

UNIVERSITY OF GHANA

COLLEGE OF HUMANITIES

**THE POLITICS OF POVERTY REDUCTION IN GHANA: THE CASE
OF THE ASHIEDU KETEKE SUB-METROPOLITAN DISTRICT
OF THE ACCRA METROPOLITAN ASSEMBLY**

BY

KWAME BOATENG

(10393327)

**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
AWARD OF MPhil POLITICAL SCIENCE DEGREE**

DEPARTMENT OF POLITICAL SCIENCE

JULY, 2018

DECLARATION

I hereby declare that, except for references to other people's works, which have been duly acknowledged, this thesis is the result of my own research work carried out at the Department of Political Science, under the supervision of Prof. J. R. A. Ayee and Dr. H. Wahab.

Signed.....

Date.....

KWAME BOATENG

Student ID: 10393327

Signed.....

Date.....

PROF. J. R. A. AYEE

(Principal Supervisor)

Signed.....

Date.....

DR. H. WAHAB

(Co-Supervisor)

ABSTRACT

Urban poverty in Ghana is an emerging phenomenon which is gradually gaining much attention as the focus has always been on rural poverty. The poor in urban areas experience low incomes, insufficient infrastructure and social services, living in slums, etc. which hinder their progress. This case study of urban poverty is on the Ashiedu Keteke Sub-Metropolitan District (AKSD) of the Accra Metropolitan Assembly (AMA), which is an urban area that has experienced urban poverty over the years.

Even though several poverty reduction strategies have been implemented in Ghana since independence the Livelihood Empowerment Against Poverty (LEAP) programme is among the few initiatives that have lived up to expectation. Using the AKSD as a case study, the thesis examined the LEAP programme as a poverty reduction strategy and its impact on the lives of the residents in an urban slum area.

Using the qualitative research method, data (Focus Group Discussion, Interviews, Documents and Observations) were compiled and analyzed. Purposive sampling was used to identify respondents. The respondents for the study included both beneficiaries and officers of the LEAP programme.

The study found that there has been an increase in the consumption of basic needs such as food, health care, education, etc. in the AKSD as a result of the LEAP programme. It recommended, amongst others that government should broaden the benefit package of the programme to include cash and in-kind benefits.

DEDICATION

This work is dedicated to my family for their endless support and advice throughout this programme.

ACKNOWLEDGEMENT

I wish to thank the almighty God for his mercies and abundant grace that have kept and seen me throughout the entire course. Special thanks go to my supervisors Prof. J. R. A. Ayee and Dr. H. Wahab for the consistent guidance and support they gave me during this dissertation. I am most grateful to Mr Newlove Osei-Asante, librarian at the Department of Political Science for his immense assistance and words of encouragement and Mr Emmanuel Acheampong of Department of Geography and Ms Loretta Aruk of UGBS.

I wish to convey my gratitude to all the respondents for this study in the Ashiedu Keteke Sub-Metropolitan District (AKSD) for their contributions and willingness. You will always be remembered.

Lastly, special thanks to my colleagues for their constant support throughout this dissertation, especially Mr Adam Yusif, Mr Anthony Baah and Mr Mohammed Adams Nuhu.

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AKSD	Ashiedu Keteke Sub-Metropolitan District
AMA	Accra Metropolitan Assembly
AU	African Union
BN	Basic Needs
BNA	Basic Needs Approach
CAADP	Comprehensive Africa Agricultural Development Programme
CLIC	Community LEAP Implementation Committee
DLIC	District LEAP Implementation Committee
DSW	Department of Social Welfare
EC	Electoral Commission
ECOWAS	Economic Community for West African States
ERP	Economic Recovery Programme
GoG	Government of Ghana
GNSPS	Ghana National Social Protection Strategy
GPRS I	Ghana Poverty Reduction Strategy
GPRS II	Growth and Poverty Reduction Strategy

GSPF	Ghana School Feeding Programme
GSGDA I	Ghana Shared Growth and Development Agenda
GSS	Ghana Statistical Service
HIPC	Highly Indebted Poor Countries
IMF	International Monetary Fund
LEAP	Livelihood Empowerment Against Poverty
MDGs	Millennium Development Goals
MLGRD	Ministry of Local Government and Rural Development
MoE	Ministry of Education
MoH	Ministry of Health
NDC	National Democratic Congress
NDFP	National Development Policy Framework
NEPAD	New Partnership for Africa's Development
NHIS	National Health Insurance Scheme
NPP	New Patriotic Party
OVC	Orphans and Vulnerable Children
PAMSCAD	Programme of Actions to Mitigate the Social Cost of Adjustment

PNDC	Provisional National Defense Council
PRSP	Poverty Reduction Strategy Paper
PWD	People With Disability
RISDP	Regional Indicative Strategic Development Plan
SADC	Southern African Development Community
SAP	Structural Adjustment Programme
SDGs	Sustainable Development Goals
SMD	Sub-Metropolitan District
SSA	Sub-Sahara Africa
UN	United Nations
WB	World Bank

Contents

DECLARATION	ii
ABSTRACT.....	iii
DEDICATION	iv
ACKNOWLEDGEMENT	v
LIST OF ABBREVIATIONS	vi
.....	xii
LIST OF FIGURES	xiii
LIST OF TABLES	xiv
CHAPTER ONE	1
INTRODUCTION	1
1.0 Background of the Study	1
1.1 Statement of the Problem.....	1
1.2 Research Objectives.....	3
1.3 Research Questions.....	4
1.4 Hypothesis.....	4
1.5 Significance of the Study	4
1.6 Justification of the Study	4
1.7 Scope of the Study Area	5
1.8 Delimitation of the study	5
1.9 Limitation of the Study	5
1.10 Organisation of the Study	6
CHAPTER TWO	7
THEORETICAL FRAMEWORK AND LITERATURE REVIEW	7
2.0 Introduction.....	7
2.1 Theoretical Framework.....	7
2.1.1 The Basic Needs Approach (BNA).....	7
2.1.2 Strengths of the Basic Needs Approach (BNA).....	9
2.1.3 Weaknesses of the Basic Needs Approach (BNA)	10

2.2 Application of the Basic Needs Approach to the Study.....	10
2.3 Literature Review.....	11
2.3.1 Politics in Ghana.....	11
2.3.2 Definition of Politics.....	11
2.3.3 The Political Context in Ghana.....	12
2.4 Concept of Poverty	14
2.4.1 Definition	14
2.4.2 Studies on Urban Poverty in Ghana.....	16
2.5 Politics of Poverty Reduction in Ghana.....	19
2.5.1 Studies on Poverty Reduction Strategies (PRS) in Ghana	19
2.5.2 Studies on Poverty Reduction Strategies (PRS) in Africa	21
2.5.3 Studies on Poverty Reduction Strategies (PRS) in the World	23
2.6 Studies on the Livelihood Empowerment Against Poverty (LEAP) and other Strategies in Ghana	24
2.6.1 The Livelihood Empowerment Against Poverty (LEAP).....	24
2.6.2 National Health Insurance Scheme (NHIS)	28
2.6.3 Ghana School Feeding Programme (GSFP)	31
2.7 Political considerations and other factors that impacted the implementation of the Livelihood Empowerment Against Poverty (LEAP).....	33
2.7.1 Political Commitment	33
2.7.2 Targeting.....	34
2.7.3 Institutional Capacity	35
2.7.4 Monitory and Evaluation	36
2.8 Conclusion	37
CHAPTER THREE	38
RESEARCH METHODOLOGY AND PROFILE OF THE STUDY AREA	38
3.0 Introduction.....	38
3.1.0 A brief description of the study area: The Ashiedu Keteke Sub-Metropolitan District (AKSD) of the Accra Metropolitan Assembly	38
3.1.1 A short historical background of the AKSD of the Accra Metropolitan Assembly.....	38
3.1.2 Population size	41
3.1.3 Ethnicity and Religious Affiliation	41
3.1.4 Major Economic Activities in the AKSD	41

3.1.5 Poverty Levels	42
3.2.0 Research Design.....	42
3.2.1 Target Population.....	43
3.2.2 Sampling Procedure	44
3.2.3 Sample Size.....	44
3.2.4 Sources of Data	45
3.2.5 Data analysis	45
3.3 Ethics	46
3.4 Conclusion	46
CHAPTER FOUR.....	47
ANALYSIS AND DISCUSSIONS	47
4.0 Introduction.....	47
4.1 Demographic Characteristics of Respondents in the AKSD.....	47
4.2 Implementation of the LEAP programme in the Ashiedu Keteke Sub-Metropolitan District (AKSD)	48
4.3 Assess the outcome of the Livelihood Empowerment Against Poverty (LEAP) in reducing urban poverty in the AKSD (Objective One).....	50
4.3.1 The LEAP programme in reducing urban poverty in the AKSD.....	50
4.3.2 Basic Necessities of Beneficiaries	52
4.3.3 Occupational Activities.....	55
4.3.4 Complementary Programmes.....	57
4.3.5 Standard of living at the individual and community levels.....	60
4.5 Discuss the political considerations and other factors that have impacted the implementation of the LEAP in the AKSD (Objective two).....	61
4.5.1 Political Commitment	61
4.5.2 Targeting	63
4.5.3 Institutional Capacity	64
4.5.4 Monitoring and Evaluation	66
4.6 Conclusion	67
CHAPTER FIVE	68
SUMMARY, CONCLUSION AND RECOMMENDATIONS	68
5.0 Introduction.....	68

5.1 Summary of Findings.....	68
5.2 Conclusion	69
5.3 Recommendations.....	70
REFERENCES	71
APPENDIX A.....	86
APPENDIX B.....	88

..

LIST OF FIGURES

Figure: 1 Map of the Ashiedu Keteke Sub-Metropolitan District 40

LIST OF TABLES

Table 4.1: Category of Beneficiaries of the LEAP in the AKSD	48
Table 4.2: Amount Paid to Beneficiaries Bi-monthly	50
Table 4.3: Occupational Activities of LEAP beneficiaries.....	56
Table 4.4: Complementary Programmes Matrix Table	59
Table 4.5: Amount of money paid LEAP beneficiaries since its inception.....	62

CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

One of the outstanding problems the world faces is poverty, which has attracted considerable concern over the years because of its negative effect on human welfare and national development (World Bank 2000). Current figures show that 10.7 percent of the world's population as of 2013 were believed to be extremely poor, living below \$1.90 a day (World Bank 2016). Poverty is ubiquitous, and even developed countries still experience poverty-stricken issues. It is very complex in nature because it is a social phenomenon that is multifaceted and is also replicated by a lot of attributes. It is a situation that is portrayed by the absence in basic necessities like; health care, shelter, food, information, sanitation facilities, education, safe drinking water and access to social services (United Nations 1995).

Reducing poverty in Ghana has led to the design and implementation of several development policy frameworks. They include the Economic Recovery and the Structural Adjustment Programmes (ERP/SAP) from 1984 to the 1990s, the Ghana Poverty Reduction Strategy (GPRS I), 2003-2005; Growth and Poverty Reduction Strategy (GPRS II), 2006-2009; Ghana Shared Growth and Development Agenda (GSGDA I), 2010-2013 and GSGDA II (2014-2017) (United Nations 2015).

1.1 Statement of the Problem

One of the key development agenda in Ghana is poverty reduction. Some of the social protection programmes designed and implemented to reduce poverty include Programme of Actions to Mitigate the Social Cost of Adjustment (PAMSCAD), Livelihood Empowerment against Poverty

(LEAP), Capitation Grant, Ghana School Feeding Programme (GSFP), and National Health Insurance Scheme (NHIS), among others. The LEAP, for instance, is a social cash transfer plan introduced in 2008 and offers money combined with health care delivery to support the extremely needy families within the country to reduce all forms of poverty (short-term or medium-term) and to boost long-term human capital development (Abebrese 2011). The criteria for selecting beneficiaries under the programme is founded on poverty and someone from a household within any of the following demographic classifications listed; households with orphans and vulnerable children (OVC) mainly children struck by Acquired Immune Deficiency Syndrome (AIDS), extremely poor aged people above 65 years without any productive assistance and capacity, and persons with extreme disability unable to work (PWD) (Department of Social Welfare Report 2009). It is however, pertinent to note that all of these policies could not reduce poverty appreciably in Ghana (Fosu 2011).

Poverty reduction has also attracted the attention of many scholars. However, several scholars have channelled most of their resources on rural poverty without doing same for urban poverty (Adjei *et al* 2012; Ohene-Konadu 1996). There is therefore a lot of studies on rural poverty but insufficient literature on urban poverty in Ghana. It has been suggested that the poverty levels in urban Ghana are lower than rural Ghana in broad terms (Ghana Statistical Service 2007; Owusu and Yankson 2007). According to Cooke *et al* (2016), families in cities stay on a much lower average rate of poverty than their counterparts in rural areas (10.6% and 37.9%) respectively. There is a marked difference between urban and urban slum (peri-urban) areas in Ghana. Most of the people in rural communities leave for urban communities and are involved in all sorts of work for survival as a result of their low incomes. They include head porters (*kayayei*), domestic workers, labourers, the operation of motor bikes on commercial basis (*okada*) and other low-

income trade (Awumbila *et al* 2011). These migrants sometimes struggle to settle down in the urban areas which make them find shelter in urban slums. Urban slum areas serve as an abode for a sizeable number of migrants (Awumbila *et al* 2014). Poverty in the peri-urban areas is so pronounced that one can literally see it from the daily lives of the people (Boateng 2012).

Moreover, the universal view of using only income to measure who is poor does not give us much information about what it takes to be poor, and how people survived this situation (Nolan and Whelan 2010). The development agenda was transformed by the Nobel laureate Amartya Sen to reconceptualise poverty as “a matter of lacking capabilities such as literacy and access to health care, than as lack of income” (Sen 2014: 525). Furthermore, measuring poverty includes the following indicators: social (access to health care and education); political (freedom of thought, expression and association); material (income, resources and assets); and cultural (the right to maintain one’s cultural identity and be involved in a community’s cultural life).

