first three years of life obtains an height for age at age three which is likely to result in a 3.5 cm height increase during
adulthood. Besides, in Nicaragua children in households that received the Red de Protección social cash transfer for two years relatively experienced a reduction in malnutrition, 1.7 times greater than the national trend (Maluccio & Flores, 2004). Similarly, in Bangladesh the Char’s Livelihood Programme through its nutritional surveys in 2009, realized that older beneficiaries were on the average less stunted and underweighted as compared to beneficiaries recruited later (DFID, 2011). Interestingly, a report by Save the Children cited in DFID (2011:22) posits that, the size of gains in child nutrition emanating from cash transfers largely depend on three factors namely; “the duration over which the transfer is received, the age of the recipient (given the importance of the window between 0-24 months of age) and the size of the transfer”. Thus for cash transfer programmes to attain maximum gains in improving child nutrition, special attention need to be paid to these three design features.

2.3.3 Stimulating school enrolment and attendance

In addition to the developmental impacts stated above, a significant body of evidence exist to show that, social cash transfers in all forms (both conditional and unconditional) stimulate and improve school enrolment and attendance. According to Vincent & Cull (2009) although education remains a very important ingredient for human development, its access is sometimes often impeded by cost. Consequently, a majority of the poor are excluded from accessing education because they are unable to afford the basic cost associated with its access. To this end, social cash transfers can help increase access to education by providing poor households with the means to enhance payment of school fees and other cost associated with school attendance such as books, uniforms and stationery (Ibid). A number of studies clearly show how social cash transfers have impacted on school enrolment and attendance. According to Handa & Stewatt (2008) evidence from Malawi’s social cash transfer program showed that administering the transfer to households with children resulted to a 5% increase in school enrolment, whilst targeting households with orphans resulted in a 4.2% increase in school enrolment. For Chaudhury et al (2008), an evaluation of the Punjab Educational Sector Reform Program in Pakistan by the World Bank in 2008 also revealed that, school enrolment rates for girls aged 10-14 years increased by 11 percentage points from the baseline figure of 29 %. Furthermore in Zambia, the administration of social cash transfers increased school enrolment by 3% with 50% of the youth who were not in school as at the time of the baseline, enrolled by the time the final evaluation was undertaken (DFID, 2011). To add, in Brazil, the payment of social pensions to over 5 million elderly persons has been
strongly correlated with high school enrolment rates particularly for girls aged between 12 and 14 years.

Apart from increasing enrolment, social cash transfers stimulate regular attendance at school. According to DFID (2006), after just nine months of piloting the Kalamo social cash transfer scheme in Zambia, student absenteeism reduced by 16%. In Namibia, Devereux (2001) discovered that 14 out of 16 grade 12 pupils attended school regularly because their grant parents are in the receipt of social pensions. Furthermore a study by Miller et al (2008) in Malawi also revealed that children in households that received the Mchinji cash transfer were on the average absent from school for 1.6 days whilst those in non recipient household were on the average absent from school for 2.6 days. Similarly, in Brazil children from recipient households under the Bolsa Familia cash transfer programme were discovered to be 20% less likely to absent themselves from school for one day in a month in comparison to those from non recipient households. More so, these children were 60% less likely to drop out of school and 24% more likely to move to the next grade in relative comparison with their colleagues from non recipient households. Additionally, in South Africa, results from a micro simulation model using data from the year 2000 national household survey revealed that households with individuals in receipt of an old age pension experienced a 20% to 25% reduction in the school non attendance gap whilst households with children in receipt of a child support grant were strong associated with a 25% reduction in the school non attendance gap (Samson et al, 2004).

However, it is important to mention that, although the evidences above highlight the impact of social cash transfers on school enrolment and attendance, evidence on the impact of social cash transfers on the final outcome of education (academic performance) is yet inconclusive (DFID, 2011)

2.3.4 Improving access to and use of healthcare services

Furthermore, social cash transfers have also been widely credited with the ability to improve access to healthcare by enhancing the frequent utilization of healthcare services by the poor and extremely poor in society (Vincent & Cull, 2009; Yablonski & O’Donnel, 2009). Most obviously, social cash transfers enhance increase expenditure on health care services and therefore enable poor households to overcome both direct and indirect cost burdens or barriers to accessing health care services (Samson et al, 2007). Evidently, in Lesotho, since the implementation of the social pension scheme in 2005, 50% of the pensioners have
increased their expenditure on health care services (Ibid). Similarly, a review of specific cash transfer schemes in Brazil, Mexico, Colombia, Nicaragua, Honduras and Malawi also reveal that, beneficiary households frequently utilize health care services than non beneficiary households (Pantoja, 2008 cited in DFID, 2011).

Also, the effect of transfers reducing financial barriers to accessing health care is clearly demonstrated in the use of preventive health care services such as immunisations, antenatal and postnatal health visits. Evidence from Mexico indicate that maternal health visits are 18% higher for areas where the Progresa/Oportunidades cash transfer programme is operational in comparison to areas where the programme is non operational (Barrientos & Scott, 2008). In Peru, Jones et al, (2008) contend that, within just a year of the implementation of the Juntos programme, immunisations of children under one year increased by 30% whilst home deliveries reduce by approximately 65%. Similarly, in Bangladesh the Ultra-Poor programme increased immunisation coverage from a baseline figure 53% in 2002 to over 98% by 2008. Additionally, the use of modern contraceptives also increased by about 18% amongst sexually active persons in the country (Davies, 2009 cited in DFID, 2011).

Despite the evidence of impact on health outputs as highlighted above, DFID (2011) finds evidence of the impact of cash transfers on final health outcomes such as improved healthcare as less definite and inconclusive. Evidently, “where it exist, it is more mixed than the evidence that transfer increases access to and use of services” (Ibid: 29). According to scholars such as Yablonski & O’Donnel (2009), this is not surprising since other factors that may be responsible for causing illness may not necessarily be addressed by cash transfers. Nonetheless, some studies provide good examples of how cash transfers have contributed to improving health outcomes especially with regards to children. For Instance, according to Miller et al (2008), in Malawi, an independent evaluation report on the Mchinji cash pilot scheme showed that between 2007-2008, the incidence of illness reduced by 23% for recipient children under the scheme as against 12.5% for non recipients. More so, in Colombia, the incidence of diarhoea amongst children under 2 years was 10.5% lower for beneficiaries of the Familias en Accion programme in comparison to non beneficiaries (Attanasio et al, 2005). For Barber & Gertler (2008) evidence from Mexico also indicate that beneficiary status under the Oportunidades is strongly correlated with 127.3g higher birth weight for women and a 4.6% reduction in low birth weight. Although the above evidences point to the impact of cash transfers on health outcomes, further research into this question
may still be required to produce more robust evidence on the impact of cash transfers on final health outcomes (DFID, 2011).

2.3.5 Reducing child labour

Generally, empirical findings from a number of studies also indicate that social cash transfers reduce the incidence of child labour in poor households even though in some isolated cases the inverse of this is true (Barrientos & Nina-Zarazua, 2009). According to Barrientos (2010) the greatest impact on reducing child labour is mostly realized through conditional cash transfers especially those that condition the receipt of the cash transfer on school attendance. It is expected that by enhancing household’s income through these transfers, parents will be able to meet the basic needs of the household and thereby be less motivated to engage children in economic activities especially those that keep children out of school. Evidently, Schady & Araujo (2006) argue that, the Bono de Desarrolo Humano cash transfer programme in Ecuador reduced the incidence of child labour by 17% in participating households. Furthermore, the Programme for the Eradication of Child Labour in Brazil also reduced the probability of children being engaged in adult work by almost 26% in the Bahia region (Rawlings & Rubio, 2003). In Cambodia, evidence exist to show that the Cambodia Education Sector Support project by administering cash transfers to pupils in transition from primary to lower secondary school greatly reduced student participation in paid work by 11% (Filmer & Schady, 2009). According to the World Bank (2006), an evaluation of the Familias en Accion cash transfer programme in rural Colombia also revealed that the programme led to a significant reduction in child labour, particularly for children between the ages of 10 years and 13 years.

2.3.6 Promoting self esteem, empowerment and gender equality

A key developmental impact of social cash transfers is their role in promoting self esteem, empowerment, fairness and gender equality. Vincent & Cull (2009) contend that, by providing some means of subsistence to very vulnerable groups, social cash transfers promote self esteem by reducing the dependency by the poor on other members of the household for economic wellbeing. Consequently, beneficiaries become more motivated to take major decisions for themselves since they now feel more dignified and self empowered and are no longer perceived by others as burdens. Evidence from social pension schemes in Lesotho and South Africa, all show that recipients of the transfers particularly the elderly feel more
empowered and dignified in their present status than they did in the period before the pension was introduced (Surender et al, 2006).

Additionally, besides just promoting self esteem, social cash transfers also enhance gender equality especially for women. According to Ellis (2008), gender has played a major role in the design of social cash transfers over the past 10 to 15 years especially within the Latin American context. By focusing on addressing gender imbalances through the payment of cash transfer to women in households, social cash transfers have increased “the bargaining power of women within the home” and as well improved “the intra household allocation of resources for human development” (DFID, 2011:40). For Vincent & Cull (2009), women are more likely to spend money in ways that benefit the whole household rather than just themselves hence a justification for placing them at the center of social cash transfers. Gbedemah et al (2010) also believe that, paying cash transfers to women not only instills some sense of dignity in them but also empowers them by giving them a voice in decision making processes within the household.

Evidently, a report on the Progresa/Oportunidades cash transfer programme in Mexico, indicate that by paying the transfer to women, their status, role and involvement in household decision making increased remarkably (World Bank, 2008). Again in Malawi, Schubert & Huijbreghts (2006) contend that, paying social cash transfers to women has reduced the probability of young women resorting to negative coping mechanisms such as transitional sex for survival. Furthermore, in Brazil women who benefitted under the Bolsa Familia social cash transfer programme recorded 17% greater participation in the labour market than non beneficiaries of the programme (Squarez et al 2006 cited in DFID, 2011). Thus, in light of the above, it is prudent to assert that a strong justification exist for placing women at the centre of most social cash transfers, particularly those that focus on human development at the household level.

2.3.7 Promoting wider economic growth

Generally, besides their social welfare function, social cash transfers can in many indirect ways stimulate wider economic growth. Some examples of these include increasing labour market participation, stimulating demand for local goods and services, and providing an avenue for livelihood diversification and investment (Samson, 2009; Fan 2010; Case & Deaton, 1998). According to Vincent & Cull (2009), by impacting on these growth determinants, social cash transfers invariably contribute to the bigger goal of promoting
economic growth. On increasing labour market participation, Samson et al (2004) emphasise that, in South Africa, labour force participation for households receiving the Old Age Pension is 11-12% higher than households not receiving the pension. Additionally, the employment rate within the former is 8-15% higher than that of the latter (Ibid). Similarly, in Brazil, beneficiary households under the Bolsa Familia programme have a 2.7% higher labour participation rate than non beneficiary households.

Furthermore, with regards to stimulating demand for local goods and services, Ardington & Lund (1995) posit that, in South Africa and Namibia, trade for grocery shops and the establishment of new business increased as a result of the introduction of social pensions in both countries respectively. Again in Zambia, Samson et al (2009) also discovered that 80% of cash transfers were being spent locally on the purchase of goods and services, thereby stimulating the growth of enterprises in the local economy. Similarly, in Malawi, an econometric analysis of data gathered after the implementation of the Dowa Emergency Cash Transfer in the Dowa district revealed that, for every one dollar of transfer a regional multiplier effect of 2.02 to 2.45 was observed in the local economy, meaning that the actual cash transfer had a double impact on the local economy with even non recipients such as traders and suppliers also benefitting indirectly (Davies and Davey, 2008).

Additionally, with regards to providing an avenue for livelihood diversification and investment, Devereux & Coll-Black (2007), believe that some evidence exist to show that small but regular flows of income enables poor households to diversify their livelihoods and improve their income generating potential by funding the cost associated with job seeking as well as preventing them from distress sale of productive assets for consumption needs. For Vincent & Cull (2009), these transfers also provide some small amount of capital for the poor to make petty investments that could be far yielding in the long run. Evidently, In India, beneficiary farmers under the Employment Guarantees Scheme in Maharashtra were observed to have invested in high yielding crop varieties and fertiliser than non beneficiaries (Sabates-Wheeler et al, 2008 cited in Hanlon et al, 2010). Evidence from the Kalomo scheme in Zambia also indicates that poor households invested 29% of the transfer in either purchasing farm implements, livestock or informal businesses (GTZ, 2005 cited in Vincent & Cull, 2009). More so, asset ownership among beneficiaries increased from 4.2 assets at baseline to 5.2 assets during the final round of evaluation. Furthermore, 52% of all beneficiaries who invested in one venture or the other also reported some profit returns on their investments (Ibid).
Thus, although economic growth may not be the primary objective of social cash transfers, all these evidences add up to buttressing the point that social cash transfers may in many indirect ways contribute to stimulating broad base economic growth and local development.