Against this backdrop, this study examines the Livelihood Empowerment Against Poverty (LEAP) strategy as a poverty reduction strategy and its impact on the lives of the residents in urban slum areas using the Ashiedu Keteke Sub-Metropolitan District (AKSD) of the Accra Metropolitan Assembly (AMA) as a case study. Specifically, it deals with the impact of the LEAP and how political considerations and other factors affect urban poverty reduction interventions in the AKSD.

1.2 Research Objectives

This study seeks to:

- ✓ Assess the outcome of the Livelihood Empowerment Against Poverty (LEAP) in reducing urban poverty in the AKSD; and

- ✓ Discuss the political considerations and other factors that have impacted the implementation of the LEAP in the AKSD.

1.3 Research Questions

The main empirical questions the study seeks to address are:

- How is LEAP achieving its objectives?
- What political considerations and other factors affect the implementation of the LEAP either positively or negatively?

1.4 Hypothesis

- ❖ LEAP strategy has had a significant impact in reducing urban poverty in the AKSD.

1.5 Significance of the Study

This study is significant for two reasons. First, by focusing on the AKSD, an urban area, it contributes to the literature on urban poverty. In this way, there is an emphasis on the departure from rural-biased approaches to development and poverty reduction to direct attention to the urban communities and urban development strategies. Second, it deals with the political dynamics of reducing urban poverty and thereby showing sensitivity to the facilitative or non-facilitative role that political considerations can play in the implementation of poverty reduction.

1.6 Justification of the Study

Studies have been undertaken on rural poverty reduction in Ghana (Adjei *et al* 2012; Ohene-Konadu 1996). However, there is little on urban poverty (Songsore 2009; Essamuah and Tonah 2004). This study complements the literature on understanding urban poverty by addressing the politics of urban poverty reduction in the Ashiedu Keteke Sub-Metropolitan District (AKSD) of

the Accra Metropolitan Assembly (AMA). It will also give policy makers some ideas on tackling poverty in urban areas.

1.7 Scope of the Study Area

The focus of this study is on urban poverty reduction in the AKSD, which is an important part of the nation's capital and a historical place of the Ga people. Poverty has various facets and numerous ways of controlling it. All the same, this study focused on the LEAP strategy as a social intervention programme in reducing urban poverty. This intervention is presently implemented in all the 216 districts in Ghana. In spite of this, the study is restrained to the AKSD of the AMA. This district was chosen because of the high incidence of poverty and vulnerability. It looked at the impact of the LEAP in reducing urban poverty in the AKSD.

1.8 Delimitation of the study

A study of this nature should have been expanded to cover non-beneficiaries of the LEAP programme in both Jamestown and Ussher Town (Ga Mashie area) of the AKSD but it was limited to just the beneficiaries in this locality. The researcher wanted to know the outcome of the LEAP programme on beneficiaries and also find out the factors that impacted its implementation.

1.9 Limitation of the Study

A study of this nature should have covered the Greater Accra Region so as to thoroughly examine the impact of the LEAP strategy in reducing urban poverty. The researcher limited this research to a case study of the AKSD of the Accra Metropolitan Assembly. This limits generalization of the findings to the entire population of the Greater Accra Region.

1.10 Organisation of the Study

The study is organised into five (5) chapters. Chapter one constitutes the introduction and comprises the background of the study, statement of the problem, research objectives, research questions, hypothesis, significance of the study, justification of the study, scope of the study area, delimitation of the study, limitation of the study and organisation of the study.

Chapter two covers the theoretical framework and a review of relevant literature to the subject matter. It uses of books, journal articles, reports, among others that are relevant to attain the objectives of the research and the research questions in this study.

Chapter three encompasses the methodology. Specifically, it identifies the various research strategies, sampling technique, method of data collection, sources of data, data analysis framework, qualitative method and ethical considerations.

Chapter four focuses on the analysis of data in relation to the objectives and hypothesis of the study.

Chapter five includes the summary of findings, conclusion and recommendations.

CHAPTER TWO

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.0 Introduction

This chapter discusses the theoretical framework on which the study is built and reviews the literature. It begins with the theoretical framework made up of the Basic Needs Approach (BNA) and then the deployment of the theory to this work.

The second part reviews the literature on the general issues regarding the earlier works on politics and poverty that provides an appropriate history and recognizes the priority of the work of others.

2.1 Theoretical Framework

The study is underpinned by the Basic Needs Approach (BNA) which is among the popular development strategies and it is linked to works between development, poverty and scarce resources.

2.1.1 The Basic Needs Approach (BNA)

The BNA is among the main approaches to measure absolute poverty in developing countries. According to Stewart (2006), the BNA is an approach to social justice that sees to it that basic needs (BN) are adequately and correctly supplied to individuals to maintain their lives at a simply adequate level. The BNA was in its peak as a functioning political idea during the latter part of 1970 and initial part of 1980 (Reader 2006).

By the end of the 1970s, the BNA was introduced in response to economic growth which was viewed as a panacea to promote the well-being of people (Alkire and Sarwar 2009). The

International Labour Organization's (ILO) World Employment Conference (WEC) introduced the 'basic needs' approach in 1976 as a reaction to the emphasis on growing the economy and other macroeconomic growth policies which have predominated as the Second World War came to an end. This was the time that nutritional breakthrough was achieved and focus was on food and its connection to man's well-being (Bowler 1987). According to Bowler, the League of Nations was generally liable for most of the work in this field (Bowler 1987). Creation of jobs was a means for individuals to attain their basic needs.

The BNA aims to achieve the unmet basic needs of the poor (Alkire and Sarwar 2009). A series of statements that sought to restate the overarching need for a refocus on development with attention on the basic needs led to this approach. The BNA is not principally a welfare concept. It focuses on individual necessities comparative to the basic possessions than to focus on value (Jaha and Sika-Bright 2015). The BNA contributes to development by providing chances for the complete social, mental and physical improvement of an individual. According to Emmerij (2010) a development strategy should be able to provide basic needs of the poor in the society. Basic needs include a list of those things that are required by human beings for their survival. It was more or less equal to Maslow's first of five rungs (Emmerij 2010). It does not substitute the more abstract and aggregate models which continue to be important to analysis and measurement; it offers them content (Streeten 1979).

Basic Needs (BN) include survival (food and nutrition, health and clothing, water and sanitation), security (shelter, income, peace and security) and empowerment (psychological and family care, basic education and functional literacy and participation in political process). In operational terms, the BNA concerns itself with the least essentials for a good living. Thus, nutrition, literacy and health as well as the goods and services required to accomplish them,

including food, safe drinking water, accommodation, hygiene, primary education, health services, infrastructure and housing.

2.1.2 Strengths of the Basic Needs Approach (BNA)

First, the BNA overtakes earlier approaches, by focusing on development, creating jobs and it also reallocates profit to the needy as a means through which mass denial may be reduced. Previous growth-oriented approaches focused mostly on these concepts; income, money, among others but the BNA directs its attention to poverty reduction (Stewart 1985 in Alkire and Sarwar 2009). Again, it has diversified the development process by including commodities (shelter, food) and public services (health care, employment, safe drinking water, education, transportation, etc.). This in effect has broadened the whole concept of development.

Moreover, the BNA posits that the objective of development efforts is to provide all individuals the opportunities for a fulfilled life. It will lead to a complete state of mental, physical and social development. This subsequently, provides equal chance for all human beings to develop themselves without discriminating against each other.

Furthermore, the theory appeals to both the international and local communities to be able to mobilize resources for development. The resources gathered at both international and local levels help to fully develop individuals. This will lead to limited provision in conventional transfers and these products will be redeployed within the state to effect development. Import requirements are also reduced. International trade partners are likely to assist with concessional aid and there will also be less demand for high-technology capital goods and luxury consumables.

2.1.3 Weaknesses of the Basic Needs Approach (BNA)

The BNA makes people lazy. Individuals know that their basic needs will be provided so they may not work hard to get these necessities on their own. They wait for the state and other actors involved in providing them with their needs. These individuals subsequently become too dependent on service providers thereby making them a burden on the society.

Another criticism levelled against the BNA is that it is limited in scope. In other words, it disregards important concepts like participation and freedoms. Decisions made within the politico-socio-economic environment are done without the prior knowledge of the citizens involved. Actors at the top hierarchy assume they know what is best for the citizenry.

Furthermore, the BNA is too expensive and not easily achieved. More state resources are channelled to the provision of basic needs since it follows a gradual process. It may be achieved at a slow pace whereas these are immediate needs of citizens.

2.2 Application of the Basic Needs Approach to the Study

The BNA is relevant to this study because it enables us to identify the LEAP as a programme geared towards the provision of some basic necessities of life, which is the preoccupation of most governments particularly in Africa to reduce both urban and rural poverty. Consistent with the Ghana Statistical Service (2010), the extreme poor in Ghana constitutes 20 percent of the people beneath the poverty range. Therefore, basic needs for survival for example food, education and health care are critical to the people and therefore a cash grant under the LEAP is given to them to enable them acquire free health care, buy food and send their children or close relatives to school.

The BNA tries to create circumstances for the urban poor to achieve a minimum standard of living. The peri-urban poor find it extremely difficult to attain the minimum basic needs for survival and decent livelihoods. Many poor people in Ghana find it difficult to even get one square meal to live on. Ordinarily, decent shelter, access to health care, safe drinking water, etc. are daunting challenges they face daily. Therefore, introducing the LEAP programme as a safety net enables individuals to enjoy basic necessities, for example; food, education, health care, among others aimed at immediate survival, and medium to long-term development.

The BNA also has some political underpinnings since successive governments mostly provide citizens their necessities with the sole aim of getting citizens to vote for them in elections. They are selective in providing their people with these essentials needed to fully develop their potential. The provision of these needs inspired politicians to design an initiative like the LEAP programme which provides beneficiaries with cash that can be used to purchase food, cloth, safe drinking water; in addition to the National Health Insurance Scheme (NHIS) and Ghana School Feeding Programme (GSFP) which provides them with free health care as well as the education.

2.3 Literature Review

This section reviews the literature on politics and poverty reduction, urban poverty, Livelihood Empowerment Against Poverty (LEAP), National Health Insurance Scheme (NHIS), Ghana School Feeding Programme (GSFP) and factors that impact the implementation of LEAP.

2.3.1 Politics in Ghana

2.3.2 Definition of Politics

Politics may be defined “as the activity through which people make, preserve and amend the general rules under which they live” (Heywood 2013: 2). Individuals make rules and regulations

to preserve their sovereignty. The idea is to make them live in peace and harmony. They get a third party who they surrender part of their sovereignty. This third party is mostly an International Organization established by states either at the global level, regional level or sub-regional level, for example, the United Nations (UN), African Union (AU) and Economic Community of West African States (ECOWAS).

One of the famous definitions of politics, “who gets what, when and how” as ascribed by Harold Lasswell (1936). This definition, seeks to put wealth, status and power at the heart of politics. There are a lot of actors with diverse intentions at the decision-making stage. These actors may decide to use scarce resources to improve upon the current condition of its citizens or they may use it for their personal gains at the expense of their citizens. The state also uses taxation and utilization to collect money from its citizens. The state then decides the type of resources to be given to citizens at a certain point in time. Their share of these resources and means through which they got them is done by the state. Political stability is important for pro-poor environment. It creates an environment that is able to sustain, prolong livelihoods and social services.

Politics can therefore be defined in this study as the creation of a friendly environment to enable individuals influence decisions made to bring about development. From this definition, actors in charge of state affairs need to create a stable environment for citizens. This will help individuals to realize their dreams thereby developing themselves and the society at large.

2.3.3 The Political Context in Ghana

Ghana’s political history is a chequered one, displaying episodes of military and civilian transitions. Multi-party elections were common before Ghana’s independence, the years 1951,

1954 and 1956 can attest to it (Frempong 2017). However, Dr. Kwame Nkrumah, Ghana's first president altered the multi-party tradition to a one party state after he had embraced far-left (extremely liberal) socialist politics. Ghana became a Republic in 1960. The first president under the first Republic was ousted in the 1966 coup d'état (Frempong 2017). Besides, there were six different military regimes in Ghana after the overthrow of the first president in 1966 (Agyei-Mensah and de-Graft 2010). The practice of multi-party democracy was reignited in Ghana in 1993 under the 1992 constitution. Massive contention for political power characterized the political arena ever since Ghana made the transition to multi-party democracy (Abdulai 2009). Ghana's politics from 1992 (Fourth Republic) has been described as a de-facto two-fold political setting. This is because the New Patriotic Party (NPP) and the National Democratic Congress (NDC) are the two dominant political parties which have alternated political power between them under the Fourth Republic (Frempong 2017). The NDC have won four out of the seven elections conducted while the NPP have won the remaining three (Frempong 2017).

The political scene in Ghana is highly polarized. In view of maintaining power, politicians often focus on unequal public resources to vicinities with maximum dependable party support, both as a prize for current and former help and as a deposit for its prolongation (van Wyk 2007). This situation has resulted in experiencing "high levels of corruption, nepotism, favouritism and intra-elite accommodation in which top political leaders offer rent-seeking opportunities to other political elites and important political supporters" (Stokes *et al* 2013: 13). Many scholars have pointed out that this state affair is mostly clientele politics shaped by ethnic undertones making Ghana a neo-patrimonial state (Oduro *et al* 2014; Booth *et al* 2005). In such cases distribution of resources can take the form of personal favors such as, appointing relatives or people from the ruler's ethnic or tribal group to important government posts. Gyimah-Boadi and Prempeh (2012)

join the debate and assert that: “Political control of the state provides the party in power with enormous material and political resources and advantages over its rivals. A multitude of public-sector opportunities—jobs, consultancies, directorships, civil-service posts, and construction contracts—are reallocated almost entirely on the basis of party loyalty after a party turnover in government” (Gyimah-Boadi and Prempeh 2012: 9).

Neo-patrimonialism is a type of rule or governance structure, which is depicted by personal relations between the rulers and their subordinates, whereby rulers distribute the resources of the state as if it were their own personal property (Kelsall, 2011). In a neo-patrimonial regime, the resources are likened to the resources of leaders and their entourage or governing elites; the power to distribute public jobs, resources, allocate rents, determine beneficiaries of resources etc., are decided by a few known as patrons. In order for the political elite to have control over state resources, they mostly compete among themselves, sometimes to absurd limits (Ninsin 2017). Organized groups largely influence policies made and implemented due to their loyalty to public officials (Booth *et al* 2005). Arguments made in relation to neo-patrimonialism are the fact that resources distributed by politicians are mainly geared towards winning the next election.

2.4 Concept of Poverty

2.4.1 Definition

Poverty is a very complex social phenomenon that is multifaceted and also replicated by a lot of attributes. Poverty is seen everywhere across the globe and does not pertain to only developing countries; however, some advanced nations in spite of everything suffer from poverty. It is usually considered as a measure of not living within what is recognized in the society (Ofori-Boateng 2017). It is expected of an individual to always live within the generally accepted means

in the society without any deviation from the accepted norm. Living below this recognized standard portrays an individual as being poor.

On the other hand, Addae-Korankye (2014) contends that poverty is an absence in basic human needs; health care, safe drinking water, nutritious food, shelter, information, sanitation facilities, education and access to social services. This definition stresses the fact that basic necessities are the immediate things that many individuals would want to enjoy in life. The concept of poverty's centre of attention is basic needs (BN) since most people focus on these necessities before any other thing comes to mind.

Moreover, poverty is "the inability to attain a minimum standard of living" which was "consumption-based" and made up of two components: "the expenditure necessary to buy a minimum standard of nutrition and other basic necessities" as well as "a further amount that varies from country to country, reflecting the cost of participating in everyday life of society" (World Bank 2003). It implies assessing poverty in terms of insufficient salary as well as fulfilment of the essentials of life.

Besides, poverty could also be understood in its absolute or relative terms. According to Todaro and Smith (2012), absolute poverty is a condition of not being able to meet the required level of food, income, clothing, shelter, health care, and other necessities of life, and sums up the meaning of poverty in relative term as the absence of security. Unequivocally, relative poverty is when individuals within the low-income range, whether one is totally poor or not, cannot have a loan, or cannot start and expand a business or adequately educate one's children in general. These definitions undoubtedly specify that an individual can be relatively poor but not absolutely poor but once an individual is absolutely poor, that person inevitably becomes relatively poor.

Based on the various definitions, poverty in this study may be defined as a situation in which basic needs, that is, food, shelter, safe drinking water, education, health, etc. are unmet. The inability to meet these basic needs undermine efforts to sustain and support life events. Accordingly, there have been some variations in basic necessities indicators, for instance, in the 1930s and 2018.

2.4.2 Studies on Urban Poverty in Ghana

The quick expansion of urban areas has been credited to a complex blend of causes which include regular growth in cities as well as towns, rural-urban migration in addition to re-grouping of rural communities into towns after they reach the population of about 5000 or more inhabitants (Ghana Statistical Service 2012). It was further stated in Ghana Statistical Service 2012 that, urban population was at 43.8 percent in 2000 and later proliferated to 50.9 percent in 2010. The subject of urbanization is on the ascendancy in Ghana just as it is in other African countries.

The rural population in Ghana is estimated to be 11,830,034 people out of which 4,637,373 people representing 39.2 percent were in the rural poverty range (Ghana Statistical Service 2014). Most of these people in the rural poverty range move to urban areas to seek greener pastures, leading to increase in urban poor population. The excessive expenditure of livelihood in cities creates the “fittest survive” system as compared to that of rural areas. Life in rural areas is very cheap and there is that sense of belongingness, so people mostly do things together, as against the individualism kind of life in urban areas. The poor in urban areas experience high rates of poor quality living when compared to their colleagues in the rural areas as stated in some studies (Oduro 2007; Sowa 2001) on the urban poor. Matters concerning illiteracy, malnutrition, low income, general insecurity, inadequate sanitation facilities, illness, and struggle over safe

drinking water are the standards used to measure poverty at the community and household levels in Ghana. These circumstances combine to keep communities and households in constant poverty (Ofori-Boateng 2017).

Migrating into urban areas has regularly been the most promptly available and accessible approach for people in rural areas in Ghana and most developing countries across the globe. Natural growth alone cannot be attributed with this rapid urban population growth but greatly to rural-urban migration. Some studies (Awumbila *et al* 2014; Enu 2014) on urban poverty somehow diverted their attention solely to migrants. To them, migrants are motivated to move to urban areas with the intention to seek employment, have access to good social amenities like quality educational facilities, health care delivery, good drinking water and many more. These amenities influence people to go to urban areas to access what they do not have in their towns. Easy access to these amenities helps improve upon the lives of people and sustain them as well. The studies centered on migrants from different places but there is also a great concern on the difficulty people in some urban areas like the AKSD endure before getting access to these facilities that make life better.

The issues that lead to urban poverty include; poor infrastructure and services, inadequate and insecure living conditions, limited access to income and employment, vulnerability to risk including; floods, environmental threats and dangers mostly connected to staying in slums, and so on (Agyei-Mensah and de-Graft 2010). On the other hand, Enu (2014) attests to the fact that these factors sometimes hold back migrants from going to urban areas. These issues make it difficult for migrants to easily settle and adapt to the new environment. Living in the city may correspondingly bring about situations of congestion, overcrowded living, unemployment, stark

inequalities and crippling social problems such as crime and violence and lack of social and community networks (Agyei-Mensah and de-Graft 2010).

In a related development, Essamuah and Tonah (2004) argue that many individuals in cities buy their foodstuff and do not grow them; this puts the urban poor's life in danger. Almost all the foods sold at the corner of streets, whether well prepared or partly cooked are likely to be the cause of illness like cholera, typhoid, hepatitis, etc. In addition, urban agriculture can assist in reducing urban poverty by adding to household food and nutritional requirements apart from generating income. Residents in urban areas mostly buy these foods because it eases them of the burden of visiting the kitchen after a hard day's work. Time for cooking could be channelled to other productive activities to enhance production.

Boateng (2012) in his work stated that the urban poor knew about individual livelihood strategies in Ghana. Most of the people were fully employed but their incomes were not sufficient enough to sustain them so they sometimes went to their relatives for assistance. He does not specify in his work if the urban poor were actively enrolled unto the LEAP programme as a way out of poverty.

Rural poverty is always among the top priorities of policy makers in Ghana. The emerging phenomenon which is urban poverty has not been fully explored when compared to rural poverty. Mostly, academics and policymakers focus more on rural poverty (Ewusi 1984; Dzanku 2015). This notwithstanding, there has not been much work on urban poverty (Razzu 2005; Ofori-Boateng 2017).

This study complements the literature through an understanding of urban poverty by addressing the politics of urban poverty reduction.

2.5 Politics of Poverty Reduction in Ghana

Ghana has attained an important level in both social and economic growth results together with a gradually more established democratic pattern throughout the past two decades (Abdulai 2012). The Electoral Commission (EC) has been able to organize seven credible general elections from 1992 to 2016 within the Fourth Republic and this makes Ghana enjoy some level of political stability as compared to her peers in Africa.

Asante and Ayee (2004: 4) see “poverty reduction as designing, implementing and targeting appropriate methods to ensure that scarce resources are allocated to activities that are likely to yield the greatest impact on the poor and to decrease their levels of deprivation and vulnerability”. These measures ensure that limited reserves are well distributed for the underprivileged to have their share in helping them develop. Such individuals need to be empowered in order for them to fully overcome such obstacles. There was a decline in poverty trends from 31.9 percent to 7.7 percent and extreme poverty 16.5 percent to 7.7 percent between 2005-06 and 2012-13 (Ghana Statistical Service 2014).

Ghana was the first country in Sub-Saharan African (SSA) region to reach the main objective of halving the number of people living below the poverty line and hunger (Millennium Development Goal 1) in the 2006 which was ahead of time (United Nations 2015).

2.5.1 Studies on Poverty Reduction Strategies (PRS) in Ghana

Since independence, successive governments have prioritized the welfare of citizens in their governance strategies. However, the development agenda in 1970 which focused on poverty was short-lived on account that neo-liberals dominated the world economy with their policies (SAP and economic liberalization) in the initial part of 1980s. The Rawlings Provisional National

Defense Council (PNDC) administration bowed to the reality of economic decline and then opted for financial backing from the IMF and the World Bank, which saw public disbursement as too immense due to massive expenditure on wages and universal welfare. The government had to reduce spending on education, health care and other social services under the scheme called the Economic Recovery Programme (ERP) (White and Masset 2004).

PAMSCAD was part of the limited safety nets introduced during the SAP era. It established harsh reforms that brought about redundancy in the public sector. Ghana made progress in the fight against poverty and also attained macro-economic stability and political liberalization since the inception of SAP (World Bank 2008).

Efforts were made to reintroduce collective strategies although on a far reduced scale in agriculture, education, health care and other public services, resulting from the enactment of the SAP and its devastating effects on the social well-being of many Ghanaians. This brought about the medium-term National Development Policy Framework (NDPF) well-known as *'Vision 2020'*. The United Nations Millennium Summit in New York agreed on the Millennium Development Goals (MDGs) which have currently progressed to the Sustainable Development Goals (SDGs).

The government started the Ghana Poverty Reduction Strategy (GPRS I) in reference to the NDPF. The GPRS “is a comprehensive development framework in support of poverty reduction and growth” (IMF report 2003-2005). Ghana was able to access a lot of debt relief measures due to her involvement in the Highly Indebted Poor Countries (HIPC) under the GPRS I. This procedure was intended to assist in reducing the high rate of poverty in the country (Eshun 2015). Ghana’s broad policy framework to protect the pro-poor and vulnerable was also initiated

under both GPRS II and the MDGs. Hence, lots of initiatives including the Livelihood Empowerment Against Poverty (LEAP), Free School Uniform, the National Health Insurance Scheme (NHIS), Improved Pension Scheme System and Ghana School Feeding Programme (GSFP) came to existence with the help of the National Social Protection Framework (NSPF) (Agbenyiga 2011).

Poverty Reduction Strategies (PRS) have been massively used to reduce poverty in Ghana. These strategies have helped to improve upon the detrimental state of many Ghanaians, there by giving them hope for the future. But these PRS had their shortfalls in working to reduce poverty among the populace. The LEAP programme being the flagship and somehow most successful strategy aims to improve upon some of the shortcomings of the previous policies adopted to fight poverty.

2.5.2 Studies on Poverty Reduction Strategies (PRS) in Africa

Earlier economic prescriptions may have led to the slow start of PRS in Africa. Advocates argue that the PRS have the propensity to restore economic growth and development. Throughout the 1980s and the beginning of the 1990s, the International Monetary Fund (IMF) and World Bank (WB) through the Structural Adjustment Programme (SAP) attached conditions to aid meant for Africa (Handley *et al* 2009). Between this period, the WB and the IMF implemented the SAP in over thirty African countries (Ghana, Kenya, Cote d'Ivoire, Uganda, Zimbabwe, among others) that included market liberalization and promoting macroeconomic growth (Handley *et al* 2009). However, criticisms levelled against the SAP approach as being anti-poor (closing down marketing boards and charging user-fees for health services, etc.), paved way for the PRS approach in the late 1990s (Sassaoka 2006). This initiative was spurred on as a result of the

persistent pursuit for an improved way to boost the influence of assistance to reduce poverty in poor countries.

Aid, in the form of concessional loans and grants, is regularly given with an amount of required terms concerning the way disbursement will be made; it is commonly cited as ‘conditionality’ (Sassaoka 2006). The Bretton Woods institutions such as the World Bank (WB) and the International Monetary Fund (IMF) are more concerned with conditions attached to aid.

This notwithstanding, there have been some indigenous African policies to help reduce poverty in Africa. The African Union (AU) paved way by championing regional integration and also providing economic development and social amenities for member states within the continent, etc. The AU instituted the New Partnership for Africa’s Development (NEPAD) in 2001 to attend to issues that hinder development in Africa (Adjei 2009). It aims to provide stability and thereby making it more attractive to foreign investors.

At the sub-regional level, the Southern African Development Community (SADC), the Economic Community for West African States (ECOWAS), and other trading blocs have all followed the AU in promoting regional integration. The SADC was established to make Southern African Countries independent from the then apartheid South Africa. The bloc has achieved economic integration and sustainable economic growth through its regional framework, the Regional Indicative Strategic Development Plan (RISDP) (Hartzenberg 2011). This plan describes poverty alleviation as the dominant priority of integrating Southern African countries.

The ECOWAS through its free movement policy has helped in facilitating free movement and also made it easy for countries in this bloc to trade among themselves (Hartzenberg 2011).

Regional integration was to bring about development which will lead to the alleviation of poverty.

These plans were to help lift the poor out of poverty in Africa. There are both positive and negative effects of these programmes. These initiatives mostly did not reach the bottom where most of the people living in poverty are located. Some of them led African countries to a step backward and allowed the private sector to champion the course of poverty.

2.5.3 Studies on Poverty Reduction Strategies (PRS) in the World

Several strategies and programmes have been adopted at international conferences and summits to help reduce poverty in the world. These PRS have occurred as a serious guiding principle in dealing with poverty at the global level. Poverty is a major challenge which has blocked a lot of developmental initiatives across the world. Leaders at the national and local levels have always been devising strategies to help eradicate poverty globally.