2.4 Chapter summary

In brief, this chapter through the review of relevant literature has provided a thorough and comprehensive discussion on the subject matter of this study. Poverty has been conceptualised from a multi dimensional perspective therefore encapsulating both income and non income dimensions. Similarly, social cash transfers have been projected from a global angle with empirical evidence of their impact on household welfare also clearly enunciated. In the view of the researcher, this broad exposition into the subject matter allows for a much clear and vivid understanding of current knowledge on the study topic and therefore provides an empirical basis for the comparison of findings emanating from this study.

In the next chapter, the researcher espouses the theoretical and conceptual foundations upon which the study is launched.
CHAPTER THREE

3.0 THEORETICAL AND CONCEPTUAL FRAMEWORK

3.1 Chapter overview

This chapter basically provides the theoretical underpinning for the study by examining Rawls’ theory of justice and how this can be applied to social cash transfers within the context of a right based approach. Furthermore, it also provides an exposition into the DFID conceptual model for evaluating the impact of cash transfers on household welfare and thereby illustrates how relevant an adoption of the model could be especially within the context of this case study. The sole aim of the chapter is to provide a very strong theoretical and conceptual background within which the findings of the research will be analysed.

3.2 Rawls’ theory of justice

Generally, the concept of justice according to some scholars (Dinbabo, 2011; Elkins, 2007; Gorovitz, 2001,) can simply be defined to encapsulate values such as equity, equality, objectivity, fairness, rightness and impartiality. Evidently, within the realm of moral and political philosophy, the concept of justice is one key area that is continually being subjected to wide and intense scholarly debate. As such, a number of theoretical propositions have duly emerged from different philosophical schools of thought all in a bid to offer a more comprehensive understanding of the notion of justice. One of such major theories is Rawls’ theory of justice. In the sub-section that follows, the researcher structurally presents a thorough discussion of this theory

3.2.1 The main idea of Rawls’s theory of justice

Rawls’s theory of justice is a philosophical theory that is predicated on the social contract tradition as espoused by earlier philosophers such as Locke, Rousseau and Kant (Storelli, 2008). Rawls’ theory of justice seeks to provide an understanding of the concept of justice as a virtue of social institutions and therefore “explains the principles of how society should be structured, how basic rights and duties should be assigned to individuals, and how social and economic advantages should be distributed to all members of society” (Julian, 2002 cited in Dinbabo, 2011). Rawls’s aim is basically to espouse and defend a liberal and egalitarian concept of social justice and above all offers a viable theoretical alternative to the doctrines of utilitarianism and intuitionism which seem to have long dominated the philosophical discussion on the concept of justice (Rawls, 1971).
In his theory of justice, Rawls posits that justice plays a central role in determining social cooperation amongst individuals in society. The centrality of justice in creating a viable human community is evident in the fact that “each person possesses an inviolability founded on justice that even the welfare of society as a whole cannot override” (Rawls, 1971:3). Thus, in a just society all individuals have equal rights and liberties which in turn are not subject to political bargaining or to the dictates of social interest. Injustice towards any particular group of individuals in society is only justifiable when it is necessary to prevent greater injustice (Ibid).

For Rawls, although many different things are said to be just and unjust, for example laws, institutions, social systems, judgements and imputations, the focus of his theory of justice is on that of social justice. Accordingly, he contends that “the primary subject of justice is the basic structure of society, or more exactly, the way in which the major social institutions distribute fundamental rights and duties and determine the divisions of advantages from social cooperation” (Rawls, 1971:5). Rawls’s position on what constitutes the primary subject of justice is grounded on the fact that he perceives the basic structure as having some profound effect on all individuals in society irrespective of their social standing. Rawls admits that some deep inequalities exist in the basic structure because it contains various social positions which inevitably affect an individual’s life chances by favouring certain starting places over others. These deep inequalities although not justifiable under any appeal, must therefore be the target to which the principles of social justice must address in the first instance (Ibid).

For Rawls, the principles of social justice are the principles that rational individuals with the object of advancing their own interest will willingly accept in an initial position of equality as constituting the fundamental basis of their association. These principles “provide a way of assigning rights and duties in the basic institutions of society and they define the appropriate distribution of the benefits and burdens of social cooperation” (Rawls, 1971: 2). Rawls calls this way of viewing the principles of justice “justice as fairness”. By “justice as fairness” Rawls does not imply that justice and fairness are identical, but that the principles of justice are agreed to under fair conditions by individuals who are in a situation of equality otherwise referred to as the original position. According to Rawls, rather than a real life situation, the original position should only be understood as a purely hypothetical situation characterised to posit a certain notion of justice (Ibid).
Moving further, in the hypothetical situation described above, Rawls argues that two fundamental principles are essential to guarantee a just and morally acceptable society. The first principle dictates that “each person is to have an equal right to the most extensive basic liberty compatible with a similar liberty for others” whilst the second principle highlights the fact that “social and economic inequalities are to be arranged so that they are both (a) reasonably expected to be to everyone’s advantage, and (b) attached to positions and offices open to all” (Rawls, 1971: 406). Evidently, whereas the first principle defines and secures equal liberties of citizenship, the second principle focuses on the distribution of income and wealth to the advantage of all individuals in society and at the same time advocates for equal opportunities in advancing into offices of authority (Ibid). For Rawls, these two principles are very fundamental in ensuring justice and must therefore be used to “assess the actual justice of social institutions” (Storelli, 2008:49).

Interestingly, it is imperative to note that just like other theories, a number of criticisms have been made on Rawls’s theory of justice. Notably a host of scholars including (Rasmussen, 1974; Zuckert, 1981; Cohen, 2008) have raised questions and critical commentary on Rawls’s theory of Justice. According to Rasmussen (1974) by conditioning the concept of “rights” upon it usefulness to the rest of society, Rawls indirectly admits that “rights” constitute a privilege given to a person but not something that a person possesses because he is a person, a view contrary to his own theory. For Zukert (1981), some careful attention needs to be paid to the basic structure of Rawls' logic, and that when this is done Rawls' own principles of justice are unable to satisfy the criteria of justice he posits. Furthermore, in the view of Cohen (2008), Rawls’s theory of justice increasingly conflates the concept of justice with other concepts or rules of social regulation. As a result, the does not clear posit a clear understanding of the concept of justice. However, elimination of those conflations brings justice closer to equality (Ibid).

Nonetheless, the researcher strongly opines that Rawls’s theory of justice as presented in the preceding section, clearly provides a strong basis for understanding the impact of state-led social policy interventions, especially those that focus on fair redistribution of national resources as well as those that center on alleviating the plight of the poorest of the poor in society. Hence, in the next section, the researcher attempts an application of the theory to the context of this study.
3.2.2 Application of Rawls theory of justice to the research agenda

Applied to the field of social policy and development, Rawls’s theory of justice can be best positioned within the rights-based approaches to development. According to Boesen & Martin (2007), the rights-based approaches understand development as a process of realizing human rights and freedoms. It conceptualises development as an inalienable right that must be enjoyed by all irrespective of economic class and social status. The state is therefore viewed as having a moral responsibility to create a system of redistribution that ensures that the welfare of all groups of persons especially the poor and marginalised groups in society are well catered for (Ibid).

In the context of this study, scholars such as Dinbabo (2011) believe that Rawls’s theory of justice is best positioned to illustrate the main characteristics of welfare based principles and thus provides a good context for assessing the impact of social cash transfers on household poverty reduction. Thus, in consonance with Rawls’s views on the basic structure of society, the study acknowledges the fact that some deep inequalities exist within the Ghanaian society. As a result various classes of individuals (rich, middle class, poor and extremely poor) are evident within the Ghanaian society. However, as argued by Rawls, all individuals in society irrespective of their social standing must possess equal rights and liberties and more so, benefit from the social and economic advantages present in that particular society. Hence, wealth and income must be properly redistributed in a manner that inure to the benefit of all individuals most especially the poor and extremely poor in society. Thus, from the Rawlsian perspective, in view of the fact that the Government of Ghana mainly finances the LEAP grant through its own revenues and targets the programme to cover the bottommost poorest households, the LEAP social grant can effectively be conceptualised as a very important mechanism for income and wealth redistribution in the Ghanaian society. Based on this theoretical foundation, the study therefore assess the extent to which the LEAP grant is inuring to the benefit of recipient households in the Tolon-Kumbungu district of Northern Ghana with regards to improving household welfare.

3.4 A conceptual model for assessing the impact social cash transfers on household welfare

The conceptual framework for this study is based on an adaptation of the model put forward by DFID (2011) for reviewing evidences of the impact or causal paths ways by which social cash transfers can improve household welfare. This conceptual model makes a direct
theoretical case for social cash transfers based on the assumption that, “individuals can be trusted and empowered to make effective use of resources available to them to improve their living standards” DFID (2011:5). The conceptual model is depicted in figure 2 below.

Figure 2: Causal pathways by which cash transfers can improve household wellbeing

Source: DFID (2011:5)

As clearly shown in the framework above, social cash transfers can impact greatly in breaking the intergenerational cycle of poverty and improving household welfare. Following this framework, it is assumed that, through modest but regular flows of income from social cash transfers, the poor and vulnerable groups in society may be able to attain some relatively higher or predictable level of income. This can then enable them smoothen their consumption patterns and also sustain household expenditures on food, education and health care during lean periods without having to resort to extreme coping strategies such as selling individual and household assets or falling on debts.

Furthermore, improvements in health and education may particularly help in building the human capital base of beneficiaries whom through their new status of improved livelihoods
are better able to manage the shocks of life cycle events, accumulate productive assets and therefore build up their capacity for market participation and income generation. The model further explicates that social cash transfers are not substitutes for other important social services such as education and health but rather serves as an important complement to them.

Finally, following the conceptual arguments of Devereux & Sabates-Wheeler (2004), the framework above also shows that social cash transfers may be widely conceptualised as not only preventing and protecting poor household against the shocks of extreme poverty but also promoting improvements in individual capabilities and as well transforming the lives of the poor and marginalised in society. Hence, the conceptual model as presented in figure 2 provides some sound basis to assess the impact of the LEAP social grant in improving household welfare amongst beneficiaries in the Tolon-Kumbungu district.

3.5 Main research hypothesis

In line with the theoretical/conceptual discussion presented above, main hypothesis to be tested in the empirical part of this study is stated below:

- The LEAP social grant has a significant impact on household poverty reduction.

3.6 Operationalization of key variables

The process of operationalization seeks to give practical meaning to the major theoretical concepts employed in the research questions or hypothesis (Mouton, 1996). In this study, these concepts are mainly the independent variable (beneficiary of LEAP) and the dependent variable (household poverty status). However, within the framework of this study, household poverty status is measured via a set of proxy variables (health status, education, food consumption and child labour). These variables are in turn measured by a corresponding set of defined clearly indicators as stated below;

**Health**: this is measured by the frequency of utilization of healthcare facilities by members of the household in the past one year (April 2011 to March 2012).

**Education (School enrolment rate)**: this is measured by the proportion of children of school going age (6-13 years) in the household who are currently enrolled in school,

**Food consumption (satisfaction after meals)**: measured by whether or not household members are satisfied or not satisfied after meals.
**Child labour:** measured by how often children (6-13 years) within the household are engaged in commercial economic activities which is in some ways (socially, mentally, physically and morally) detrimental to their education.

Evidently, it is imperative to note that the researcher’s choice of the above proxy variables is mainly based on the local understanding of poverty in the case study area. Thus, for most Ghanaian rural communities, household poverty is well captured and defined through indicators such as school enrolment, food consumption, health facility usage and child labour (Gbedemah et al, 2010; World Bank, 2011).

Having presented the theoretical and conceptual framework for the study in the preceding chapter, in the next chapter, the researcher mainly highlights the methodology of research employed in this study.
CHAPTER FOUR
RESEARCH METHODOLOGY

4.1 Chapter overview

This chapter mainly presents the methodology employed in the study. Specifically, it highlights a brief background to the study area, the research design, sampling techniques, methods of data collection, the process of data analysis and the statement of ethics that guided the conduct of the field research.

4.2 A brief description of the study area: Tolon-Kumbungu district.

The Tolon-Kumbungu District\(^1\) which constitutes the case study is one of the 170 administrative districts in Ghana\(^2\). Located in the Northern part of the country, the district was created by the erstwhile Provisional National Defense Council (PNDC) Law 207 in 1988 with Tolon as its Capital.

Geographically, the district covers an area of about 2,741 square kilometres and forms about 3.9% of the total landmass in the Northern region. It lies between latitudes 9\(^0\) 15` and 10\(^0\) 02` North and longitudes 0\(^0\) 53` and 1\(^0\) 25` West. It shares boundaries with West Mamprusi District to the North, West Gonja District to the South- West, Savelugu-Nanton District to the East and Tamale Metropolis to the South- East.

Demographically, the population of the district according to the 2000 population and housing census was estimated at 132,338 inhabitants. This was made up of 66,069 males and 66,269 females. However the current population is estimated at 145,876 with an annual growth rate of 3%. More so, the population density of the district is approximately around 50 inhabitants per square kilometres. The indigenous people in the district are Dagombas. Nonetheless, one can still find other tribes like the Gonjas and the Ewes who do fishing along the White Volta. Islam and Traditional religion are predominant religions in the area although some pockets of Christian can also be found especially in the urban settlements. The system of kinship is also mainly patrilineal.

\(^1\) The Tolon-Kumbungu district has since the last quarter of 2012 been divided into 2 separate districts; Tolon district and Kumbungu district. However, as at the time of the study, the two districts were still one.

\(^2\) Total number of districts in Ghana is currently 215.
The Tolon-Kumbungu district is one of the poorest districts in the Ghana. It is characterised by poor rural infrastructure, absence of basic social amenities and high levels of youth unemployment. The housing situation in the district is very deplorable and thus depicts a typical rural setting. Agriculture is the mainstay of the local economy, with a majority of people engaged in subsistence farming. Food security is a major challenge in the district with lots of farmers faced with chronic inadequate food production. Malnutrition is also very high in the district with children and nursing mothers being the most affected. Sanitation in the district is also very appalling with only 33.0% and 40.0% of the population having access to safe drinking water during the dry and rainy seasons respectively. The map of the district is shown in figure 3 below;

**Figure 3 Map of Tolon-Kumbungu District**

*Source: Tolon-Kumbungu District Assembly, 2007.*
4.3 Research design

According to scholars (Craig, 2009; Babbie, 2008; Aaker et al, 2001), a research design provides a blueprint on how a research will be conducted. In the context of this study, a cross-sectional research design was adopted. According to Bryman & Bell (2007) a cross-sectional research design entails the collection of data on more than one case at a single point in time in relation to two or more variables with the view to examining the variations, connections or pattern of association between such variables. For Kumar (2010), cross-sectional studies are very useful in depicting an overall picture as it stands, especially at the time of the study. For this study, data is collected from two groups; beneficiary households under the LEAP social grants programme (treatment group) and non-beneficiary households (control group) in two homogeneous communities under the Tolon-Kumbungu district. At a first instance, the “with and without” scenario is adopted to compare both the treatment and control groups with regards to the indicators being observed. Additionally, the study goes a step further to employ retrospective questioning of beneficiary households (treatment group) in a bid to gain more detailed information and insider perspectives on the efficacy of the LEAP social grant in relation to household welfare improvement.

4.4 Research approach

Generally, in the arena of the social sciences, there are two main traditions of research; the quantitative approach and the qualitative approach (Denzin & Lincoln, 2011; Richards & Munsters, 2010). Whilst the quantitative approach emphasises the use of numerical data, the qualitative approach focuses on insider perspectives of particular social phenomenon (Shkedi, 2005; Babbie & Mouton, 2001). For the purposes of this study, the researcher employed a combination of both the quantitative and qualitative methodological approaches to empirical research. Quantitative strategies were used to collect and analyse numerical data whilst qualitative strategies predominantly dealt with non-numeric data. The rationale for choosing this strategy is that, both approaches have their relative strengths and weaknesses and thus in assessing the impact of the LEAP social grant on household welfare, the weaknesses of one will be complemented by the relative strengths of the other (Babbie, 2008). More so, according to Bryman (2008), in the social sciences the mixed method approach enables a

---

3 These households have passed the required mean test by the Department of Social Welfare but were yet to be formally enrolled onto the LEAP programme as at the time of the study.
thorough investigation of the phenomenon under study and therefore remains highly relevant in generating knowledge for policy making purposes.

4.5 Sampling techniques

4.5.1 Sample size

The study predominantly targeted the poorest households (beneficiaries of LEAP and non beneficiaries of LEAP) in the study area. According to official sources at the district social welfare department, approximately 3,000 households in the district suffer from extreme poverty and hence are eligible for the LEAP social grant programme\(^4\). However, for this study only a total of 60 households were contacted (30 beneficiaries of LEAP and 30 non-beneficiaries of LEAP). According to Bryman & Bell (2007: 197), “decisions about sample size represent a compromise between the constraints of time and cost and the need for precision”. Thus, the choice of the aforementioned sample size was based on the constraints of time as well as the very limited resources available to the researcher for the study.

4.5.2 Sampling procedure

To derive the desired sample, a multi-stage procedure based on probability sampling was employed. According to Leedy & Ormond (2005), probability sampling affords all the elements in the population an equal chance of being selected. In the first stage, a list of all communities under the LEAP social grant programme was obtained from the Department of Social Welfare in the Tolon-Kumbungu district. Out of a total of 10 communities, a simple random selection of 2 communities (Dingoni and Woribogu) was made. Considering the limited time frame for the study and more so, the fact that only a few communities in the district are under the programme, simple random sampling made it much easier and less sophisticated for the researcher since all the communities were accessible and could easily be located.

In the second stage, having selected the 2 communities, the researcher then constituted the sample frame by further obtaining from the district Department of Social Welfare, the list of all poor households who upon passing the required means test have been considered as eligible for the LEAP social grant in each community. The population of eligible poor households in each community was then categorised into groups or strata of LEAP beneficiaries and non beneficiaries. Since the 2 communities were homogenous (share the

\(^4\) Personal interview with District Social Welfare Officer(2012)
same poverty profile and characteristics), respective samples of 15 households were drawn randomly (from each strata) in each of the 2 selected communities (altogether 60 households, 30 beneficiary and 30 non beneficiary households) to constitute the study sample. By employing stratified random sampling the researcher provided both the beneficiary households and non beneficiary household equal chances of being adequately represented in the sample.

4.6 Methods of data collection

For this study, data collection spanned the months of May and July, 2012. The researcher mainly collected and utilized both primary and secondary data. Primary data was collected through the use of structured household level questionnaires, personal interviews and focus group discussions whilst secondary data was gathered through a review of relevant literature.

The data collected centred around the following major areas (1) socio-demographic characteristics of respondents, (2) implementation of the LEAP social grants programme in the case study area, (3) possible areas of programme impact within the household such as education, health, food consumption patterns and child labour, (4) institutional challenges confronting the LEAP programme in the case study area.

4.6.1 Structured questionnaire

According to Langdridge & Hagger-Johnson (2009), a questionnaire is a very valuable method of collecting data from a large number of respondents for the purpose of statistical analysis. In this study, a structured household level questionnaire with both open and close ended questions was used to elicit and collect relevant information from both beneficiary and non beneficiary households. The data elicited centred around the socio-economic and demographic characteristics of respondents, grant expenditure pattern and possible areas of programme impact on the household such as education, health, food consumption patterns and child labour (see Appendix VII.). However, before it was finally administered, the questionnaire was pre-tested in 10 households who were randomly selected from the two groups to detect errors for correction.

4.6.2 In-depth interviews

Qualitative interviewing is said to be “...flexible, iterative and continuous rather than being prepared in advanced or locked in stone” (Rubin & Rubin in Babbie & Mouton, 2008:289). For this study, 8 people (5 officials of the department of Social Welfare and 3 LEAP
community monitoring teams member) were interviewed using a semi-structured check list of questions. The purpose of these interviews was to afford the researcher the opportunity to gain much deeper insights on the grant’s impact on household welfare and as well attain a detailed understanding of the institutional challenges confronting the LEAP programme in the case study area from the perspective of the implementing agency.

4.6.3 Focus group discussions (FGDs)

According to Lichtman (2010), focus group discussions enables the researcher to gain much greater understanding of the topic under study. For this study, the main purpose of the focus group discussions was to afford the respondents the opportunity to freely express themselves and provide detailed information on some relevant issues that could not be captured through the questionnaire. In all, a total of 2 focus group discussions were organised (8-10 persons per group in each community) with participants of the beneficiary households. The researcher mainly employed retrospective questioning to enable participants from the beneficiary households reflect on the situations before and after the receipt of the grant and consequently determine wherether or not any positive household welfare benefits have been realized upon receipt of the grant. This technique thus aided the researcher to obtain much deeper insights on the impact of the grant on household welfare and also served as a way of verifying the patterns of information provided in the questionnaire.

4.6.4 Literature review

The review of relevant literature basically served as the main instrument in gathering secondary data for the study. It centred on literature derived from academic sources such as journals, books, articles, internet sources etc. as well as relevant programme documentations from the national, regional and district offices of the LEAP programme.

4.7 Data analysis

According to Majesky (2008), data analysis involves reducing the size of the data to a manageable proportion and identifying different patterns and themes in the data. In this study, both quantitative and qualitatively analysis was performed on the data gathered. With regards to the former, a comparative analysis was performed using the “with and without” scenario (beneficiary and non-beneficiary households). The aim of doing a comparative analysis is to seek explanations for similarities and differences between the two groups in terms of the predefined household poverty indicators. In this sense, it makes it easier to
understand the impact of the LEAP social grant on household poverty since both groups have a common poverty profile with the only difference being the administration of the LEAP grant to the beneficiary group.

Evidently, the data collected through the questionnaire was coded and entered into Windows SPSS 17.0 for both descriptive and inferential analysis. The main method of analysis employed is statistical hypothesis testing. Specifically the following statistical tools are utilized; the independent samples t-test, Pearson’s Chi-square test and the Mann-Whitney/Wilcoxon rank sum test.

The independent samples t-test is generally used to compare the means of two independent groups. In this study, it is used to compare the mean values for school enrolment rate, frequency of healthcare utilization and number of meals eaten in a day for households in both the beneficiary and non-beneficiary groups. Since the two samples were independently and randomly derived, and assumed to be normally distributed with the group variable being nominal (beneficiary status) and the respective test variables being metric (frequency of utilization of healthcare facilities and school enrolment rate), the independent samples t-test is the appropriate statistical tool for testing the hypotheses. However to run the t-test, a determination as to the validity of the assumption that the two groups have equal variances has to be made. This is done using the Levene’s Test for the Equality of Variances (usually found in the third column of the SPSS output table). As a rule, if the value of significance for the Levene’s test is higher than the given level of significance (in this case 0.05), then “equal variances is assumed”. Inversely, if the value of significance is less than the given level of significance, then “equal variances is not assumed”. Upon this determination, the t-test for equality of means is then conducted. A significance level of 0.05 (5%) is used for the t-tests at 98 degrees of freedom. The decision rule is that, depending on whether equal variances is assumed or not assumed, if the corresponding significance value (labelled “sig. (2-tailed)” in SPSS output table) exceeds the given level of significance, then the null hypothesis has to be accepted, meaning there is no statistical difference between the group means. On the other hand, if the significance value is lower than or equal to the given level of significance, then the null hypothesis has to be rejected, meaning there is a statistical difference between the group means. The independent samples t-test is given by the following formula:

\[
t = \frac{\bar{x}_1 - \bar{x}_2}{s_p \sqrt{\frac{1}{n_1} + \frac{1}{n_2}}} \quad \text{Where } \bar{x}_1 = \text{mean of sample 1, } \bar{x}_2 = \text{mean of sample 2}
\]
Furthermore, Pearson’s chi square test examines if there is an association between two categorical variables. In this case, it is used to examine whether there is any association between food consumption (satisfaction after meals) and LEAP beneficiary status. Pearson’s chi square test is the appropriate statistical tool for testing the hypothesis because both the group variable (beneficiary status) and the test variable (satisfaction after meals) are nominally scaled with the samples being randomly derived. However for the chi square test to be valid two assumptions must be met; first, the samples must be independent of each other and second, zero cells must have an expected count of less than five (Field, 2009). If these assumptions are violated then the chi square test is invalid. A significance level of 0.05 (5%) is used for the test at 1 degree of freedom. The decision rule is that, if the significance value (shown as “Asym.sig. (2-Sided)” in SPSS output table) is higher than the significance level, then the null hypothesis has to be accepted, meaning that the analyzed variables are independent from each other, in other words, the difference between the groups is not significant. Conversely, if the significance value is less than or equal to the significance level, then the null hypothesis has to be rejected, meaning that the analyzed variables are dependent on each other, and in other words, the difference between the two groups is significant. Generally, Pearson’s chi square is given by the formula:

\[
\chi^2 = \sum \frac{(Observed\ count - Expected\ count)^2}{Expected\ count}
\]