Numerous interventions have been made universally towards reducing poverty in developing countries. This inspired countries to sign on to global accords like the World Summit on Social Development, the Poverty Reduction Strategies (PRS), Agenda 21, The Future We Want, the Millennium Development Goals (MDGs), which were meant to help alleviate poverty among their citizens (Leipziger 2017).

The World Bank with the help of donor partners initiated and funded the Program of Action to Mitigate the Social Costs of Adjustment (PAMSCAD). It focused on the rehabilitation of rural and urban infrastructure, sanitation, improving water supply, health and primary education (Gayi, 1995 cited in Amoako-Tuffour and Armah 2007). This has made policy makers,

researchers, advocates and development consultants in both developing and developed countries to divert their focus to search for innovative ways to alleviate poverty.

The global economy suffered tremendously from the Global Economic Crunch (economic and financial crisis) in 2008. This had an adverse effect on the major economies like the United States of America (USA), the United Kingdom (UK), Germany, among others that provide assistance to developing countries. The eruption of affection and commitment climaxed in the design of the MDGs which halved poverty in 2015 and the Sustainable Development Goals (SDGs) which tries to address poverty by 2030. The topmost objective among the post-2015 development agenda by the United Nations (UN) Sustainable Development Goals (SDGs) is to wipe out extreme poverty of all forms especially individuals living below \$1.25 a day by 2030 (United Nations 2014).

Various policies and strategies have been implemented worldwide to help reduce poverty. Unfortunately, they have not been able to address the problems and challenges developing countries including Africa face in reducing poverty.

2.6 Studies on the Livelihood Empowerment Against Poverty (LEAP) and other Strategies in Ghana

2.6.1 The Livelihood Empowerment Against Poverty (LEAP)

The Livelihood Empowerment Against Poverty (LEAP) programme is a social protection tool used by the Government of Ghana (GoG) to reduce poverty mainly among the poorest of the poor (Jaha and Sika-Bright 2015). In 2008, the Ghana National Social Protection Strategy (GNSPS) was launched and this led to the establishment of one of the flagship programmes in the country, thus, the Livelihood Empowerment Against Poverty (LEAP) programme (Ministry

of Gender, Children and Social Protection 2013). The GNSPS was established to offer essential and secured salary aimed at the very helpless homes. Following its relative success in fighting poverty in Brazil, the LEAP programme turned out to be the mantra for alleviating poverty in many developing countries (Debrah 2013). “LEAP is quite a novel for the country because there had been no programme like it since independence” (Foli *et al* 2018: 113).

This strategy also aims at targeting poverty better so as to inform other prevailing social protection programmes and provide an array of complementary services for recipients of social protection programmes (Ministry of Gender, Children and Social Protection 2013).

The LEAP programme is a cash transfer plan that offers money and health insurance support to the extremely underprivileged families across the country to cut down all forms of hardship (short to medium-term) and to boost long-term human capital development (Abebrese 2011; Kuyini 2015). The criteria for selecting beneficiaries under the programme are founded on poverty and someone from a household in at least one of the following demographic classifications; households with orphans and vulnerable children (OVC), elderly people above 65 years without any productive assistance and capacity and persons with disability (PWD) unable to work (Jones *et al* 2009). A cash transfer programme like the LEAP is characterised by both conditional and unconditional features. The following conditions are mandatory to caregivers of orphans and vulnerable children: birth registration of new born babies and their attendance at post-natal clinics, enrolment and retention of children in school, non-trafficking of children as well as their non-involvement in child labour and full vaccination of children up to 5 years (Government of Ghana 2013).

Following its commencement in 2008, the LEAP programme in 2017 had about 213,044 beneficiary households in all the 216 districts compared to the 1,645 beneficiary households in 21 districts in 2008 (Today Online 2017). The payment of stipends to beneficiaries varies from GHC 64 to GHC 106 subject to the total sum of people in the household (Ministry of Gender, Children and Social Protection 2016). The payment is on bi-monthly basis and done electronically through e-zwich.

- One eligible household member: GHC 64
- Two eligible household members: GHC 76
- Three eligible household members: GHC 88
- Four or more eligible household members: GHC 106

The LEAP programme is funded by wide-ranging proceeds from the Government of Ghana (GoG), with assistance from foreign partners like the World Bank (WB), the United Nation Children's Fund (UNICEF), Department for International Development (DFID), etc. (Peprah *et al* 2017). It positions pitiable individuals to move away from extreme poverty and in the end permits them to confirm their source of revenue is sustainable in order to play a role in the socio-economic growth of the nation due to properties attained from the LEAP programme (Ministry of Gender Children and Social Protection 2016).

Though the LEAP programme has been an improvement on the previous social protection programmes, there still remain some challenges that prevent the smooth running of it. First, problem with targeting has extremely restricted the reimbursement given to the eligible poor. Second, insufficient funds given to qualified beneficiaries and payment also have a tendency to be delayed (de-Graft Aikins *et al* 2016).

Some studies on the LEAP programme have focused on rural poverty (Joha 2012; Agbaam 2013; Debrah 2013; Agbaam and Dinbabo 2014; Dittoh 2016) while this study focuses on the impact of the LEAP in reducing urban poverty in the AKSD.

The LEAP programme's withdrawal plans hold that, a period of three years is the lifespan given to beneficiaries enrolled on it. Having acquired productive capabilities to develop themselves and preserve their source of revenue. Registered members socio-economic capacities are improved through the linkage to other complementary services. The shared general exit strategy for the underprivileged beyond 65 years is for them to continue to access these benefits till they die. But beneficiaries in the aged category whose families and loved ones assist them enjoy just 2 years of the LEAP. This is to help raise them from poverty and encourage them effectively beyond the other complementary programmes (Ministry of Manpower, Youth and Employment 2007).

Consequently, the LEAP programme has helped individuals who were in abject poverty in the country to attain their basic needs like food, health care, education, etc. (Jaha and Sika-Bright 2015). Achieving these necessities made beneficiaries of the LEAP in the AKSD have access to free health care, their children enrolled in school together with an improvement in attendance by them and organise training sessions to move them from poverty. The inflow of money in the AKSD enriched the local economy by increasing purchasing power of beneficiaries and also intensified demand for commodities. It also led to increase in food consumption, savings, education, health care, etc. among beneficiaries in the AKSD.

2.6.2 National Health Insurance Scheme (NHIS)

Developing countries use health insurance schemes as a means to support the delivery of health care and ensure the possibility of increasing operation and provide assistance for individuals against catastrophic health costs and solve problems of impartiality (World Health Organization 2000). African countries such as Ghana, Nigeria, Tanzania, Kenya and Rwanda have all tried several wide-ranging means that tries to merge private and public-funding provisions under a social health insurance scheme (Carrin *et al* 2000).

Ghanaians have been enjoying free health care services since independence (Dalinjong and Laar 2012). The debate for user fee was to deter citizens from the irresponsible usage of health care facilities and to also generate revenue. Nevertheless, the use of health care services by citizens was affected by the user fee policy. This policy made the poor resort to self-medication and also got to the hospital late for treatment (Arhin-Tenkorang 2001). This inspired the call for more options of health care financing that resulted in the establishment of the Community-based Health Insurance Schemes (CBHIS) in the early 1990s. As at 2003, such CBHIS protected barely a percentage of the state's total population of 19 million, making many civilians unprotected in contrast to expensive health care delivery (Sulzbach *et al* 2005). The World Health Organization (WHO) (2001) records that most people experienced discrimination as a result of social exclusion and poor health service delivery. Many poor people have suffered this fate after the enactment of the SAP. The NHIS was introduced to provide near universal health care, which is comparable to the terminated health system set up after colonial rule in the 1980s (Kuyini 2015).

The NHIS as a social health insurance scheme was set-up by the Government of Ghana (GoG) by the National Health Insurance Act, 2003 (Act 650) and the National Health Insurance Regulations, 2004 (L. I) 1809 (Dalinjong and Laar 2012). It was meant to end the 'Cash and

Carry' system which limited out-of-pocket health payment at the location of service supply (Government of Ghana 2003). The aim of the NHIS is to abolish discrimination in access to health care and to promote social health solidarity, through the belief that people are able to participate meaningfully in seeking employment, acquiring education, and other sectors of the society when they are healthy (Dalinjong and Laar 2012; Kuyini 2015).

Act 852 replaced Act 650 in October 2012 to strengthen the NHIS, initiate transparency, eradicate administrative tie-up, bring about effective governance of the scheme, limit the chances of exploitation and gaming the system. Implementing the NHIS meant beneficiaries of the scheme received free health care by showing their insurance card (Abebrese 2011).

The NHIS had a membership of 11.3 million people, which was about 42 percent of the current population in Ghana (Citifm Online 2016). Free membership of the Scheme was further expanded to include children less than 18 years as well as all pregnant women. The NHIS is funded by government's budgetary allocation, donor partners and a National Health Insurance Levy (NHIL) of 2.5 percent staff pay monthly as part of support to the Social Security and National Insurance Trust (SSNIT) for formal sectors. Moreover, the NHIS has set aside the smallest and highest payment between GHC 7.20 and GHC 47.70 respectively for members of the informal sector (Government of Ghana 2003).

Nonetheless, prisoners, pregnant women, adult exceeding 70 years and children less than 18 years are relieved from the prize disbursement. SSNIT contributors and indigenous people in the formal sector are relieved from yearly payment. The free maternal care policy which was to exempt all pregnant women from paying premium and processing fees was announced by the Government of Ghana in July 2008. The premiums for social and community insurance

programmes are catered for by allocating subsidies (Ministry of Manpower, Youth and Employment 2007).

About 95 percent of all health care needs of the population are covered under the comprehensive benefit package of the NHIS. Beneficiaries of the NHIS enjoy basic health services, inpatient services, general out-patient services, essential drugs, inpatient care and shared accommodation as well as maternal care (caesarean and normal delivery), eye care, dental care and emergency care (Dalinjong and Laar 2012).

The beneficiary package largely includes inpatient and outpatient care in addition to auxiliary benefits like scans, laboratory examinations and x-rays. Additional benefits include emergency services, eye, oral and maternity services plus medications (Nsiah-Boateng and Jousten 2015).

To prevent financial sustainability problems at the beginning of implementation, the package excluded services deemed as expensive. Dialysis, organ transplant, brain and heart surgeries, HIV/AIDS antiretroviral drugs, cancer treatment other than cervical cancer and breast cancer were considered to be expensive services (Witter and Garshong 2009).

The NHIS has contributed to reducing poverty in Ghana in several instances. Beneficiaries of the scheme have easy access to health care service. This helps them to fully participate in search of employment, decision making and acquiring education, among others (Gobah and Zhang 2011). Healthy people are able to work to improve upon their standard of living. However, the NHIS has not been able to achieve its universal roll out. There have been some issues with; funding, registration, access to invested infrastructure, coverage and it covers certain disease conditions (Witter and Garshong 2009; Dalinjong and Laar 2012). These challenges have hindered it from playing an active role in reducing poverty.

2.6.3 Ghana School Feeding Programme (GSFP)

Ghana was among the ten African countries chosen by the New Partnership for Africa's Development (NEPAD) to undertake in the piloting of locally run school feeding programme (Abotsi 2013). The NEPAD assisted the Comprehensive Africa Agricultural Development Programme (CAADP) Pillar III on this initiative (Abebrese 2011). The Ghana School Feeding Programme (GSFP) was established based on three aims: **i)** increase school enrolment, attendance and nutrition; **ii)** boost domestic food production, **iii)** reduce hunger and malnutrition (Abotsi 2013).

The GSFP is the Ghanaian version of the home-grown school feeding programme that is mandated to provide at least one hot meal a day for pupils between kindergarten and primary school (Quaye *et al* 2010). Locally grown foodstuffs like cowpea, maize, sorghum, rice, soya beans, groundnuts, vegetables, eggs and milk are used to prepare this food (Ministry of Manpower, Youth and Employment 2007). Piloting of the programme started in 2005 with a school each from every region in Ghana (Kuyini 2015). The progressive results in school enrolment and retention made the government expand the programme. .

The Local Government Act (462) empowers the Ministry of Local Government and Rural Development (MLGRD) to be answerable for all local government and development events conducted in a district or sub-district. The Ministry of Education and Science provides the existing structures through which the programme is implemented across the country (Ministry of Manpower, Youth and Employment 2007). The GSFP covered 5285 beneficiary schools with 1,728,681 pupils in all the 216 districts as of 2016 (Ghana News Agency Online 2016). The GSFP focuses on vulnerable groups in Ghanaian communities with high school dropout, high

absenteeism, low income, in addition to people with difficulties in getting something to eat (Abotsi 2013).

Jones *et al* (2009), stated clearly that the programme's lasting objective is to alleviate poverty and encourage food security by serving school children with foodstuff produced locally and also to help local farmers generate wealth. The programme is projected to connect the request for food created via school feeding to the provision of food by small-scale farmers because of indigenous ordering procedures.

The Government of Ghana and donor partners like Plan International Ghana, the Dutch Embassy, School Feeding Initiative Ghana Netherlands (SIGN), World Food Programme (WFP), among others, fund the GSFP (Quaye *et al* 2010).

This programme has helped in reducing poverty and malnutrition as well as increasing local farm produce (Abotsi 2013). There was an improvement in academic performance since it impacted positively on school attendance and attentiveness in class (Quaye *et al* 2010). However, politicization of the programme has negatively affected the progress of the GSFP. Politicians in the communities mostly diverted funds for the GSFP to their party members. Selection of cooks for the programme is mostly limited to party faithful. Delay in payment of funds has also made it difficult for cooks to get foodstuff and other ingredients needed to execute the plan.