Additionally, the Mann-Whitney U-test is a non parametric test that is used to compare two conditions with different participants being used in each condition and the resulting data being ranked. In this study, it is used to compare whether any differences exist between beneficiary households and non beneficiary households of the LEAP programme with regards
to the rate of recurrence of child labour in the household. The Mann-Whitney U-test is the appropriate test because the two samples are independently derived, with the group variable (beneficiary status) being nominal and the test variable (recurrence rate of Child labour in the household) being ordinal or ranked. Because both samples are greater than 20 \( (n > 20) \), the large sample case test is employed. A significance level of 0.05 (5\%) is used for the test. As a rule, the null hypothesis is accepted if the significance value is higher than the given level of significance. Otherwise, it is rejected in favour of the alternative hypothesis if the significance value is less than or equal to the given level of significance. Generally, the Mann-Whitney U-test for large samples is given by the following formula:

\[
U_1 = R_1 - n_1 \frac{(n_1 + 1)}{2} \quad \text{Where} \\
U_2 = R_2 - n_2 \frac{(n_2 + 1)}{2} \quad \text{where}
\]

\[n_1 = \text{sample size for sample 1}, \quad R_1 = \text{sum of rank in sample 2} \]

\[n_2 = \text{sample size for sample 2}, \quad R_2 = \text{sum of rank in sample 2} \]

The sum of equation [1] + [2] is then computed as follows:

\[
U_1 + U_2 = R_1 - n_1 \frac{(n_1 + 1)}{2} + R_2 - n_2 \frac{(n_2 + 1)}{2} \quad [3]
\]

Moving further, beside the methods of quantitative analysis espoused in the above, the data gathered from the personal interview sessions and focus group discussions are also analysed qualitatively. The information from these sessions are recorded, transcribed and categorised in order to draw out common themes and essential patterns. These are then presented in the form of text and narratives based on empirical evidence.
4.8 Ethical statement

This study was conducted in accordance with the ethical research standards of the University of the Western Cape. As such, the study only commenced after the research proposal was duly approved by the University of the Western Cape Senate, the Arts Faculty board and the Institute for Social Development. Permission was also sort from the Tolon-Kumbungu District Assembly, the Department for Social Welfare, traditional leadership of the two communities in which respondents were drawn and most importantly the respondents themselves. Participation in the study was purely voluntary with no form of coercion used against the respondents. At all stages of data collection, the researcher explained and clarified the purpose and objectives of the study to all who participated in the study. The researcher took cognisance of the socio-cultural values of the study area and therefore conducted himself in a manner that did not offend the socio-cultural sensibilities of the respondents. Finally, all the information gathered was kept confidential and used for the intended purposes only.
CHAPTER FIVE

5.0 UNDERSTANDING THE IMPACT OF THE LEAP GRANT ON HOUSEHOLD POVERTY REDUCTION IN THE TOLON KUMBUNGU DISTRICT: EMPIRICAL FINDINGS.

5.1 Chapter overview

This chapter mainly presents an analysis of the data collected and a thorough discussion of the empirical findings emanating from the study. It responds to the research questions as posed in the first chapter of this study. Hence, it espouses an overview of the LEAP social grants programme and its implementation process in the study area, the socio-demographic characteristics of the sample, and both quantitative and qualitative analysis of the impact of the LEAP grant in improving household welfare.

5.2 An overview of the LEAP social grants programme

5.2.1 Background and context of LEAP

The Livelihood Empowerment Against Poverty (LEAP) programme is a social cash transfer programme designed under the NSPS to offer livelihood support to the extremely poor and vulnerable in Ghana. According to the Government of Ghana (2007: 11), the programme is “an innovative and context specific initiative that will provide both conditional and unconditional cash transfers to the target populations”. It is also “intended to empower and help the targeted population provide for their basic needs, poise them to access existing government interventions and provide a ‘spring board’ to help them ‘leap’ out of the malaise of extreme poverty” (Ibid). The programme which is undoubtedly a pioneering initiative in the West African sub region was designed in 2007 and implemented on an initial five year pilot basis, from 2008 to 2012 with funding mainly provided by the Government of Ghana (Asante-Asare, 2009; Niyuni, 2010; Sultan & Schrofer, 2008).

According to Amuzu, Jones & Pereznleto (2010), as at May 2009, a total of 131,000 beneficiaries in 26,200 extremely poor households across one third of districts nationwide were actively benefiting from the programme. Institutionally, the programme is managed by the Department for Social Welfare under the Ministry of Employment and Social welfare in cooperation with other stakeholders such as the Ministry of Education and Ministry of Health. At the national level, the LEAP unit at the Department of Social Welfare headquarters “manages the finances of the programme, reviews and revises implementation
guidelines, engages in monitoring activities and sets a framework for evaluation of the programme,...as well as trainings at the regional and district levels” (MMYE, 2007:3). However, the actual ground implementation of the programme takes place at the community level where through the efforts of the district DSW, the District LEAP Implementation Committee (DLIC), and the Community LEAP Implementation Committee (CLIC), beneficiary households are identified and the cash transfer delivered.

5.2.2 Targeting

As a pro-poor social development strategy, LEAP is primarily targeted at the extremely poor and vulnerable in society. According to Gbedemah et al (2010), “of the 28.5% of Ghana’s population who are poor, LEAP targets the 18.2% who are ‘extremely poor’”. According to the Government of Ghana (2007), the target beneficiaries of the programme include; subsistence farmers and fisher folk, the extremely poor aged above 65 years, care givers of orphans and vulnerable children (OVCs) particularly those affect by AIDS and children with severe disabilities, incapacitated/ extremely poor people living with HIV/AIDS (PLWHAs), persons with disabilities (PWDs) and without productive capacity, and pregnant women/ lactating mothers with HIV/AIDS.

Evidently, in selecting beneficiaries under the eligibility criteria outline in the above, the programme employs a mixed system of targeting. Under this mixed system, both heavy and light targeting mechanisms are employed. By heavy targeting, the programme uses a much detailed criteria for the means test with the aim of reaching the bottom poorest in society. This mechanism uses geographical targeting to determine the list of districts and communities that should be included into the programme and as well also uses the local community in identifying and registering beneficiary households. On the other hand, the light targeting mechanism utilizes much simpler categorical criteria which is aimed at reducing administrative burden and promoting transparency. Unlike the heavy targeting mechanism, under the light targeting mechanism, the registration process is less time cumbersome and therefore does not require individual household visit. Hence, beneficiary households register themselves (MMYE, 2007).

5.2.3 Cash amount and payment procedure

Under the LEAP programme, beneficiary households receive cash transfers of between 8 to 15 Ghana Cedis (GHC) per month depending on the number of eligible beneficiaries in the household. A household with only one eligible member receives 8 GHC per month, whereas
a household with two eligible members receives 10 GHC per month. More so, a household with three eligible members receives 12 GHC per month while a household with four or more eligible members receive 15 GHC per month.

Procedurally, the LEAP grant is paid to beneficiary households once every two months through the Ghana Postal Company which is available nationwide or at community designated pay points. Usually, the grant is paid out to a female caregiver in the household or in absence a deputy, who can either be a family/household member or even a trusted member of the community. The cash is mostly received at a community designated pay point with a payment team comprising of a postal agent, an official of the district department for social welfare and a police officer for security purposes. Recipients usually sign or thumbprint to confirm receipt of the grant. However, in the event where a recipient is unable to collect the transfer on a particular pay day, the household is given the opportunity to reclaim their transfer on the next available pay day (MMYE,2007).

5.3.4 Conditionality

Similar to cash transfer programmes in Latin America, beneficiaries of the LEAP programme in Ghana are required to comply with a number of conditions. These conditions as contained in the policy document (Government of Ghana, 2007) include:

- to enrol and retail all children of school going age in the household in public basic schools,
- register all members of the household unto the National Health Insurance Scheme (NHIS),
- register all new born babies (0-18 months) with the Births and Death Registry,
- attend required post natal clinics and complete the expanded programme on immunization and
- ensure that no child in the household is trafficked or engaged in any activity constituting the worse forms of child labour.

In the context of LEAP, the conditions stated above are viewed as being developmental rather than punitive. Thus, they are meant to encourage poor household to prioritise human capital development especially of children since this remains key to breaking the intergenerational cycle of poverty. Beneficiary households that do not comply with these conditions are
queried and counselled for the first two times. However, if after one year such households still exhibit non compliance behaviour, they are taken off the programme (MMYE, 2007).

5.3.5 Complimentary programmes (State led)

In view of the fact that cash alone may not be enough to help poor households break out of the intergenerational cycle of poverty, beneficiaries of the LEAP programme are linked to a number of complimentary services provided by the government. These services which are mostly in the area of livelihood creation, livelihood protection, promotion and social empowerment are geared towards providing comprehensive capacity development for LEAP beneficiaries in their bid to disentangle the vicious cycle of poverty of which they have been trapped in. The table below outlines the list of complimentary services provided by government to LEAP beneficiaries.

Table 1. Complimentary Services Matrix (Government-led)

<table>
<thead>
<tr>
<th>Target</th>
<th>Livelihood needs supported by LEAP</th>
<th>Complimentary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely poor aged 65+</td>
<td></td>
<td>• NHIS Indigent Card</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Free Bus Ride</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Micro Nutrient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Food Supplements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Medical support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Soap</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Water</td>
</tr>
<tr>
<td>PWDs without productive capacity</td>
<td></td>
<td>NHIS Indigent Card</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Caregivers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• NHIS indigent Card</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Agric. Input Support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Microfinance and IGA support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Skills Training for caregivers</td>
</tr>
<tr>
<td>Caregivers of OVCs (able to work)</td>
<td>• Shelter</td>
<td>Caregivers</td>
</tr>
<tr>
<td></td>
<td>• Food</td>
<td>• NHIS Indigent Card</td>
</tr>
<tr>
<td></td>
<td>• Clothing</td>
<td>• Agric. Input Support</td>
</tr>
<tr>
<td></td>
<td>• Medical support</td>
<td>• Microfinance and IGA support</td>
</tr>
<tr>
<td></td>
<td>• Soap</td>
<td>• Skills Training for Caregivers</td>
</tr>
<tr>
<td></td>
<td>• Water</td>
<td>• Women Dev’t Fund (MOWAC)</td>
</tr>
</tbody>
</table>
Moving further, it is imperative to mention that, beside the government complimentary services stated in the table above, LEAP beneficiaries also benefit from a wide number of programmes initiated and managed by non-state actors such as NGOs and other development-based organisations in Ghana. These non-state-led complimentary programmes, which also centre on human development, aim at strengthening the capacity of LEAP beneficiary households to be able to overcome poverty and vulnerability in the very near future.

According to some scholars (Asante-Asare, 2009; Gbedemah et al, 2010; Adams & Bartholomew, 2010), LEAP is contributing to the socio-economic development of the poorest households in Ghana, by providing them with cash transfers and some livelihood support services, the programme is making some meaningful contribution to fighting chronic poverty and destitution amongst the bottom poorest in Ghana. Generally, it is expected that, by the end of the five-year pilot phase, the programme would have achieved some positive milestones with traces of its impacts being very evident in the beneficiary communities.

Upon presenting a broad overview of the LEAP programme at the national level, in the next section, the study narrows down to the implementation of LEAP in the Tolon-Kumbungu district of Northern Ghana.

5.3 Implementation of the LEAP programme in the Tolon-Kumbungu district

Following Government of Ghana’s decision to scale up the LEAP programme to many poor districts, the Tolon-Kumbungu district was selected and consequently began implementing the LEAP programme in 2010. Evidently as at July 2012, a total of 676 beneficiaries in 316 households in 10 selected communities had benefitted from the programme.\footnote{Personal Interview with District Social Welfare Officer (2012).}

In congruity with the framework developed at the national level, the district Department of Social Welfare (DSW) is the main implementing agency of the programme at the district level. As such the district office of the DSW it manages the day to day affairs of the programme, plans for its expansion in the district, sets up substructures and monitors the performance of these substructures in the district. Most importantly, the DSW constitutes the
District LEAP Implementation Committee (DLIC), and the Community LEAP Implementation Committee (CLIC). The DLIC basically ensures that the programme is effectively implemented by the DSW and its stakeholders and also beneficiaries of the programme are linked to existing complementary interventions in the district. The DLIC also monitors progress made and assist with devising strategies to better overcome the challenges being encountered by the programme in the district. The CLIC on the other hand is also responsible for the community level coordination and implementation of the LEAP programme. CLIC members essentially undertake a range of task such as targeting and registration of households, counselling and monitoring of beneficiary households, and also ensuring that the programme is well integrated into the local context (MMYE, 2007).

Moving further, in consonance with the policy frame work of the LEAP programme, beneficiary households in the Tolon-Kumbungu district are selected onto the programme using both mechanisms of heavy and light targeting. Transfer amounts ranging from 8 GHC to 15 GHC depending on the number of beneficiaries in a household are paid once every two months at designated community pay points. In addition, beneficiary household are also mandated to fulfil the conditions set out in section 5.43 above. Beneficiary households also enjoy the set of complimentary services provided by government and a host of NGOs that operate in the district. In view of the widespread nature of poverty in the district, efforts are being made by the district DSW and the DLIC to expand the number of households benefiting from the programme. In view of the positive impact of the programme on household welfare, it is envisaged that, in subsequent scale ups, a strong case can be made for an expansion of the programme to many more households in the district.

In the section that follows the researcher provides an exposition into the background characteristics of the various household heads or representatives that were sampled for the study.

5.4 Socio-economic and demographic characteristics of respondents

In all, a total of 60 respondents (30 LEAP beneficiary household heads and 30 non-beneficiary household heads) were employed in the study. For the beneficiary group, males constituted 40% whilst female constituted 60% of the sample. For the non-beneficiary group, the sample was constituted by 33% male and 67% female. The ages of respondents ranged between 39 years and 68 years. Since the elderly constitute a core target group under the LEAP programme, higher ages limits were expected. The mean age was however 51.5 years
depicting an averagely elderly sample. Furthermore, whilst for the beneficiary group 67% were married, 10% were divorced, 23% reported widowed, for the non beneficiary group, 70% were married, 5% reported divorced and 25% were widowed. Table 2 below shows the marital status of respondents by LEAP status whilst Table 3 shows the sex of respondents by LEAP status.

**Table 2 Marital Status of respondents by LEAP Status**

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Beneficiary</th>
<th>Non beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Married</td>
<td>20 (67%)</td>
<td>21 (70%)</td>
</tr>
<tr>
<td>Divorced</td>
<td>3 (10%)</td>
<td>3 (10%)</td>
</tr>
<tr>
<td>Widowed</td>
<td>7 (23%)</td>
<td>6 (20%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30(100%)</strong></td>
<td><strong>30(100%)</strong></td>
</tr>
</tbody>
</table>

*Source: Field Survey, 2012*

**Table 3 Sex of respondents by LEAP Status**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Beneficiary</th>
<th>Non Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>12 (40%)</td>
<td>10 (33%)</td>
</tr>
<tr>
<td>Female</td>
<td>18 (60%)</td>
<td>20 (67%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30(100%)</strong></td>
<td><strong>30(100%)</strong></td>
</tr>
</tbody>
</table>

*Source: Field Survey, 2012*

With regards to religion, the sample showed a strong Islamic presence with 89% of respondents being Muslim, 9% being Traditionalist and 2% being Christian. On ethnicity, 95% of all respondents were Dagombas and 5% reported Gonja. These figures clearly give an indication that the study area is predominantly Dagomba dominated. With evidence pointing to a typical rural informal population, 51.7% (more than half) of all respondents were farmers whilst 28.3% were traders and 20% unemployed. Furthermore, an analysis by LEAP status
also reveals that, among the beneficiary members, 53.3% were farmers, 33.3% were traders and 13.3% were unemployed. Similarly for the non-beneficiary members, 50% were farmers, 23.3% were traders and another 26.7% were unemployed. The clustering of a majority of respondents within both groups in the category of “farmer” clearly indicates that farming is the major occupation for a significant number of individuals in the Tolon – Kumbungu district. The occupational distribution of respondents is illustrated in figure 4 below:

Figure 4: A pie chart showing the Occupational Status of respondents

Source: Field Survey, 2012

5.5 Impact of LEAP grant on household poverty: Quantitative analysis

In this section, the study presents a quantitative analysis of the impact of the LEAP social grant on household poverty. Comparisons are made between the beneficiary group and the non-beneficiary group in relation to the predefined proxy measures for household poverty. The main statistical method employed is hypothesis testing.

5.5.1 Health (frequency of utilization of healthcare facilities)

Following Vincent & Cull (2009), the impact of the LEAP grant on health in the household was measured via the frequency of utilization of health care facilities by household members in the last one year (April 2011 to March 2012). Generally, by virtue of receiving a monthly cash transfer, LEAP beneficiaries are supposed to be better placed in affording the minimum cost of registering under the NHIS or even in worse situations, pay out of pocket at the point of demanding healthcare services. Thus, they are therefore expected to use health care facilities more regularly than non-beneficiaries who do not receive any cash transfers. Table 4 and figure 5 below presents details of the frequency of utilization of health care facilities
between the period of April 2011 to March 2012 by both the beneficiary group and the non beneficiary group in this study.

Table 4 Frequency of utilization of healthcare facilities (March 2011-April 2012)

<table>
<thead>
<tr>
<th>Frequency of Utilization of Healthcare facilities</th>
<th>Number of beneficiaries</th>
<th>%</th>
<th>Number of Non Beneficiaries</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>3.3</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>3.3</td>
<td>12</td>
<td>40.0</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>6.7</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>13.3</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>3.3</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>10.0</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>7</td>
<td>6</td>
<td>20.0</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>8</td>
<td>7</td>
<td>23.3</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>3.3</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>13.3</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Source: Field Survey, 2012*

Figure 5 Frequency of utilization of healthcare facilities by LEAP status

*Source: Field Survey, 2012*
From the results shown in table 4 above, while the mean frequency for utilization of healthcare facilities by both beneficiary and non beneficiary groups is 4.6, that of the beneficiary group alone is 6.5 and the non beneficiary group 2.8. This shows that beneficiary members used healthcare facilities more than twice the number of times members of the non beneficiary group used healthcare facilities during the months of April 2011 and March 2012. More so, from the corresponding percentages as shown in figure 5, it is also evident that while 93.4% of beneficiaries utilized healthcare facilities three (3) times or more in the past year, only 40% of non beneficiaries utilized healthcare facilities to the same tune within the same period. Thus, a majority of non beneficiaries (60%) utilized healthcare facilities less than three times in the past year.

From the statistics depicted in the above, it can be clearly observed that, beneficiaries of the LEAP programme use healthcare facilities more regularly than non beneficiaries. However, to be able to conclude as to wherether the observed differences between these two groups (means) is statistically significant, the study employs hypothesis testing using the independent sample t-test. The hypotheses to be tested are stated as follows;

\[ H_0 = \text{There is no difference in the means of frequency of utilization of healthcare facilities between the beneficiary and non beneficiary groups} \]

\[ H_1 = \text{There is difference in the means of frequency of utilization of healthcare facilities between the beneficiary and non beneficiary groups} \]

The independent samples t-test is the appropriate statistical tool for the hypothesis testing because the two samples were independently and randomly derived from populations assumed to be normally distributed (see appendix II). Furthermore, the group variable is nominal with the test variables being metric. The rules governing the test remain as explained in section 4.7 above. The results of the test are presented in appendix III.

First, the results of the Levene’s Test for Equality of Variances show an F value of (4.639) and a significance value of (.035). Since the significance value for the Levene’s test is higher than the given level of significance (in this case 0.05), “equal variances is assumed” for the two samples and this is therefore used for the t-test. Furthermore, the result of the t-test shows a computed t-value of (6.871) at 58 degrees of freedom and a significance value of (.000). Thus, in line with the decision rules, since the significance value is lower than the given level of significance (0.05) the null hypothesis that there is no difference in the means of the two
groups is rejected in favour of the alternative hypothesis. This implies that, a statistically significant difference exists between the two group means. Since it is statistically confirmed that the beneficiary group has a higher mean frequency of healthcare facility use than the non beneficiary group, the main assumption that the LEAP beneficiaries use healthcare facilities more regularly than non beneficiaries is therefore accepted. Hence the LEAP grant has an impact on the frequency of utilization of healthcare facilities.

5.5.2 Education (school enrolment rate)

The impact of the LEAP grant on education was measured using school enrolment rate of children in the household. Evidently, the school enrolment rate of children in the household is expressed as the proportion of children of school going age (6-13 years) in the household who are currently enrolled in school. The values of the proportion ranges from 0 to 1. Households with proportion values closer to 1 are deemed to have a relatively higher number of children of school going aged currently enrolled in school than households with values closer to 0. Generally, it is hypothesised that beneficiary households have higher rates of school enrolment than non beneficiary households. This is in view of the fact that by receiving monthly cash transfers, such households should be more able to afford petty expenditures associated with school enrolment and retention such as cost of books, uniforms and basic stationery than their counterparts in non beneficiary households. Table 5 below presents the results of the study on school enrolment rate by LEAP status.

<table>
<thead>
<tr>
<th>Status</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>School enrolment rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beneficiaries</td>
<td>30</td>
<td>.6687</td>
<td>.23922</td>
<td>.04368</td>
</tr>
<tr>
<td>Non beneficiaries</td>
<td>30</td>
<td>.4423</td>
<td>.22593</td>
<td>.04125</td>
</tr>
</tbody>
</table>

Source: Field Survey, 2012

From the results above, it can generally be assumed that, on the average the beneficiary households have a relatively higher number of children of school going aged currently enrolled in school than non beneficiary households. However to be able to ascertain wherether the observed differences in school enrolment is statistically significant, the
The independent sample t-test is again used to test the hypotheses. Justification for the use of the independent sample t-test remains the same as explained in the preceding section. The decision rules for the test also remain as explained in section 4.7. The following hypotheses are tested:

\[ H_0 = \text{There is no difference in the mean school enrolment rate between the beneficiary and non beneficiary groups} \]

\[ H_1 = \text{There is a difference in the mean school enrolment rate between the beneficiary and non beneficiary groups.} \]

The results of the test are shown in appendix IV. The results of the Levene’s Test for Equality of Variances shows an F value of (.194) and a significant value of (.661). Since the significance value for the Levene’s test is higher than the given level of significance (in this case 0.05), “equal variance is assumed” for the two samples and this is accordingly used for the t-test. The results of the t-test show a computed t-value of (3.767) at 58 degrees of freedom and a significance value of (.000). Consequently, since the significance value is lower than to the given level of significance (0.05) the null hypothesis that there is no difference in the mean school enrolment rate between the two groups is rejected in favour of the alternative hypothesis. This therefore implies that, a statistically significant difference exists between the means of the two groups with the school enrolment rate amongst the beneficiary group being averagely higher than that of the non beneficiary group. Based on this result, the general hypothesis that beneficiary households have a higher proportion of children of school going age (6-13 years) who are currently enrolled in school than non beneficiary households is accepted.

5.5.3 Food consumption (satisfaction after meals)

Evidently, following Schuering (2008) the impact of the LEAP grant on food consumption was measured by asking respondents whether or not household members get satisfied or not satisfied after meals. It is generally expected that since beneficiary households receive cash transfers to cushion household expenditure, most of such households will have members being satisfied after meals than non beneficiary households. Table 6 below presents the results of the survey on food consumption (satisfaction after meals).
From the above table, it can be clearly observed that whilst a majority of those beneficiary households get satisfied after meals, a corresponding majority of non beneficiaries also do not get satisfied after meals. However, to be able to conclude that there is any association between satisfaction after meals and LEAP status a statistical test needs to be employed, in this case hypothesis testing using Pearson’s chi square test. Pearson’s chi square test is the appropriate statistical tool because both the group variable (LEAP status) and the test variable (satisfaction after meals) are nominally scaled and more so, the independent samples were randomly derived. The hypotheses to be tested are stated as follows;

\( H_0 = \text{There is no association between satisfaction after meals and LEAP status} \)

\( H_1 = \text{There is an association between satisfaction after meals and LEAP status} \)

The rules and decision criteria for the test remain as explained in section 4.7 above. The results of the chi square test are shown in appendix V. First of all, the results indicate that, the chi square test conducted is valid. This is because zero cells have an expected count of less than five. The minimum expected count is 13.50 Furthermore, the results of the test reports a Pearson’s chi square value of (15.152) at 1 degree of freedom and a significance value of (.000). In line with the decision rule, since the significance value is less than the level of significance, the null hypothesis is rejected in favour of the alternative hypothesis. This means that there is an association between the analyzed variables or in other words the difference between the two groups is significant. Therefore in referring back to the results of the survey, it can be concluded that, a higher number of beneficiary households get satisfied after meals in comparison to the non beneficiary households. Thus, the proposition that LEAP grant impacts on food consumption (satisfaction after meals) is therefore accepted.
5.5.4 Child labour

In this study, following Filmer & Schady (2009), child labour is measured by how often children (6-13 years) within the household are engaged in commercial economic activities which is some ways (socially, mentally, physically and morally) are detrimental to their education. It is hypothesized that by paying cash transfers to beneficiary households, the incidence of child labour will be less frequent in such households as compared to households who do not receive the LEAP cash transfer. Table 7 below shows the frequency of child labor by LEAP status

<table>
<thead>
<tr>
<th>Incidence of Child labour</th>
<th>LEAP Status</th>
<th>Non beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Often</td>
<td>5 (16.7%)</td>
<td>7 (23.3%)</td>
</tr>
<tr>
<td>Often</td>
<td>18 (60%)</td>
<td>20 (67.7%)</td>
</tr>
<tr>
<td>Less Often</td>
<td>7 (23.3%)</td>
<td>3 (10%)</td>
</tr>
<tr>
<td>Total</td>
<td>30 (100%)</td>
<td>30 (100%)</td>
</tr>
</tbody>
</table>

Source: Field Survey, 2012

From the data shown above, the incidence of child labour in a majority of households in both groups is often. However some slight differences can still be observed in terms of the frequencies in each category. In this case, since the test variable is ordinal and the samples were independently and randomly derived the Mann-Whitney U- test is used to test the hypotheses as to wherether any statistically significant differences exist between the incidence of child labour in both groups. The rules governing the test are well explained in section 4.7 above. The hypotheses to be tested are stated as follows:

\[ H_0 = \text{There is no difference in the incidence of child labour between the beneficiary and non beneficiary groups} \]

\[ H_1 = \text{There is a difference in the incidence of child labour between the beneficiary and non beneficiary groups.} \]
The results of the Mann-Whitney U–test are shown in appendix VI. The test results report a Mann-Whitney U value of (377.000), a z value of (-1.260) and a significance value of (.208). Consequently, since the significance value exceeds the given level of significance (0.05), the null hypothesis is accepted. This means that, the difference in the incidence of child labour in both groups is statistically not significant. Although the mean rank of the beneficiary group seems higher than that of the non beneficiary group (see appendix VI), there is no statistical basis to confirm that this difference is indeed significant. Thus, the main hypothesis which states that the incidence of child labour is be less frequent in beneficiary households as compared to non beneficiary households cannot  therefore be accepted.