The GSFP has contributed tremendously to reducing poverty in Ghana in diverse ways such as helping local farmers to create wealth, created employment for cooks and empowering pupils. It has led to an improvement in health and nutritional status of the pupils in Ghana, an increase in domestic food production and consumption in addition to increase in the income of poor rural households (Abotsi 2013).

2.7 Political considerations and other factors that impacted the implementation of the Livelihood Empowerment Against Poverty (LEAP)

Several factors have impacted the implementation of the Livelihood Empowerment Against Poverty (LEAP) programme. However, most of the political factors have been acknowledged. Other factors are also inclusive. The following factors have militated against the programme and they are discussed in the paragraphs below.

2.7.1 Political Commitment

Political will and support are very crucial to the implementation of a social intervention programme such as the LEAP in a developing country like Ghana. Hence, sustainability and long term financing of this cash transfer programme rely solely on strong political support (Eshun 2015). It takes committed leaders and stable political environment to maintain and sustain social protection programmes such as the LEAP strategy. Government is a continuum so the new government is supposed to complete the projects started by the previous government, but it is mostly not the case in our part of the world. The LEAP programme happens to be one of the most successful social intervention programmes in Ghana (Handa *et al* 2013).

It was continued by the new government (NDC) that took over from the previous government (NPP) which started it in 2008 (Eshun 2015). The NDC government sustained and improved upon the LEAP programme they inherited. They increased the stipends paid to beneficiaries bi-monthly from GHC 8 to GHC 15 depending on the number of people in a beneficiary household an amount of GHC 64 to GHC 106 (Agbaam and Dinbabo 2014). Government plays an important role in reducing poverty and inequality by providing social protection programmes. They select from competing demands in the provision of the basic needs. In many instances, these politicians are likely to work towards achieving their personal targets, thus, retaining power

instead of helping citizens to use the programme to solve humanitarian problems. However, these interventions are mostly diverted by implementers who are mostly politically biased to their party faithful in this locality. The LEAP social grant is mostly affected by interference and pressure from top hierarchy to grass root politicians to suit their interest (Dabuo 2018). To the extent that they have a say in the communities that are selected for the programme just to win political points. The LEAP as a social intervention programme focuses on providing beneficiaries with their basic necessities. Providing basic needs are some of the ways to reducing poverty in the ASKD.

2.7.2 Targeting

Targeting has been the major mechanism used in the implementation of social protection programmes across the world (Dittoh 2016). It plays an important role in the implementation of the LEAP programme. The LEAP programme as a pro-poor social development strategy mainly targeted the extremely poor and vulnerable in society (Agbaam 2013). For an individual to qualify to be a LEAP beneficiary, that particular individual must be within the following categories: persons with disability (PWD) unable to work, households with orphans and vulnerable children (OVC) and elderly people above 65 years without any productive assistance and capacity (Foli *et al* 2018). “Incentive distortion is also a possibility where one will not like to earn much so as to be qualified from earning the subsidy. The person will, therefore, work less to earn less to stay in the income bracket required for earning the subsidy” (Joha 2012: 28). It is the mandate of the community leap implementation committee (CLIC) to select beneficiary households for the LEAP programme as expected by officials at the national headquarters (Ministry of Manpower, Youth and Employment 2007). For an individual to be a beneficiary, a

facilitator must decide the eligibility of this person (Ministry of Manpower, Youth and Employment 2007).

Identifying beneficiaries for the LEAP programme has a serious impact on its implementation. Most of these beneficiaries may not be in the known to make it easy to identify them. The poor people in the AKSD are the primary targets of the LEAP programme. It could happen that the people who are selected as beneficiaries are not really vulnerable or the vulnerable who qualify to be the beneficiaries are not included. Political influence distracts the smooth targeting of beneficiaries enrolled onto the LEAP (Serumaga-Zake *et al* 2012 cited in Dabuo 2018). According to Dabuo (2018), mobilizing beneficiaries for payment of their grant and organizing of forum for beneficiaries in their communities is done by facilitators of the LEAP.

2.7.3 Institutional Capacity

Coordinating social intervention programmes like the LEAP strategy helps beneficiaries to enjoy the expected maximum impact of the programme (Awuah 2015). Though several institutions are involved in the implementation of the LEAP programme, its arrangements, logical requests and functional values of the programme are done by the Department of Social Welfare (DSW). Before the NDC government gained power in 2009, the DSW which was under the then Ministry of Manpower, Youth and Employment (MMYE) was mandated to implement the LEAP programme at the national level. The Social Protection Unit (SPU) of Ministry of Gender, Children and Social Protection (MoGCSP) coordinates the activities of the DSW which runs the LEAP programme (Awuah 2015). The DSW has the head office of the LEAP unit which “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). The LEAP happens to be

among the various programmes carried out by the DSW. There has been some level of consistency in delivering cash grant under the LEAP programme. It is different from other social programmes in that it provides quality service delivery and easy access to service. This informs people's decision in joining LEAP.

However, ministries like the Ministry of Education (MoE) and Ministry of Health (MoH) are also linked to the programme, as a result of the conditions assigned to a number of recipients of the money involved (Eshun 2015). In conjunction with the LEAP, the DSW works with other agencies to warrant the efficient functioning of the programme. The community leap implementation committees (CLIC) and the district leap implementing committees (DLIC) are in charge of implementation at both the community and district levels.

According to Devereux and White (2010), some weaknesses in institutional capacity can influence the implementation of a social protection programme like the LEAP. With regards to logistics, officers do not have computers to facilitate storage and retrieve information about the LEAP programme. Moreover, cabinet to shelve files were limited. Findings from the fieldwork showed that poor record keeping is one of the challenges of the LEAP (interview with an official).

2.7.4 Monitory and Evaluation

The extent to which social intervention programmes (LEAP) impacted the lives of beneficiaries and to holistically track its development is measured by using the monitoring and evaluation system instituted by the National Protection Policy (Thome *et al* 2013 cited in Dabuo 2018). Monitoring and evaluation happen to be indispensable in ascertaining the level of improvement in several development agenda in our current era. To monitor the actual usage of the LEAP

grant, facilitators visit beneficiaries in their homes, keep necessary documents and records as well as intervening to provide solutions to problems that beneficiaries encounter (Dabuo 2018).

The success or failure of government policies and programmes will be hidden without monitoring and evaluation. It has the responsibility of checking activities like scrutinizing and appraising results of the LEAP programme. The evaluation is predicted to produce a chance to explore the successes chalked, progress made, weaknesses identified, issues that need to be addressed to ensure the sustainability of the interventions and lessons learnt in implementing the LEAP programme (Handa *et al* 2013).

For a successful implementation of the LEAP programme, monitoring and evaluation must be among its core tenets. It ensures objectives are achieved within estimated time and when necessary, remedial actions could be taken to address matters of concern.

2.8 Conclusion

This chapter has examined the BNA as a theoretical framework of the study. It also reviews the literature on poverty reduction strategies at the global, Africa and Ghana levels. Finally, it highlights some of the factors such as politics, targeting, etc that have hindered the implementation of the LEAP programme.

CHAPTER THREE

RESEARCH METHODOLOGY AND PROFILE OF THE STUDY AREA

3.0 Introduction

This chapter is devoted to the methodology used in this research. It provides a guideline for the researcher to collect and analyse data and follow the proper devices to realize outcomes. Scholars hold divergent views with regard to the applicability of the scientific approach of inquiry in the field of social science. There is, however, a consensus among scholars that research methodology is the appropriate means for gathering research data. Specifically, the chapter covers a short description of the study area, the research design, sampling techniques, methods of data collection, the process of data analysis and the statement of ethics that guides the conduct of the field work.

3.1.0 A brief description of the study area: The Ashiedu Keteke Sub-Metropolitan District (AKSD) of the Accra Metropolitan Assembly

This section gives a short historical background of the study area, population size, ethnicity and religious affiliation, the major economic activities in the district and poverty levels.

3.1.1 A short historical background of the AKSD of the Accra Metropolitan Assembly

The Ashiedu Keteke Sub-Metropolitan District (AKSD) was picked for this study because of its distinctive nature and where it is situated. It is located within the Central Business District (CBD) of the Greater Accra Region and the phenomenon of “urban poverty” was seen to be one of the major challenges in the area. Furthermore, there are other challenges in terms of portable drinking water, education, health care, sanitation, among others. Given these features, the AKSD

lends itself to an investigation of how residents benefited from the LEAP programme and how their lives were further affected.

The Ashiedu Keteke Sub-Metropolitan District (AKSD) is one of the six Sub-Metropolitan Districts (SMDs) of the Accra Metropolitan Assembly (AMA). It was established by Legislative Instrument (L. I) 1615 (Ghana Districts 2006).

It used to house the constituency of Dr. Kwame Nkrumah where he stood for elections in 1951 (Austin 1970). He won the Accra Central seat by 22,780 votes out of the 23,122 registered votes (Frempong 2017; Graphic Online 2016).

The AKSD area starts from the Old Parliament house and moves along the Barnes road towards the Kinbu road (Aperkor 2016). It turns left along the Kinbu road through to the Metro Transport and Traffic Directorate (MTTD) towards the Graphic road then moves along the LETAP Pharmaceuticals and then moves along the Gulf of Guinea beach and the Kwame Nkrumah Mausoleum (AKSD 2017).

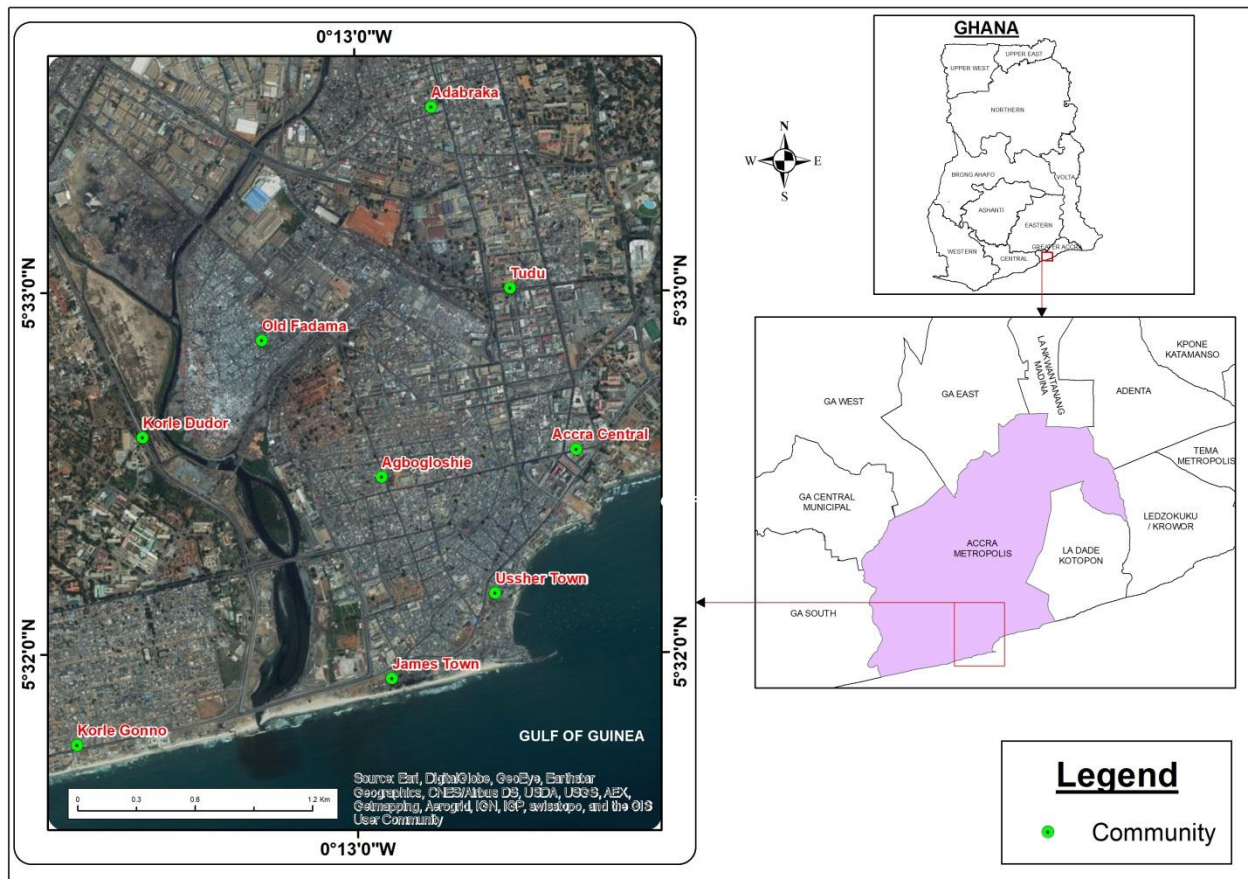
The ASKD is bounded to the west by the Osu Klottey SMD and to the north by the Ablekuma Central SMD and to the east by the Ablekuma South SMD and to the south is the Gulf of Guinea. It consists of Bukom (noted for boxing and has the only boxing stadium in the country); Jamestown and Ussher Town (as forts and previous prisons); Agbogbloshe (market and home of migrants and therefore the centre of decongestion exercise); and Odododiodio (one of the largest constituencies in Ghana and one of the hotbeds in Ghanaian politics), etc (AKSD 2017).

The AKSD is located within the Central Business District (CBD) which makes it the centre of all business activities (Mahama *et al* 2011; AKSD 2017). Both the Bank of Ghana (BoG) and GCB Bank have their headquarters in this district. The Supreme Court and other Lower Courts are also

situated in the AKSD. It houses the Makola Number 1 and 2 markets, the Agbogbloshie, Kantamanto, Okaishie, London, Salaga markets, among others (AKSD 2017).

Other historical sites in the AKSD include the Lighthouse, Fishing Harbour, Kwame Nkrumah Avenue (Circle to Accra road) and Old Polo Park. Figure 1 shows the geographical location of some communities within the AKSD.