Evidently, it is important to note that, the results of the quantitative analysis make strong theoretical case for Rawls’s theory of justice from within the Ghanaian perspective. Undoubtedly, the fact that the LEAP social grants impacts positively on household poverty indicators as enumerated in the above (health, education, food consumption) cross validates the position that from the Rawlsian perspective, the LEAP social grant can effectively be conceptualised as a very important mechanism for income and wealth redistribution in the Ghanaian society.

5.6 Impact of LEAP grant on household poverty: Qualitative analysis

This section presents a qualitative analysis of the impact of the LEAP social grant on household poverty based on the FGDs conducted. Evidently, the researcher mainly employs retrospective questioning to enable participants from beneficiary households reflect on the situations before and after the receipt of the grant and consequently determine whether or not any positive household welfare benefits have been realized upon receipt of the grant. Thus, this section unlike the previous section focuses on only the beneficiary group for the purpose of qualitative analysis.

5.6.1 Health (frequency of utilization of healthcare)

To examine impact of the LEAP grant on healthcare access by beneficiary household members, respondents were asked to reflect on and compare the utilization of healthcare facilities before and after the receipt on the grant. Generally, the comments and feedback gathered suggested that, the LEAP grant is contributing to improving household members’
utilization of health care facilities. Evidently during one of the FDG sessions, one participant had this much to say:

“The LEAP grant has helped my household a lot. Before we started receiving the grant, none of us was registered under the National Health Insurance Scheme because my husband was unable to afford the cost of registration fees. However, through the LEAP grant, we have now been able to secure a health cover for all our children and thus go to the health center anytime any of them is sick” (FDG, Woribogu-2012)

More so, another FDG participant also opined that:

“Before my household started receiving the LEAP grant, we hardly went to the clinic because we were unable to afford the cost involved in seeking formal healthcare. But now, at least I am able to visit the clinic much regularly and also able to pay for injections and paracetamol” (FGD, Dingoni-2012)

Furthermore, another elderly participant had this to say:

“Before my household became a beneficiary of the LEAP grant, we never went to a health facility whenever any of us fell sick. We simply had no money to step near the clinic... going there was simply not possible!. However, today with the LEAP grant, although not so much, we are able to seek medical care when ever any of us is sick. Because of LEAP we all now have the NHIS card and this makes it easier for us to go to the clinic. I think the situation is better now than before” (FDG, Dingoni-2012)

Evidently, the pattern of responses as shown in the above clearly suggest that, prior to receiving the LEAP cash transfer, most respondents out of extreme poverty were unable to frequently utilize the services of formal health care facilities in the district. However the LEAP social grant has had some positive impact on health status of beneficiary households by enabling the frequent utilization of health care services anytime they are sick. This finding is therefore in congruity with the results of the qualitative analysis as presented in section 5.5.1 above.
5.6.2 Education (school enrolment)

Additionally, respondents were also asked to reflect and compare situations pertaining to school enrolment for children aged 6 to 13 years in their respective household before and after the receipt on the grant. A thorough analysis of the feedback received indicate that the similar to the outcome of the quantitative analysis in section 5.5.2, the LEAP grant is impacting on education of children at the household level, particularly in improving enrolment and retention rates.

A participant had this to say:

“Unlike before, now I am able to buy uniforms, pencils, crayons and books for my children to go to school. I think the LEAP grant although not fully sufficient has helped me and my household a lot” (FDG, Woribogu-2012)

Another participant was also of the view that:

“ The LEAP grant enables us to be able to afford basic chop money for our children when they are going to school. In the past our children never stayed at school. They always came back home after the first break just to find something to eat and mostly did not go back to school afterwards. However, the situation now is better. Since we are able to give them chop money they stay in school throughout the day and only come home after school is closed” (FGD Woribogu-2012)

To add, a participant in Kukuo also opined that:

“ when I look back at the period before the introduction to the LEAP cash transfer to my household, I see that things are much better for us now. At least we are now able to get out children to school half comfortable. All may not be well yet but the LEAP grant is surely getting us there gradually. The situation is much better now than before …at least for my household” (FDG, Dingoni-2012)

As evidenced in the comments above, although the LEAP grant may not be a panacea to all the household welfare challenges of beneficiaries, the grant seems to be making meaningful
contributions to improving school enrolment and retention amongst school going children in beneficiary households.

5.6.3 Food consumption

During the FDG sessions in both communities, participants were also tasked to critically reflect on the dynamics of food consumption in their respective households before and after the introduction of the LEAP cash transfer. A number of very interesting comments were recorded from beneficiaries. Evidently, an elderly woman in Dingoni posited that:

"The LEAP grant has really come to help us. In the past, we only had one major meal a day in my household. At best we had two meals. However, since we started receiving the LEAP grant, we are now able to afford three meals a day. Our food consumption pattern has greatly changed" (FDG, Dingoni-2012)

Furthermore, another participant emphasised that:

"But for the LEAP grant, I am now able to buy some more ingredients for cooking such as dawadawa, salt, amani, pepper, maggi and occasionally some fish. In the past I could hardly afford all these ingredients. At least now we enjoy our meals much better than before...thanks to the LEAP cash transfer" (FDG Woribogu-2012)

Additionally, another participant also remarked:

"The LEAP grant is surely helping mothers like me a lot. In the period before the LEAP, we only drank porridge in the morning with another meal in the evening. Most of the time, my children complained of hunger at lunch and also not getting satisfied after evening meal. But for now, things seem much better now. Anytime I receive the LEAP cash transfer, we have at least three main meals and all my children get satisfied. Although the amount is not so much... we try to cope and do much with it" (FDG Woribogu-2012)

As clearly shown in all the comments above, the LEAP cash transfer also impacts on food consumption at the household level. Evidently, beneficiary households acknowledge the fact that, although the amount paid out is not wholly sufficient, some positive welfare effects can be observed with regards to household food consumption.
5.6.4 Child labour

In all the 4 FDG sessions, participants were also asked to reflect and comment on the incidence of child labour in their respective households before and after the receipt of the LEAP grant. Most of the participants admitted that although they received the grant, the incidence of child labour was still recurrent in their households. A majority of them opined that the amount being paid out was not fully sufficient to cater the households need and thus there was still the need to engage children in some form of economic activity to support household expenditures.

A participant explained that:

"although we receive the LEAP cash transfer, the amount is not enough to cater for all our household expenditures. Therefore, we sometimes have to engage our children in some economic ventures so that they too are able to contribute something to the family upkeep" (FGD Woribogu-2012)

Another participant also admitted that:

"with regards to our children leaving for the city to engage in “kayayo⁶”, i cannot say much has really changed ever since we started receiving the LEAP grant. Although we receive the grant, we sometimes still depend on some little contributions that these little ones bring anytime they come back from the city” (FGD, Dingoni2012)

Asked if they were aware that it was against the conditions of LEAP to engage children in child labour activities, a participant had this much to say:

"Yes we were told by the district social welfare officer that as a condition for this grant, we are not supposed to do anything to the detriment of children in the household. However, looking at the situation in which we find ourselves, it is most often very difficult to follow these rules. Sometimes the economic activities that our children engage themselves in actually fetch a lot of money for the household. It is an issue of survival and we often cannot do without it” (FDG, Dingoni-2012)

Evidently, the comments above go to reinforce the fact that child labour is a predominant phenomenon in the study area. Hence, in congruity to the results of the statistical analysis in section 5.5.4, the LEAP cash transfer has very little or no impact at all on child labour in

---

⁶ Kayayo is a popular term used to refer to female head potters in most Ghanaian cities. These female head potters are mostly immigrants from the rural areas in search for economic opportunities.
beneficiary households. The empirical evidence gathered tend to suggest households irrespective of their LEAP status engage in child labour activities as a means to complement household income. Thus, unlike other household indicators that are positively impacted by the LEAP grant, within the context of this study child labour remains predominant amongst both beneficiaries and non beneficiaries.

In sum, it is significant to note that the outcome of the qualitative analysis is in congruity with that of the quantitative analysis presented in the preceding section. The outcome of the qualitative analysis also reinforces the fact that social cash transfers present an opportunity to mitigate household poverty by facilitating income and wealth redistribution. By achieving this goal, efforts are inherently being made towards attaining equity and social justice. As stated in the preceding section, these outcomes confirm the role of cash transfers as instruments of promoting and enhancing social justice from the theoretical perspective of Rawls.

5.7 Challenges confronting the LEAP cash transfer programme in the Tolon-Kumbungu district

This sub section presents a comprehensive discussion of the study findings on the challenges that confront the smooth implementation of the LEAP cash transfer programme in the study area. These challenges are presented from both beneficiary and institutional perspectives.

5.7.1 Beneficiary perspective

In the study, beneficiaries were asked to enumerate some of the key challenges that in their opinion affected the LEAP social cash transfer programme in the Tolon Kumbungu district. Quite interestingly, four main challenges were enumerated. Details of these are discussed below.

First and foremost, almost all beneficiaries were of the opinion that the monthly cash amount being paid out under the LEAP programme is too low and usually insufficient to enable them meet basic household needs. The beneficiaries were of the view that, due to the small nature of the grant, some of them still had to rely on some other members of the community for livelihood support especially at periods where the cash transfer was fully exhausted before the next payment date. This for them was a major issue hampering the full realization of the goals that have been set for achievement under the LEAP programme.
Secondly, beneficiaries also stated the non regular payment of cash transfer as a key challenge confronting the programme. They emphasised that although, the DSW is required to make payments every two months, this was not always the case. In some instances, it took usually more than four to five months before the transfers were paid. In evidence to this, some beneficiaries mentioned that even as at the time of the study, they had not received their monthly cash transfers for the past four months. This very sad situation therefore compelled most of them to act contrary to the LEAP conditions by engaging some of their children in commercial economic activities just to raise something extra for the household’s survival.

Additionally, beneficiaries also mentioned the non access to complementary services as a key challenge hampering the programme in the district. According to them, although they were duly informed that enrolment onto the LEAP programme guaranteed their access to some other social and livelihood support services, they were yet to access any of these services. Some of them even expressed the huge difficulty involved in being registered under the premium exempt category (indigent) under the NHIS.

Finally, most beneficiaries also stated the lack of transparency and financial accountability in the payment of monthly cash transfers. According to them, contrary to the regulation that a beneficiary who is absent during a particular payment date should be allowed to receive the said payment at the next due date, most of them who were not present during a particular payment period never received their cash transfers in subsequent payment dates. More so, sometimes some beneficiaries receive amounts less than what they actually expect to receive with no explanations being given by the payment officers for such variances.

5.1.2 Institutional perspective

Beside the beneficiary perspective, the study also gathered some information on the institutional challenges confronting the programme in the study area. This information was mainly generated through the personal interviews sessions organised for personnel of the DSW, as well as some CLIC members. A number of these are discussed below.

Principally, the district DSW mentioned limited staff capacity as a serious challenge affecting the smooth implementation of the program in the district. As at the time of the study, the department had only three permanent staff members and this made it very difficult...
for them to reach out to all beneficiary communities especially during peak periods when their services are mostly needed in all these communities.

Secondly, beside limited staff capacity, another key institutional challenge highlighted is the **limited training opportunities available for programme staff**. Evidently, CLIC members in both communities complained that ever since they joined the programme, they have not received any specialized training on programme implementation at the community level. As a result they do not have the professional knowledge and expertise to efficiently undertake CLIC duties. More so, the core programme staff at the district DWS also complained that although they had forwarded their training needs to the national office, some definite was yet to be done.