Figure: 1 Map of the Ashiedu Keteke Sub-Metropolitan District



Source: Google Earth. [Accessed on 12 May, 2018]

3.1.2 Population size

The AKSD has a total population of 117,525 people, consisting of 62,360 and 55,165 females and males respectively (Ghana Statistical Service 2010). The age bracket from 15-64 years constitutes the active population with 68 percent representing 80,362 people. This comprises 37,432 males and 42,930 females. Regular growth in number of residents can be credited to immigration and natural growth (Quartey-Papafio 2006).

3.1.3 Ethnicity and Religious Affiliation

The AKSD is mainly occupied by the Ga people of the Ga-Adangbe ethnic group, who speak the Ga language; though a sizeable number of non-Gas live in the community comprising Ewes, Akans, Dagombas, Guans in addition to other foreign groups (Quartey-Papafio 2006). Christianity is the main religious belief in the area though there still remain some pockets of Traditional and Islamic religious beliefs. The people practice the patrilineal system of inheritance. They celebrate the Homowo festival which describes the journey of the Gas and discloses their agricultural triumph in their new town. Homowo means to “hoot at hunger”. It is celebrated in the month of August and climaxed by the “Chale Wote Art Festival”. It provides the stage for participants to showcase their art, music, dance performance out into the streets. Some traditional areas in the AKSD include Gbese, Kinka, Sempe, Otubluhum, Akanmajen, among others. They are the custodians of the land and also preserve their customs and culture for the unborn generation. The key economic activity which is fishing is still relevant with strong cultural underpinnings. Fisher folks also rest on Tuesday.

3.1.4 Major Economic Activities in the AKSD

People employed or in search of job (economically active population) represented 78.8% (67,088 people) of which 94.5% (63,373 people) were employed (Tagoe 2014). Among the employed

people in the AKSD, nearly nine out of ten (87.6%) worked in the private informal sector (cosmetics, small scale retailing, preparation and selling of food (mostly *kenkey*), fishing, petty trading, among others). Only 4.0 percent and 7.9 percent are employed in the public (Government) and private formal sectors respectively (Tagoe 2014). Fishing is among the principal works of the working residents in this vicinity: men go to the sea in search of fish and women smoke the fish for sale at the marketplace (Razzu 2005).

3.1.5 Poverty Levels

Once an attractive area, with well-planned two-storey buildings, the AKSD is tremendously congested. There is no privacy as 7-9 individuals reside in the same room (Razzu 2005). Anecdotal evidence shows that most of the inhabitants are semi-literates, school drop outs and illiterates (Aperkor 2016). The AKSD experiences inadequate water supply, inadequate educational structures, poor service delivery at health facilities, sanitation problems, solid waste collection problem, unemployment especially among the youth and poor housing, among others (Mahama *et al* 2011). Residents suffer from common diseases like typhoid, cholera, malaria, diarrhoea and other communicable diseases. This can be attributed to poor sanitation practices (Mumuni 2013).

3.2.0 Research Design

The study used the qualitative research method due to the complex systems of life of urban poor communities. Qualitative research seeks to interpret a social phenomenon from the viewpoint of the concerned residents. According to Creswell (2013) qualitative research helps the researcher to know the importance of person(s) assigned to that social phenomenon. Moreover, qualitative research is beneficial in discovering the greater significance of individual's experiences and

providing rich descriptions to a phenomenon (Rubin and Babbie 1989). It is mainly applicable in finding customarily precise knowledge on values, opinions, social context, and behaviours.

The qualitative method was used for this study with the aim of determining the outcome of the LEAP programme on beneficiaries. It produced a detailed understanding of the attitudes, behaviours, events and social processes that compose everyday life. The qualitative method comes short in terms of quality of evidence found. This research method is dependent on the researcher (Creswell 2013).

3.2.1 Target Population

The population targeted for this study included beneficiaries of the LEAP programme in the AKSD. This is based on the criteria of targeting. Accordingly, a person is eligible if that individual is within one of the following; person(s) with extreme disability unable to work (PWD), household(s) with orphans and vulnerable children (OVC) and the elderly poor without any economic means. The population was also made up of officials of implementing agencies, thus, the Department of Social Welfare (DSW) and the Community LEAP Implementing Committee (CLIC) that implemented the LEAP at the AKSD.

This study primarily focused on the LEAP programme as an urban poverty reduction strategy in the AKSD from 2012 to 2016. The implementation of the LEAP programme in the AKSD started in 2012. It is meant to empower the poor by enhancing their capabilities to access government interventions and enable them to 'leap out of poverty'. Its purpose is to reduce short-term poverty and promote human capital development in the future (Tagoe 2014).

3.2.2 Sampling Procedure

A multi-stage method that centered on non-probability sampling was used. Non-probability sampling involves a subjective selection of respondents (Crouch and Housden 2003). On the other hand, the purposive sampling was used to prevent officials from deviating from the purpose of the study. The names of communities enrolled on the LEAP programme were accessed from the Department of Social Welfare (DSW) in the AKSD. Two communities, Jamestown and Ussher Town known as Ga Mashie were selected using the simple random sampling. Both communities were homogenous, hence, they share the same poverty profile and characteristics. They are both low income communities with GHC 126.13 (USD 78.83) as their average monthly income (AMA-UN HABITAT 2011).

Having carefully chosen the two communities, the researcher then created the sample structure by further obtaining from the district Department of Social Welfare, the list of all deprived homes (who upon passing the means test have been considered eligible for the LEAP social grant in each community). The research provided beneficiaries equal chance of being adequately represented in the sample.

3.2.3 Sample Size

To have a reliable and representative data, in-depth interviews (IDI) and focus group discussions (FGD) were the main instruments used to get data from the sample size of 50 people. This included 40 people (25 women and 15 men) who were beneficiaries of LEAP and selected based on the data available at the LEAP's office as respondents. The remaining 10 people included 2 officials from the CLIC who were focal persons and 8 officials from the DSW. These are officers who are actively involved with the facilitation of this grant. They provided the researcher with numerous responses with their in-depth knowledge on the impact of the LEAP programme on

residents in the AKSD due to their diverse understanding of the programme. This made analysis much better and also lead to generalization of findings. The total number of beneficiaries of the LEAP programme within Jamestown and Ussher Town are 97 and 76 beneficiaries respectively. Since these two communities had the highest rate of poverty in the AKSD. There were 13 officials at the DSW during the time the study was conducted; out of which 2 were permanent members and 11 were National Service Personnel (NSP), who are temporary workers. These service personnel assisted the permanent workers with the day-to-day activities. The permanent workers are the ones available and willing to help supervise the implementation of the LEAP programme.

3.2.4 Sources of Data

Collection of data is paramount in every research work. Data collection is considered to be vital in determining the success of a research (Burnham *et al* 2004). Data was collected from both primary and secondary sources from the AKSD. Primary data included focused group discussion and an in-depth interview with all programme officers in the AKSD. Secondary data included academic sources (journal articles, reports, seminar papers and books) and non-academic sources (manuals from the AKSD and newspaper articles). These provided a rich source of data on poverty reduction in Ghana in general and the AKSD in particular.

3.2.5 Data analysis

The data collected was recorded, typed and transcribed into precise themes. A codebook was developed to review samples of transcripts. The codes used in coding the data, their definition, instances to use that codes and examples were contained in it. Moreover, the main themes and sub-themes that emerged from the data were also covered in the codebook. Thematic analysis involves four interrelated steps consisting of reading through textual data, identifying themes in

the data, coding those themes and then interpreting the structure and content of the themes (Guest *et al* 2012). Very helpful quotes at ease support vital opinions that came out from the data collected respondents.

3.3 Ethics

Ethics play a critical part in any scientific research. It is expected that researchers apply rules when developing a research plan. According to Babbie (2004), social research gets people in direct contact with each other, and this makes it vital to abide by ethical values. Burnham *et. al.* (2004) state that there are five (5) ethical doctrines that researchers must use in conducting political research. They are avoiding harm, deception, ensuring privacy or autonomy of respondents, informed consent and confidentiality.

A request to undertake the research was sought from the Ashiedu Keteke Sub-Metropolitan District, the Department of Social Welfare, leaders of the two communities in which respondents were drawn and the respondents themselves was granted. Involvement of respondents in this research was entirely voluntary with no compulsion used against the respondents. At every stage of data collection, the researcher explained and clarified the purpose and objectives of the study to all who participated in the study.

As a final point, all the evidence pulled together was retained as confidential and used for the planned purposes.

3.4 Conclusion

This chapter explained the methods used in the study and their justifications. It demonstrates how data was collected; the instruments and medium used as well as how the data was analysed.

This chapter also highlights the importance of ethical standards in the conduct of research.

CHAPTER FOUR

ANALYSIS AND DISCUSSIONS

4.0 Introduction

This chapter discusses the findings of the outcome of the Livelihood Empowerment Against Poverty (LEAP) programme in reducing urban poverty in the Ashiedu Keteke Sub-Metropolitan District (AKSD) of the Accra Metropolitan Assembly (AMA). Relevant literature informed the discussion of the findings. The research objectives are to **(i)** assess the outcome of the LEAP in reducing urban poverty in the AKSD, and **(ii)** discuss the political considerations and other factors that have impacted the implementation of the LEAP in the AKSD. It is guided by the research hypothesis that the LEAP strategy has had a significant impact in reducing urban poverty in the ASKD. Overall remarks and personal observations during data collection were similarly mentioned to support a number of the opinions that came to light.

4.1 Demographic Characteristics of Respondents in the AKSD

This section examines the important attributes of recipients under the LEAP programme in the AKSD. A total of forty (40) beneficiaries of the LEAP strategy and ten (10) officials were interviewed during data collection. Table 4.1 shows the number of beneficiaries that were interviewed.

Table 4.1: Category of Beneficiaries of the LEAP in the AKSD

Demographics (Sex)	LEAP Category		Frequency
	Caregiver	Aged Group	
Male	3	12	15
Female	7	18	25
Total	10	30	40

Source: Fieldwork 2018

In Table 4.1, 25 of the respondents were females and the remaining 15 were males. Of the 25 women who were consulted during the session, 18 were 65 years and above. The remaining seven took care of orphans and vulnerable children (OVC). This meant that they were not mandated to accomplish any of the proposed conditionalities of the LEAP programme including birth registration, vaccination of their children, among others. However, 12 out of the 15 men were within the aged group (over 65 years) and the remaining three were caregivers. They cared for very old members who could not care for themselves on their own.

This is in line with the aim of the LEAP as it focuses on the OVCs as well as the aged (65 years and above).

4.2 Implementation of the LEAP programme in the Ashiedu Keteke Sub-Metropolitan District (AKSD)

Resulting from the Government of Ghana's (GoG) pronouncement to extend the LEAP programme to several deprived localities within the country, the AKSD was chosen and subsequent implementation of the LEAP started in 2012. As at March 2018, a total of 97

beneficiaries and 76 beneficiaries within both Jamestown and Ussher Town had benefitted from this social intervention programme (Fieldwork 2018).

The Department of Social Welfare (DSW) is the main implementing agency of the LEAP programme at the district level. The DSW is in charge of the daily affairs of the programme, plans for its expansion in the district, sets up substructures and monitors the performance of the substructures within the district. The District LEAP Implementing Committee (DLIC) and the Community LEAP Implementing Committee (CLIC) make up the Department of Social Welfare (DSW). The DLIC is mandated to ensure that the LEAP is successfully carried out by the DSW. Interested parties and recipients of the LEAP cash transfer are connected to current complementary interventions in the district. The DLIC similarly checks advancement made and helps by way of creating opportunities to better sweep away the challenges that beneficiaries grapple with while assessing the LEAP programme in the district. The community level coordination and implementation of the LEAP programme is part of the responsibilities of the CLIC. The CLIC helps in carrying out a series of duties such as counselling and monitoring of beneficiary households, ensuring that the programme is well integrated into the local context, targeting and registration of households (Ministry of Manpower, Youth and Employment 2007).

Beneficiary households in the AKSD were selected onto the LEAP programme when facilitators came to the district to interview the residents and later on identified the needy. Payment was done bi-monthly at selected pay points within the community with grant alternating from GHC 64 to GHC 106 depending on the total number of beneficiaries in a household (Foli *et al* 2018). Complementary programmes provided by the government are enjoyed by beneficiary households in the AKSD. It is visualized that the programme will be expanded to cover more households in the AKSD after it impacted positively on beneficiaries.

4.3 Assess the outcome of the Livelihood Empowerment Against Poverty (LEAP) in reducing urban poverty in the AKSD (Objective One)

4.3.1 The LEAP programme in reducing urban poverty in the AKSD

The fieldwork shows that urban poverty is a major problem in the AKSD (Jamestown and Ussher Town). However, the implementation of the LEAP programme reduced this social phenomenon to its lowest level. All the respondents stated categorically that, the LEAP programme has helped in reducing urban poverty in the AKSD. This social intervention policy gave registered members some cash ranging from GHC64 to GHC106, depending on the number of people in a beneficiary household. Beneficiaries also enjoyed some level of free health care by visiting the health facility at least twice a year through the NHIS. Money received helped beneficiaries to have some financial support to help them improve upon their current state. They attest to the fact that, the stipends paid them are insufficient but they suggested that it had improved their lives. It was insufficient because it could hardly provide all the basic needs in beneficiary households. Table 4.2 shows the amount of money beneficiaries are paid bi-monthly.

Table 4.2: Amount Paid to Beneficiaries Bi-monthly

Number of Beneficiaries in a Household	Amount Received (GHC)
One beneficiary	64.00
Two beneficiaries	76.00
Three beneficiaries	88.00
Four or more beneficiaries	106.00

Source: Department of Social Welfare, Ghana

Payment of the LEAP grant was done every two months and six times a year. In Table 4.2, a household with one beneficiary received GHC 384 in a year. The two beneficiaries in a household were also given GHC 456 at the end of the year. It was calculated that a beneficiary household with 3 members received GHC 528. Lastly, a household with four or more beneficiaries were also given GHC 636 by the end of the year. Ideally, this was the amount of money to be paid to beneficiaries at the end of the year, but the expected amount was not always constant as it varied sometimes. There were months it was below the amount to be paid and at other times too it was above the expected amount.