In addition to the above, **inadequate logistical support** was also mentioned as a key challenge affecting the implementation of the programme. According to the district social welfare officer, the department lacks the necessary logistics needed (for example computers, cycles, motor bikes and vehicles) for smooth programme implementation. Thus, they sometimes have to rely on their own means in order to get official work accomplished.

Finally, the issue of **no motivation for core staff and voluntary staff structures** was also mentioned as a main challenge affecting the implementation of the programme in the district. According to some members of the CLIC, although their work is voluntary, there are no incentives to constantly motivate them to delivery best results for the programme. For them, some little motivation in the form of basic field allowances could be been very helpful in stimulating their desire to continuously volunteer services to the programme. Similar sentiments were also expressed by core staff who mainly complained about poor salaries and remuneration.

### 5.8 Chapter summary

In rounding up this chapter, it is essential to emphasise that the results of both the quantitative and qualitative analysis indicate that the LEAP cash transfer has some positive observable effects on household welfare. The empirical finding emanating from both forms of analysis seem to be similar and very complementary. This therefore strengthens the argument for the use of mixed methods in empirical social science research. In the next chapter, the researcher presents a summary of findings, conclusions and policy recommendations.
6.0 SUMMARY OF FINDINGS, CONCLUSIONS AND POLICY RECOMMENDATIONS

6.1 Chapter overview

This chapter essentially presents a summary and discussion of the main findings of the study as well as theory cross validation with the theoretical postulations, conclusions, policy recommendations, limitations and avenues for further research.

6.2 Summary of findings and conclusions

As highlighted earlier, this study is aimed at empirically assessing the impact of the LEAP social grant in reducing household poverty among beneficiaries in the Tolon-Kumbungu district. Using both quantitative and qualitative analytical approaches to social science, the impact of the grant on four key household poverty indicators (frequency of utilization of healthcare facilities, school enrolment rate, food consumption and child labour) is examined.

The findings from this study confirm that the LEAP cash transfer has a positive impact on key household poverty indicators such as the frequency of utilization of healthcare facilities, school enrolment for children aged 6-13 years and food consumption (satisfaction after meals). However, although hypothesised, the cash transfer does not have any observable impact on the incidence of child labour in beneficiary households. Evidently, these findings to a large extent cross validate the position that social cash transfers are optimal mechanisms for ensuring social justice in society as posited in Rawls’s theory of justice.

Quantitatively, the study establishes that on the average, beneficiary households use healthcare facilities more frequently than non beneficiary households. In addition, the school enrolment rate for children aged 6-13 years is much higher in beneficiary households than it is for non beneficiary households. Furthermore, a statistically significant relationship exists between food consumption (satisfaction after meals) and LEAP status, with more beneficiary households confirming satisfaction after meals than non beneficiaries. However, with regards to the incidence of child labour, no statistically significant difference is observed between beneficiary and non beneficiary households.

In congruity with above, the results of the qualitative analysis also uncovers that most beneficiaries now feel relatively better off than they were in the period before the
introduction of the LEAP cash transfer. Evidently, in line with the views of Vincent & Cull (2009) on the fact that social cash transfers help increase access to education by providing poor households with the means to enhance payment of school fees and other cost associated with school attendance, a majority of beneficiaries in this study agreed that the LEAP cash transfer has led to some improvements in school enrolment and retentions since they are now able to afford the basic cost associated with the payment of school fees, buying books, uniforms, stationery and giving their children “chop money” for school. Furthermore, similar to the findings of Yablonski & O’Donnell (2009), beneficiaries also confirmed that through the LEAP cash transfer they are now able to afford the basic cost of registering under NHIS and therefore visit formal healthcare facilities more frequently than they did in the past to seek medical care. Additionally, most beneficiaries also opined that, unlike before, with the receipt of the LEAP cash transfer they are now able to purchase more ingredients for food thereby increasing the quality and quantity meals consumed in the household. However, with regards to child labour, most beneficiaries admitted that not much has really changed with relation to the incidence of child labour in the household. Although, they receive the grant, quite a number of children within beneficiary households are still engaged in commercial economic activities to support household wellbeing.

In view of the above, it is imperative to note that, the findings particularly on school enrolment, frequency of utilization of healthcare facilities and food consumption fall in line with the suppositions of the theoretical and conceptual framework underlying this study. Evidently, by increasing access to education for children in poor households, increasing the number of times that the poor seek formal healthcare and increasing the level of satisfaction of poor people after meals, the LEAP social grant can be conceptualised from the Rawlsian perspective as enhancing a fair distribution of social and economic advantages to all individuals in society. Hence, the researcher strongly argues that in congruity to Rawls’s theory of justice, the LEAP social grant serves as a key instrument for promoting social justice in the Ghanaian society.

Furthermore, in line with the arguments of the conceptual model in figure 2, the findings of this study also support the fact that social cash transfers enable poor people to better manage shocks or life cycle events without having to resort to extreme coping strategies such as not enrolling or withdrawing their children from school, not seeking healthcare when sick and

---

7 This refers to money usually given to children to buy food and other petty items when in school
reducing the quality and quantity of meals consumed. To this end, the researcher again argues that, the LEAP social grant prevents and protects poor beneficiary household against the shocks of extreme poverty and other life cycle events. By impacting on key human development areas such as education, health and food consumption, the grant also promotes improvements in individual capabilities and thereby enhance the poor’s ability to break out of the intergenerational web of poverty.

Moving further, the study also reveals that the LEAP cash transfer programme is fraught with a number of challenges. These challenges are espoused from both the beneficiary and institutional perspectives.

From the beneficiary perspective, the cash amount being paid is not fully sufficient to enable them meet the basic needs of their respective households. As result households have to resort to other coping mechanisms (sometimes negative) just to enable them satisfy their basic needs. Interestingly, a majority of beneficiaries cited this challenge as the main contributory factor for the persistence of child labour in their households. Besides, payments of the cash transfer are very irregular and untimely. As a result households are unable to plan effectively on how to expend the grant over a particular period of time. This invariably increases the risk of misapplying the grant anytime it is paid. Furthermore, most beneficiaries also complained about the lack access to other complementary livelihood support services in the district as stipulated in the programme guidelines. For such beneficiaries, this development inhibits their ability to develop capacity necessary to break the intergenerational cycle of poverty which they have been trapped into. Finally, for some beneficiaries, issues of lacks transparency and accountability remain a key challenge for the programme since some irregularities have been observed with the payments of monthly cash transfers.

Finally, from the institutional perspective, limited staff capacity, the non availability of training opportunities for staff, inadequate logistical support and no motivation for programme staff and voluntary structures were also cited by programme officials as constituting some key challenges confronting the smooth implementation of the LEAP programme in the Tolon-Kumbungu district.

**6.3 Policy recommendations**

Based on the above findings, a number of policy recommendations are proposed by the researcher in a bid to help enhance the effective implementation of the LEAP programme in
the Tolon Kumbungu district and in other specific contexts where these findings may be applicable.

- **Increase cash amount and pay transfers regularly**

Since the findings of this study show that the cash amount being paid is not fully sufficient to support beneficiary households in meeting their basic needs, it is recommended that government reviews the current amount being paid in an upwards manner to enable it become more meaningful to beneficiaries.\(^8\) This upward adjustment could also be possibly tied to the inflation rate in the country, so that as and when inflation rises or drops, the real value of the transfer is preserved. More so, giant steps should be taken to pay these transfers in a much more regular and timely manner since most beneficiaries risk misapplying late and irregular payments.

- **Link beneficiaries to other existing complementary services in the district**

Additionally, since this study also reveals that beneficiaries are not linked up to other existing livelihood support services in the district, it is strongly recommended that, the DSW in collaboration with the DLIC with put in more efforts at linking beneficiaries of the programme to other complimentary support services that may exist in the district. Linking beneficiaries to other livelihood support services will enhance the development of their capacities for work and consequently enable them break out of the cycle of poverty.

- **Ensure transparency and accountability in the payment of transfers to beneficiaries**

Furthermore, as a giant step towards building beneficiary’s confidence and trust in LEAP programme, it is recommended that the management of the programme remain open, transparent and accountable. The payment of cash transfers to beneficiaries should be ethically guided and shrouded in corruption. Any official of the programme who is found to have indulged in any corrupt, fraudulent or illegal acts with regards to beneficiary payments should be severely punished to serve as a deterrent for others. More so, the DLIC must institute unannounced visits at payments centres during payment periods to enable them gain

---

\(^8\) In the first quarter of 2013, Government of Ghana re-lunched the programme and is therefore expected to review the current cash amounts being paid out to beneficiaries.
first hand information on the real happenings on the ground with regards to cash transfer payments. In the long term, government could event explore electronic forms of payments such as mobile money and rural banking services.

- **Recruit more staff and provide training opportunities and other incentives**

  Since the findings of the study indicate that the programme is being derailed by low staff capacity, lack of training opportunities and no incentives for staff and voluntary structures, it is recommended that government institute measures aimed at recruiting more qualified staff, and support or provide avenues for their continuous training in various fields relevant to the operation of the LEAP programme. Furthermore, government should also consider instituting some field allowances for programme staff as well as voluntary structures to serve as an incentive or motivation to deliver best results for the programme. More so, since the programme is mostly operational in rural communities, it is also recommended that governments provides the needed vehicular and logistical support to enable the programme team reach out to all communities (both far and near) in the discharge of their duties

- **Strictly monitor compliance to LEAP conditionalities**

  Finally, in view of the findings that most beneficiaries do not comply to all the conditions of the LEAP programme, the researcher recommends that the DLIC should revise their current system of monitoring by adopting a much more strict and rigorous system of monitoring beneficiary compliance to LEAP conditions. With a strengthened monitoring system, LEAP officials will be able to clearly identify non complying beneficiaries and therefore institute punitive measures against them as stipulated in the programme guidelines. This will thus serve as a deterrent for others and enhance the attainment of the programme goals. Furthermore, to increase compliance to LEAP conditions, both DLIC and CLIC could consider increasing public education and sensitization of beneficiaries on the need to stick closely to the stipulated conditions. A short talk session during payment days could be used to in undertaking this sensitization and public education drive.

6.4 Limitations and suggestions for future research

Evidently, although this study clearly fulfils its basic aim of assessing the impact of the LEAP grant on household poverty reduction in the Tolon-Kumbungu district, it is not beyond some limitations. Just like other researchers in the social sciences, the researcher is aware that, there are a few issues that were beyond the scope of this mini thesis. First of all, the
study focused only on poverty at the household level and not that of the wider community. More so, the study did not consider other externalities that could give rise to the observed impacts beside the LEAP cash transfer. The researcher is aware that a panel study involving a much larger sample would have been best to control for such other factors, however in view of the limited time and resources available, a panel study was virtually not feasible.

Additionally, the study also limited its focus to only four household poverty indicators (frequency of utilization of healthcare facilities, school enrolment rate, food consumption and child labour). It did not consider other dimensions or indicators such as self empowerment, gender relations, asset acquisition and the remaining lot. Thus, in instances where a much broader study is required, all these other dimensions could therefore be very good areas for further scientific research.

Finally, there are a number of questions which could have enhanced the plausibility of this research, for example “what is the level of beneficiary compliance to LEAP conditions”, “What are the external effects of the LEAP grant beyond the immediate household” and “what are the cost and benefits of the LEAP programme”. However, all these were not addressed by this study primarily because they were beyond the scope of this master thesis. Thus, these questions could therefore be a very good basis for future studies aimed at presenting a more exhaustive understanding of the impact of LEAP on household wellbeing.
REFERENCES


Gbedemah, C., Jones, N. & Pereznieto, P. (2010). Gendered risk, poverty and vulnerability in Ghana: is LEAP cash transfer programme making a difference? Project Briefing No. 52. Overseas Development Institute, UK.


APPENDICES

Appendix I - The Severity of Poverty across Districts in Ghana, 2003-6

Source: World Bank Staff calculations based on CWiQ 2003 and GLSS5.
Appendix II- Normality test for frequency of utilization of healthcare facilities

![Histogram](image)

- Mean = 4.65
- Std. Dev = 2.78
- N = 50
### Appendix III

**T-Test**

**[Dataset] C:\Users\user\Desktop\LEAP TMLH.sav**

#### Group Statistics

<table>
<thead>
<tr>
<th>Status of Household</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary Household</td>
<td>30</td>
<td>6.50</td>
<td>2.40</td>
<td>0.48</td>
</tr>
<tr>
<td>Non-beneficiary household</td>
<td>30</td>
<td>2.00</td>
<td>1.62</td>
<td>0.29</td>
</tr>
</tbody>
</table>

#### Independent Samples Test

<table>
<thead>
<tr>
<th>Frequency of Utilization of Health Facilities</th>
<th>Levene Test for Equality of Variances</th>
<th>Holm for Equality of Means</th>
<th>95% Confidence Interval of the Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal Variances assumed</td>
<td>F: 4.99, Sig: .03</td>
<td>t: 6.87, df: 58</td>
<td>Mean Difference: 3.70, Std Error Difference: 0.59, Lower: 2.62, Upper: 4.77</td>
</tr>
<tr>
<td>Equal Variances not assumed</td>
<td>F: 8.87, Sig: .002</td>
<td>t: 50.300, df: 2</td>
<td>Mean Difference: 3.70, Std Error Difference: 0.59, Lower: 2.81, Upper: 4.78</td>
</tr>
</tbody>
</table>
Appendix IV

**T-Test**

![Dataset file: C:\Users\insert\Desktop\LEAP FINAL.msv]

<table>
<thead>
<tr>
<th>Status of Household</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary Household</td>
<td>30</td>
<td>.8867</td>
<td>.226221</td>
<td>.04388</td>
</tr>
<tr>
<td>Non-beneficiary household</td>
<td>30</td>
<td>.4423</td>
<td>.22263</td>
<td>.04125</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independent Samples Test</th>
<th>Levene's Test for Equality of Variances</th>
<th>Test for Equality of Means</th>
<th>95% Confidence Interval of the Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
<td>t</td>
</tr>
<tr>
<td>Prop of Children enrolled in School</td>
<td>Equal variances assumed</td>
<td>.194</td>
<td>.661</td>
</tr>
<tr>
<td>Prop of Children enrolled in School</td>
<td>Equal variances not assumed</td>
<td>3.767</td>
<td>57.812</td>
</tr>
</tbody>
</table>
## Chi-Square Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
<th>Exact Sig. (2-sided)</th>
<th>Exact Sig. (1-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>15.162&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1</td>
<td>.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuity Correction&lt;sup&gt;9&lt;/sup&gt;</td>
<td>13.169</td>
<td>1</td>
<td>.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>15.901</td>
<td>1</td>
<td>.000</td>
<td></td>
<td>.000</td>
</tr>
<tr>
<td>Fisher's Exact Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
<td>14.869</td>
<td>1</td>
<td>.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N of Valid Cases&lt;sup&gt;8&lt;/sup&gt;</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. 0 cells (.0%) have expected counts less than 5. The minimum expected count is 13.60.

b. Computed only for a 2x2 table.
Appendix VI

Mann-Whitney Test

<table>
<thead>
<tr>
<th>Status of Household</th>
<th>N</th>
<th>Mean Rank</th>
<th>Sum of Ranks</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often children are engaged in Child labor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beneficiary Household</td>
<td>30</td>
<td>32.93</td>
<td>909.00</td>
</tr>
<tr>
<td>Non-beneficiary household</td>
<td>30</td>
<td>28.07</td>
<td>642.00</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Test Statistics

<table>
<thead>
<tr>
<th>How often children are engaged in Child labor</th>
<th>U</th>
<th>W (2-tailed)</th>
<th>Z</th>
<th>Asymp. Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mann-Whitney</td>
<td>377.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wilcoxon</td>
<td></td>
<td>642.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Z</td>
<td>-1.200</td>
<td></td>
<td></td>
<td>.200</td>
</tr>
</tbody>
</table>

a. Grouping Variable: Status of Household

Individual / Household Questionnaire

Dear Sir/Madam,

This study is being conducted solely for academic purposes. Please be rest assured that the researcher will treat with utmost confidentiality all the responses that are elicited through this questionnaire.

SECTION 1 IDENTIFICATION

<table>
<thead>
<tr>
<th>DATE OF INTERVIEW</th>
<th>DOJINT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPOUND NAME</th>
<th>COMPNAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOUSEHOLD NAME/ID</td>
<td>HHNAME</td>
</tr>
<tr>
<td>NAME OF FIELD ASSISTANT</td>
<td>NAMEFA</td>
</tr>
<tr>
<td>NAME OF TOWN</td>
<td>TWNNME</td>
</tr>
</tbody>
</table>

Individual / Household Questionnaire

<table>
<thead>
<tr>
<th>Name of Field Assistant</th>
<th>Community</th>
<th>Date</th>
</tr>
</thead>
</table>

SECTION 2: Socio-demographic characteristics of respondent

<table>
<thead>
<tr>
<th></th>
<th>Coding Categories</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age of respondent?</td>
<td>Q1RAGE</td>
</tr>
<tr>
<td></td>
<td>(Age in completed years)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Sex of respondent?</td>
<td>Q2RSEX</td>
</tr>
<tr>
<td></td>
<td>Male.................................1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female...............................2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Marital Status of respondent?</td>
<td>Q3RMAR</td>
</tr>
<tr>
<td></td>
<td>Married...............................1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never Married......................2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Divorced................................3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Widowed................................4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other(specify).......................5</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Ethnic origin of respondent?</td>
<td>Q5RETH</td>
</tr>
<tr>
<td></td>
<td>Dagomba..............................1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gonja..................................2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Konkomba............................3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (specify).....................4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Educational level of respondent?</td>
<td>Q5REDU</td>
</tr>
<tr>
<td></td>
<td>Never been to school..............1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary................................2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secondary.............................3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tertiary..............................4</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Occupation of respondent??</td>
<td>Q6ROCCUP</td>
</tr>
<tr>
<td></td>
<td>Farmer.................................1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trader.................................2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fisherfolk............................3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unemployed...........................4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mechanic..............................5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other(specify)........................6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Religion of respondent?</td>
<td>Q7RREL</td>
</tr>
<tr>
<td></td>
<td>Traditionalist......................1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Christian............................2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Muslim................................3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other(specify)......................4</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>How many dependants do you have?</td>
<td>Q8HSIZ</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section 3: LEAP information

<table>
<thead>
<tr>
<th>Question</th>
<th>Choice 1</th>
<th>Choice 2</th>
<th>Choice 3</th>
<th>Choice 4</th>
<th>Choice 5</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you or any member of your household benefit from the LEAP grants?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Q9MEMSHP</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, how many beneficiaries are in this household?</td>
<td>One</td>
<td>Two</td>
<td>Three</td>
<td>Four</td>
<td>Above Four</td>
<td>Q10NBENE</td>
</tr>
<tr>
<td>Which category of beneficiary group do you or they fall under?</td>
<td>Farmer &amp; Fisher folk</td>
<td>Poor over 65 years</td>
<td>Care giver for OVC</td>
<td>Disabled</td>
<td>Poor PLWHAs</td>
<td>Q11TYPBENE</td>
</tr>
<tr>
<td></td>
<td>Lactating / pregnant woman with HIV/AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much do you receive in total every month as LEAP grants?</td>
<td>GH₵ 8</td>
<td>GH₵ 10</td>
<td>GH₵ 12</td>
<td>GH₵ 15</td>
<td>Other(Specify)</td>
<td>Q12AMT</td>
</tr>
<tr>
<td>Is the amount sufficient to cover your basic expenditures?</td>
<td>Very Sufficient</td>
<td>Sufficient</td>
<td>Somewhat sufficient</td>
<td>Not sufficient</td>
<td></td>
<td>Q13AMTSUF</td>
</tr>
<tr>
<td>For how long have you / the household member been receiving the grant?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Q14DURBEN</td>
</tr>
<tr>
<td>How much is your general monthly household expenditure on food?</td>
<td>GH₵</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Q15HHEXPFD</td>
</tr>
<tr>
<td>Approximately how much of the grant do you spend on food every month?</td>
<td>GH₵</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Q16LPEXPFD</td>
</tr>
<tr>
<td>How much is your general monthly household expenditure on health?</td>
<td>GH₵</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Q17HHEXPHL</td>
</tr>
<tr>
<td>Approximately how much of the grant do you spend on health care expenditures?</td>
<td>GH₵</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Q18LPEXPHL</td>
</tr>
<tr>
<td>Question</td>
<td>Response Options</td>
<td>Code</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>----------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much is your general Monthly household expenditure on Education?</td>
<td>GHe</td>
<td>Q19HHEXPED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approximately how much of the grant, do you spend on education related expenditures?</td>
<td>GH £</td>
<td>Q20LPEXPED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apart from food, health and education related expenditures, what other items do you spend the grant on?</td>
<td></td>
<td>Q21LPEXP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many meals do you eat in a day?</td>
<td></td>
<td>Q22MEALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you/household members get satisfied after meals</td>
<td>Yes........................................1 No......................................3</td>
<td>Q23TMEMLS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was the last time that you or a member of your household got sick/ injured?</td>
<td>Within the last 1 month........1 Within the last 2 month........2 Within the last 3 months........3 Within the last 4 months........4 Other (specify)..................5</td>
<td>Q24LSTSK</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you or the household member seek care?</td>
<td>Yes........................................1 No......................................2</td>
<td>Q25SCAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many times did you or any member of your household use healthcare facilities in the past one year (April 2011 - March 2012)</td>
<td></td>
<td>Q26WHSCAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you/beneficiary member enrolled onto the District Mutual health insurance scheme?</td>
<td>Yes........................................1 No......................................2</td>
<td>Q27EDMHIS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many children in your household are between the ages of 6-13 years?</td>
<td></td>
<td>Q28NCHILD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many of them are currently enrolled in basic school?</td>
<td></td>
<td>Q29NEBSCS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many of them are currently not enrolled in basic school?</td>
<td></td>
<td>Q30NNEBSCS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Within the last one year, has any child in your household dropped out of school?</td>
<td></td>
<td></td>
<td>Q31CHDRPT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 How often are children in your household engaged in commercial economic activities?</td>
<td></td>
<td></td>
<td>Q32CHLDECO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 How many children are engaged in these activities?</td>
<td></td>
<td></td>
<td>Q33NCHLDECO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 If yes, what economic activity is he/she engaged in? (circle all that apply)</td>
<td></td>
<td></td>
<td>Q34TYPECO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Have you sold any household asset in the last one year?</td>
<td></td>
<td></td>
<td>Q35EHSALE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 If yes, what specifically did you sell?</td>
<td></td>
<td></td>
<td>Q36WHTSAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37 What was the main reason for the sale?</td>
<td></td>
<td></td>
<td>Q37YSALE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 What is the main source of drinking water for your household?</td>
<td></td>
<td></td>
<td>Q38DRKWAT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 What is the main type of cooking fuel used in your household?</td>
<td></td>
<td></td>
<td>Q39CKFEUL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 Which toilet facilities do you have in your household?</td>
<td></td>
<td></td>
<td>Q40TOILT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| | | | |
| Pipe borne water | Borehole | Stream | Well | Other(specify) |
| 1 | 2 | 3 | 4 | 5 |

| | | | |
| Gas | Electricity | Charcoal | Firewood | Kerosene | Other(specify) |
| 1 | 2 | 3 | 4 | 5 | 6 |

<p>| | | | |
| | | | |
| None (Free range) | Pit latrine | KVIP | Pan latrine | Water closet | Other(specify) |
| 1 | 2 | 3 | 4 | 5 | 6 |</p>
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>How many of the following do you have in your household?</td>
<td>Cattle</td>
<td>Q41HHASSET</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sheep</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Goat</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pigs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rabbits</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>In your view is the LEAP grant beneficial to you/household?</td>
<td>Yes</td>
<td>Q42PRGBENE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>If Yes, explain</td>
<td></td>
<td>Q43YESBENE</td>
</tr>
<tr>
<td>44</td>
<td>If No, Explain</td>
<td></td>
<td>Q44NOBENE</td>
</tr>
<tr>
<td>45</td>
<td>In your view, what are the main challenges confronting the programme?</td>
<td></td>
<td>Q45CHLGES</td>
</tr>
<tr>
<td>46</td>
<td>In your view what should be done to improve upon the Programme</td>
<td></td>
<td>Q46IMPVEP</td>
</tr>
</tbody>
</table>

Thank you so much for your time and patience. God bless you.
Interview Guide for Focus Group Discussion

Beneficiaries only

1. What is the LEAP social grant scheme all about? (Probe for basic knowledge about LEAP)
2. Reflecting on the situation before and after the receipt of the LEAP social cash transfer, do you think the grant has been made any impact on your household? Please explain (Probe for impact on
   - food & nutrition,
   - education
   - health
   - child labour
3. Is the cash amount sufficient to cater for your basic needs?
4. Is the timing and period of payments regular?
5. Is the mode of payment convenient for you?
6. What are the main challenges are confronting the operation of the programme in your district?
7. What can be done to resolve these challenges and smoothen the operation of the programme in the district?
8. Any other relevant concerns to share?

CLIP Members- Personal interviews

1. Are they any observed impacts of the programme on the lives of the beneficiaries? Please explain
2. What are the challenges facing the programme in your community?
3. What can be done to resolve these challenges?
4. Any other relevant concern?