It was revealed in a focus group discussion that:

“We are paid this money through the e-zwich system of payment on bi-monthly basis. This has made it easy for us to withdraw our grant at any place that we can find an e-zwich operator. We are, however, grateful to the government for thinking about us and giving us something little to help keep our body and soul together. We will plead with the government to increase the money he pays us and also make it monthly payment for us” (Fieldwork 2018).

There is some evidence on the outcome of the LEAP programme in the AKSD. It went a long way to support residents who were enrolled on it. Asante-Asare (2009) emphasized that the LEAP programme helps poor households to assess socio-economic development by giving them some means of support. The Basic Needs Approach (BNA) aims to achieve the unmet basic needs of the poor. Benefits of the LEAP programme comprise economic advancement, alleviation of poverty, improvement in health care delivery and high nutritional results. It led to an increase in income level of beneficiaries and improvement in economic activities. This helped beneficiaries to buy food, go to hospital when sick, and pay for their children's education. Thus, it contributed to reducing poverty and vulnerability within the AKSD.

4.3.2 Basic Necessities of Beneficiaries

The LEAP programme gave recipients some financial backing that helped them to gain basic necessities including food, safe drinking water, education, health care, clothes, among others.

4.3.2.1 Food Consumption

Recipients of the LEAP cash transfer within the study area were of the view that there had been some increase in the number of square meals taken per day. Beneficiaries could not afford one or two square meals a day before the inception of the LEAP program. From the information available during the fieldwork, this social grant made it possible for respondents to enjoy three square meals regularly. It was noted that poverty had previously led to low levels of consumption among residents within the AKSD. The LEAP initiative had provided an avenue through which beneficiaries had some support to cater for what they will eat to survive.

A respondent said that:

“The LEAP programme has actually helped me and my children. We did not have any income and anything to eat till we were registered for it. This made it difficult for us to even afford a square meal a day than to think of having three square meals on daily basis. With the assistance from the LEAP strategy, we can now afford three square meals on daily basis” (Fieldwork 2018).

A square meal is any meal that is satisfying, balanced and nutritious. Provision of food is a basic necessity for the extremely poor individual under the BNA. It emphasized that food is the most pressing need of any individual. According to Sen (1985: 670) food is something an individual takes pleasure in and emphasizes that it is like “being free from starvation, from hunger, from undernourishment”.

Generally, the response from fieldwork showed that, the LEAP programme has contributed to increase in food consumption of which is one of the basic necessities both at the individual and

community level. As stated by some scholars (Agbaam 2013; Dittoh 2016), the LEAP programme positively affected beneficiary households by increasing their food consumption. Individuals tend to think about other things when they are satisfied. The amount of money paid was largely used to buy food. They could eat balanced and healthier meals in larger quantities.

4.3.2.2 Health

Information from the fieldwork shows that respondents could afford to visit the hospital any time they felt that they were not feeling well. Beneficiaries before the LEAP programme either did not go to any health facility when they were sick or they went there once a year. Six of the respondents reported not to have attended any health facility when in need of health care prior to their enrolment on the LEAP program. Beneficiaries could buy some of the drugs that the NHIS did not provide for so they stayed healthy and performed their day-to-day activities. This helped to reduce the rate at which people treated themselves (self-medication) without going to the hospital to seek expert treatment. Recipients of the LEAP cash visited the various health care centers across the AKSD because they were already enrolled onto the NHIS. All the respondents were encouraged to attend hospital to receive treatment when sick. Beneficiaries numbering 18 had already registered for the NHIS separately from the LEAP complementary programme. The information gathered was that facilitators did not explain it to them that beneficiaries of the LEAP programme were also eligible for the NHIS when they realized beneficiaries were already enrolled onto the NHIS.

A beneficiary had this to say:

“I am enrolled onto the NHIS, which makes it easy for me to seek health care anytime I am not feeling well. I am able to seek medical care immediately I find myself in such a situation. I mostly go to pharmacy shops to buy some of the drugs that the NHIS does not provide for at the formal health care facility. I had already registered for the NHIS before

the LEAP programme began in the AKSD. The LEAP official did not give details on the NHIS being among the complementary programmes of the LEAP strategy. I even used some of the grant to renew my NHIS when it expired. The help I get from LEAP has made my situation better than before” (Fieldwork 2018).

The LEAP programme provided health assistance to beneficiaries through the NHIS and money, which helped them to afford better health care delivery, particularly out of pocket expenses on health care (Abebrese 2011; Agbaam 2013; Kuyini 2015). This helped beneficiaries to schedule regular appointments to formal health care facilities to be treated by qualified medical doctors. This supports beneficiaries’ views during the fieldwork that, they were relieved of the challenges in receiving treatment when they were sick. Health happened to be next in line after food under the hierarchy of needs. People focused on their health after they have found something to eat. It was found that beneficiaries enjoyed better health care delivery anytime they visit health facilities.

4.3.2.3 Education

Beneficiaries who had children should have benefited from the Ghana School Feeding Programme (GSFP) but they were denied access and therefore had to pay for the expenses that accrued from their education. Dependents (children or wards) of beneficiaries were entitled to benefits from the GSFP but that was not the case. The fieldwork shows that officials of the LEAP programme were just not ready to register these underaged children of about 31 as soon as respondents stated that their children were already attending school. Most of the respondents, 24 of them representing 60 percent claimed that they relied on the LEAP grant they received to pay for some of the expenses (buying; pencils, uniforms, books, crayons) that accrued from their ward’s schooling.

A beneficiary indicated that:

“I am aware of the free schooling initiative. My children do not enjoy anything of that sort. I paid the expenses that accrued from their education with the small profit I made from the work I do. I was not able to pay every amount before the term ends, so it was always carried forward to the new term. The LEAP benefit together with the small profit I make is used to cover any expense from their school. I keep records of the receipts I’m given after payment of these expenses. My children are now able to stay in school till closing without coming home as they used to do. I see that things are now better than it used to be in the past for my household” (Fieldwork 2018).

Educating individuals help them to think and reason independently. A well-educated individual will develop himself mentally, socially, psychologically and politically which will later contribute to the development of the society. The BNA stressed that education is sort after when the individual has enjoyed food and good health care. Education helps individuals to be aware of their current situation of poverty as well as vulnerability and find more innovative ways to improve upon themselves and their families. There is no doubt that the LEAP programme plays a major role in the acquisition of basic needs among beneficiaries in the AKSD. It has led to an increment in the number of underaged children of beneficiary household enrolled in schools.

4.3.3 Occupational Activities

There has been some improvement in occupational activities among beneficiaries of the programme. Though, respondents said the LEAP grant was insufficient, about 22 members representing 55 percent of respondents were able to invest the small amount of money into the businesses they were doing which later led to expansion in these businesses. They invested the entire amount they got from the LEAP into their businesses. Some of the economic activities, beneficiaries were actively involved in included the preparation and sale of food (mostly *kenkey*), provision store operations, fish mongering, sachet water business, zoomlion (sweeper), small scale retailing and shoemaking, among others.

Table 4.3 reveals the occupational activities that beneficiaries of the LEAP programme engaged in within the AKSD.

Table 4.3: Occupational Activities of LEAP beneficiaries

Occupation of Participants	Number of LEAP Beneficiaries Involved
Preparation and Sale of Food (<i>mostly kenkey</i>)	9
Provision Store Operations	11
Fish Mongering	10
Sachet Water Business	5
Zoomlion (Sweeper)	2
Small Scale Retailing	3
Total	40

Source: Fieldwork 2018

In Table 4.3, most of the respondents totalling 30 representing 75 percent were engaged in the provision store operations, fish mongering, preparation and sale of food (*mostly kenkey*) while the remaining 10 respondents were involved in sachet water business, zoomlion (sweeper) and small scale retailing as their main source of livelihood. The three respondents who were in to pure water business could make a profit between GHC 25 and GHC 35 at the end of the month. They were caregivers for an aged person and OVCs with a beneficiary household, number of 2 and 3 individuals. The LEAP grant when added to the profit from their business helped them to afford their basic needs.

A beneficiary stated that:

“I invested the LEAP grant into my pure water business and later saved some of the profit I made. So, I used the saved money for unplanned expenditure which has really helped me to avoid being disgraced because of some unbudgeted costs incurred previously. I receive GHC 64 bi-monthly, of which it is channelled to my business. I would not have been able to sustain this business without the help of the LEAP” (Fieldwork 2018).

After this fact has been established, the LEAP has brought about improvement in beneficiaries' economic activities augmenting why there has been some level of financial stability among them. It is in agreement with a study by the Department for International Development (DFID) (2011) which portrayed that income generated and household productions were increased through a well-made and effective cash transfer programme like the LEAP strategy. From the BNA, creating jobs was a means for individuals to attain their basic needs. This suggests that there was improvement in beneficiary households as well as the local economy with the support of the LEAP grant. Profits from the businesses of beneficiaries were used in getting basic needs. The LEAP grant has had an excessive impact on respondents that participated in businesses in AKSD. Respondents who invested their share of the LEAP grant in their businesses could buy more things they traded in and also expanded their businesses. The profit made was used to provide for other things needed to make life better.

4.3.4 Complementary Programmes

Many respondents of about 25 individuals said they did not fully benefit from complementary programmes like the National Health Insurance Scheme (NHIS) and Ghana School Feeding Programme (GSFP) provided by the LEAP. This is because the facilitators did not take their time to register members for these extra programmes since most of the beneficiaries had already signed up for them especially the NHIS. Respondents were not entirely aware that these programmes (NHIS and GSFP) were part of the LEAP complementary programmes. They bought some of the drugs that the NHIS could not provide with some of the grant paid them by the LEAP. Beneficiaries also had to cater for their wards education themselves since they did not benefit from the GSFP. Some respondents further stated that the LEAP officials usually came around to organize training sessions for the youth. The intention is to provide the idle youth with

some skills so that they can also be independent in life which will help to reduce the poverty burden in the AKSD. The table 4.4 below identifies some of the complementary programmes the LEAP provides.

A registered member stated:

“I am not completely aware of all the complementary programmes provided by the LEAP strategy. The officers who facilitate the programme are yet to enlighten some of us on most of these other programmes. I had already registered for the NHIS before the start of LEAP programme and I also do not have any underaged or dependent child with me who could have benefited from the GFSP. I do know facilitators come around to organize training programmes for the youth who do not have any means of survival. This is to help them cater for themselves and other loved ones” (Fieldwork 2018).

Some caregivers alluded to the fact that:

“.....provisions and other foodstuffs could be added to the current plan of cash payment, free health care and school feeding programme. We also want some loan to start or continue our business so that they can make some profit while they wait for the grant to be paid” (Fieldwork 2018).

Table 4.4: Complementary Programmes Matrix Table

TARGET GROUP	LEAP Livelihood Needs	COMPLEMENTARY PROGRAMMES
Extremely poor aged 65+	<ul style="list-style-type: none"> • Food • Clothing • Medical support • Water • Shelter • Soap 	<ul style="list-style-type: none"> • NHIS Indigent Card • Supplementary Feeding • Free Bus Ride • Micro nutrient
Persons with disabilities (PWD) without productive capacity		<ul style="list-style-type: none"> • NHIS Indigent Card
Caregivers of Orphans and Vulnerable Children (OVCs) <i>(Able to work)</i>		<p><u>Caregivers:</u></p> <ul style="list-style-type: none"> • NHIS Indigent Card • School Feeding Programme • Skills Training for Caregivers • Women Development Fund (MOWAC) (OVC) • Free bus ride <p><u>OVC:</u></p> <ul style="list-style-type: none"> • Post Basic (15+): Skills Training/Apprenticeship

Source: Ministry of Manpower, Youth and Employment 2007

These complementary programmes were to make the LEAP initiative an advanced one when compared to other social intervention programmes. The underaged and caregivers categories were selected for the following livelihood needs: medical support, food, shelter, soap, clothing

and water (Ministry of Manpower, Youth and Empowerment 2007). Eighteen of the respondents were already enrolled onto the NHIS before they were even registered for the LEAP programme.

The LEAP officials organized training sections for the youth which provided them the needed attitude, skills and knowledge to work under the following sectors: carpentry, masonry, sewing, hairdressing, etc. This was to set up the unemployed youth so that they could fend for themselves, thereby making them independent in life.

4.3.5 Standard of living at the individual and community levels

Respondents stated that the LEAP programme had led to improvement in their standard of living. Beneficiaries experienced immense improvement in their lives. It was observed that the LEAP had positively affected beneficiaries in the AKSD. Beneficiaries of the LEAP could afford to help their neighbours to pay their children's school fees, give them loan, and help them to pay for the cost of persistent illness. Increase in basic necessities helped beneficiaries to participate in the various economic activities that they have invested their LEAP grant.

A respondent remarked:

“There has been improvement in my life when I reflect on my situation before the commencement of the LEAP programme. It has positively affected me. Moreover, there has also been an improvement in the standard of living within the community. It is good for those of us in this vicinity. We are very happy to benefit from this programme. It has been very helpful, but they can still do better to improve upon it” (Fieldwork 2018).

Another beneficiary disclosed that:

“There has been improvement in my standard of living since I joined the LEAP programme. It sustains me so am very happy to be a beneficiary of this programme” (Fieldwork 2018).

From the fieldwork, beneficiaries who used to rely on relatives, friends and loved ones for support could do things on their own without necessarily waiting for these people to come to

their aid. This supports the BNA's point of creating the necessary conditions for the urban poor to achieve a minimum standard of living. There was an increase in purchasing power on the part of beneficiaries since they now had more money to spend. The local economy expanded as people could now spend more resulting in development and economic growth within the AKSD. This helped in reducing poverty and increasing the quality of life of beneficiaries.

4.5 Discuss the political considerations and other factors that have impacted the implementation of the LEAP in the AKSD (Objective two)

This objective discusses the factors that impacted the implementation of the LEAP programme in the AKSD.

4.5.1 Political Commitment

The fieldwork showed that there happened to be some level of political interference in implementing the LEAP cash transfer in the AKSD. There are plans to increase the current number of registered members of beneficiary household enrolled on it (as indicated by the director of DSW). The Sub-Metropolitan District (SMD) together with the DSW assisted with the programme implementation of the LEAP. Stakeholders such as politicians within the locality and some traditional leaders tried to influence the outcome of this cash transfer programme. The two major parties, thus, both NPP and NDC officials tried to divert benefits of the LEAP programme to their sympathisers. They also got involved with the implementation in order to make beneficiaries know that they are behind the LEAP programme so they could vote for them during elections. It was made known during the fieldwork that successive governments have been actively involved in sustaining the LEAP programme.

An interviewee indicated that:

“These political parties are interested in the programme, they often try to temper with implementation of the LEAP programme. This individual even acknowledged that these politicians directed facilitators to some parts of the Ga Mashie area to identify beneficiaries. Again, they help in making the people aware that LEAP officials will be coming around so the local people should prepare for them. Implementing the LEAP is not done independently of politicians in this SMD. From targeting through to getting an agency to work on behalf of the DSW is done with their help” (Fieldwork 2018).

A beneficiary remarked during the interview that:

“Government is on the right path to reduce poverty through this initiative. Before the programme, everything was in a mess. We had no means of survival, but the LEAP programme has given us hope. We thank government for this programme” (Fieldwork 2018).

There have been several poverty reduction strategies in Ghana but the LEAP programme has complemented the initiative of reducing poverty among the citizenry. This social intervention programme provides the basic needs of beneficiaries. Successive governments have worked towards sustaining and improving upon the LEAP social grant (Eshun 2015). They do this by selecting from competing demands in the provision of basic needs. The stipends paid keep increasing from government to government, thereby being able to sustain the programme (Agbaam and Dinbabo 2014). Table 4.5 indicates the amount of money beneficiaries have received since the inception of the LEAP programme.

Table 4.5: Amount of money paid LEAP beneficiaries since its inception

Number of Beneficiaries in a Household	2008 GHC	2012 GHC	2014 GHC	2015 GHC
One beneficiary	8.00	24.00	48.00	64.00
Two beneficiaries	10.00	30.00	60.00	76.00
Three beneficiaries	12.00	36.00	72.00	88.00

Four or more beneficiaries	15.00	45.00	90.00	106.00
----------------------------	-------	-------	-------	--------

Source: Department of Social Welfare, Ghana

From table 4.5, there had been some increase in the LEAP grant since its inception in 2008. The stipends in 2008 were tripled from the old value of GHC 8 to GHC 15 to a new range between GHC 24 and GHC 45 in 2012. This amount in 2012 further doubled in 2014 between GHC 48 and GHC 90. Moreover, in 2015, there was another increase in payment of the LEAP grant from GHC 64 to GHC 106 and it was by GHC 16.

In a study conducted by Jaha and Sika-Bright (2015), they found that politicians at the community level usually influenced the implementation of the LEAP programme. This supports the findings from the fieldwork in the AKSD, where politicians play an active role in the implementation of the programme.

4.5.2 Targeting

It is the mechanism used to select LEAP beneficiaries. There was a small amount of texts on hand when the LEAP programme started in 2012 in the AKSD. Leaders like chiefs and politicians, assemblymen and women and opinion leaders in the society were contacted before the programme commenced. Targeting and enumeration are done by the SOKO Consultancy Company at the AKSD. There is mostly serious politicking and deliberations in choosing an to work on behalf on behalf of the DSW in the AKSD. Stakeholders' interests were sought before this agency was given the mandate. This Consultancy helped in educating residents within the AKSD on the LEAP programme before they were registered for it. It was also in charge of selection of beneficiaries and focal persons.

A respondent observed:

“I am a caregiver of two OVCs who happen to be boys. The eldest is 7 years old and the youngest is 4 years old. We were home when some men came around. They introduced themselves as officers in charge of facilitating the LEAP programme at the AKSD. This team wanted individuals who are within the absolute poverty range without any means of livelihood so they could enrol them onto the programme. We met their requirements so upon discussions and background checks. We were then registered for the programme. This made it easy for us to be LEAP beneficiaries. We are entitled to GHC 88 bi-monthly” (Fieldwork 2018).

Furthermore an officer said that:

“The LEAP programme is a timely one. Many people needed help and the LEAP programme is a step in the right direction. A lot of people were not employed. The elderly ones were without any economic activity; also taking care of orphans and vulnerable children was a hectic deal. They relied on family members, friends and loved ones support to survive” (Fieldwork 2018).

Targeting relies on the argument that there are inadequate reserves and so measures should be put in place to make sure the disadvantaged in the society enjoys the reimbursements. It is then constricted not to any underprivileged individual, orphans and vulnerable children (OVC), persons who are over 65 years devoid of regular remittance and chronic disabilities without productive capacity (Jones *et al* 2009; Foli *et al* 2018).

Resulting from the fieldwork, targeting the needy was within the demographic beneficiary category from the above studies. Respondents were within the aged and caregivers group. One of the tedious jobs an individual can be involved in is targeting; picking individuals who are truly under these classifications are occasionally not easily done and it even becomes worse due to the ups and downs which occur after a while.

4.5.3 Institutional Capacity

Findings from the fieldwork revealed that the district DSW lacked incentives, had a limited staff capacity of 13 members and logistics (2 computers, 7 files, 3 mobile phones, 1 motorbike,

among others). This did not negatively affect the efficient carrying out of the LEAP social grant in the AKSD. While conducting this study, the DSW had just two permanent workers who were assisted by eleven national service personnel. It was observed that the DSW was under-resourced, so this had a trickle-down effect on the other partner agencies that supported the LEAP programme. This situation made it a bit stressful for workers to reach out to all beneficiary communities particularly when they were to team up with the focal persons to check the progress of beneficiaries of the programme in these communities. There was sometimes pressure on these limited staff members at the DSW to serve beneficiaries when it was time to update the LEAP programme registered members.

Also worth noting is this response:

“Facilitators are given some training, but it is not enough to provide them with the needed ability, skills and knowledge to help them in carrying out their responsibilities. They are overstretched when executing their responsibilities due to their limited number. Logistics like phones, laptops, motorbikes, among others are needed to speed up the implementation of the programme are limited in supply. This did not prevent programme officers from giving out their best in achieving the objectives of the LEAP programme” (Fieldwork 2018).

Weaknesses in institutions that supervise the LEAP programme can negatively affect its implementation. Limited logistics were to prevent the smooth implementation of the LEAP programme (Joha 2012). Though it was observed during the fieldwork that officials did not have the needed logistics to carry out their responsibilities, it did not prevent them from working to achieve the LEAPs objectives. The DSW delegates its mandate to other facilitators at the community level to liaise with beneficiaries. They then report to the Ministry of Gender, Children and Social Protection (MoGSCP) the results of their evaluation of the LEAP programme.

4.5.4 Monitoring and Evaluation

During the fieldwork, respondents were of the view that monitoring and evaluation of the LEAP programme have been very effective. Two focal members at the community level each for both (Jamestown and Ussher Town) were volunteers who had decided to help in implementing the programme. They were permanently employed workers at their places of work, but that did not prevent them from frequently visiting the beneficiaries to find out if there has been an improvement in their lives. Challenges like tight work schedules, funds, limited staff members, among others, have not hindered effective monitoring and evaluation.

From a discussion with some stakeholders:

“The boss of the AKSD comes around frequently to check how beneficiaries are faring and the progress they have made since they were enrolled onto the programme. The district director of the DSW also comes around to assess progress made by beneficiaries and also how officials at the local level are working to make the programme a success” (Fieldwork 2018).

A facilitator mentioned that:

“The work we do is a difficult one; we frequently visit beneficiaries to find out how they are making progress so we can assess the programme. We give our all to make sure that the LEAP cash transfer is well implemented in the AKSD” (Fieldwork 2018).

Another beneficiary stated that:

“Officers are frequently with us. They come around to sometimes educate us on new developments for us to better understand the LEAP programme. They sometimes provide us chairs during these educative programmes. Officials treat us well and this makes us like the programme” (Fieldwork 2018).

Being able to monitor beneficiaries under this social protection policy will help facilitators to know the progress being made by registered members. They can then evaluate members to find out their weaknesses and other alternatives to help them overcome them.

4.6 Conclusion

The chapter has focused mainly on the results of qualitative analysis of the LEAP programme and its effects on the lives of beneficiaries in the AKSD. The findings were gathered from both primary and secondary sources of data in line with the research objectives and hypothesis. Data from the fieldwork were grouped into the following to address the research objectives and hypothesis: demographic characteristics of the LEAP beneficiaries in the AKSD, implementation of the LEAP programme in the AKSD and its outcome in reducing urban poverty. In addition, there was a discussion of the political considerations and other factors that have impacted the implementation of the LEAP. The chapter found, that the LEAP strategy has had a significant impact in reducing urban poverty in the AKSD.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

We set out this chapter with the hypothesis that the LEAP strategy has had a significant impact in reducing urban poverty in the AKSD. Our research objectives are: **(i)** to assess the outcome of the LEAP in reducing urban poverty in the AKSD; **(ii)** to discuss the political considerations and other factors that have impacted the implementation of the LEAP in the AKSD. The purpose of this chapter is to summarize the findings of the study and highlight some recommendations which, it is hoped, will improve the implementation of the LEAP programme in the AKSD in particular and Ghana in general.

5.1 Summary of Findings

This study assesses the impact of the LEAP programme in reducing urban poverty in the AKSD and identified a number of findings. First, the study found out that the LEAP programme has

positively affected health care, food consumption and education in the AKSD. A sizeable number of the aged persons who are over 65 years as well as orphans and vulnerable children (OVC) were registered for the LEAP programme. This shows that the LEAP primarily focused on the elderly and OVCs as they have to be protected from any form of vulnerability.

Second, prospective beneficiaries were identified and educated on the LEAP programme by facilitators. This made them to have knowledge about this social intervention before they were enrolled onto it. Targeting of beneficiaries in the AKSD would have been fair if politicians had not tempered with the implementation process.

Third, the main implementing agency in the AKSD, the Department of Social Welfare (DSW) seemed not to be well-resourced but this did not prevent it from implementing and monitoring the LEAP cash transfer. There were only two permanent workers assisted by eleven national service personnel. The DSW ensured that the roles of focal persons at the community level were not affected by these challenges (not having; enough training, motorbikes, laptops etc). It partners the SOKO Consultancy Company which helps with facilitation of the programme within the AKSD. Members were dedicated to the course of the programme to ensure its successful implementation.

5.2 Conclusion

This study assesses the outcome of the Livelihood Empowerment Against Poverty (LEAP) programme in reducing urban poverty in the AKSD. From the findings of this study, the LEAP strategy has had a significant impact in reducing urban poverty in the ASKD.

Inferring from the findings, it can be stated that, even though some difficulties bedevilled the LEAP, for instance, insufficient funding, limited number of workers, and others, the

implementation of the programme was effective to the extent that targeting of beneficiaries and payment of grants to them were regular and on schedule. In addition, it increased beneficiaries to access to basic necessities of life such as food, clothing, health care and education.

5.3 Recommendations

A number of recommendations are pertinent to address some of the challenges facing the LEAP programme in the AKSD.

First, the incumbent government as well as succeeding ones should broaden the benefit package to include cash and in-kind benefits.

Second, the bi-monthly mode of payment should be reduced to monthly basis. This is to enable beneficiaries to strategize on the consumption of basic needs (food, clothing, education, etc.) and save for the future.

Third, the stipends paid should be increased as it was considered paltry by beneficiaries. This will enable them meet some of their basic needs especially expanding their businesses, pay school fees of their wards, purchase drugs that are not dispensed under the NHIS and acquire other basic needs.

Fourth, there is the need for beneficiaries to be given some form of intensive education and also receive free health care concerning the complementary programmes under the LEAP cash transfer. A few of the beneficiaries complained that they were not aware of the NHIS or GSFP. All they knew was the cash they received from the facilitators of the LEAP.

Fifth, officials in charge of facilitation should also be given the needed training, thus, providing them with the right attitude, skills and knowledge. They should also be well motivated either in

cash or in-kind to perform their duties very well at the community level. Logistics such as computers, motorbikes, mobile phones, etc. should also be provided to make it easy for effective monitoring and evaluation. This will help in evaluating progress made by beneficiaries under the LEAP programme.

REFERENCES

- Abdulai, A. G. (2009). Political will in combating corruption in developing and transition economies: A comparative study of Singapore, Hong Kong and Ghana. *Journal of Financial Crime*, Vol. 16. No. 4, pp. 387-417.
- Abdulai, A. G. (2013). Uneven Regional Development in Ghana: Does Politics Matter? In UNU-WIDER Conference on *Inclusive Growth in Africa: Measurement, Causes and Consequences*, Helsinki. pp. 21-22.
- Abebrese, J. (2011). Social protection in Ghana: An overview of existing programmes and their prospects and challenges. *Fredrich Ebert Stiftung, Germany*.
- Abotsi, K. A., (2013). Expectations of School Feeding Programme: Impact on School Enrolment, Attendance and Academic Performance in Elementary Ghanaian Schools. *British Journal of Education, Society and Behavioural Science*, Vol. 3. No. 1, pp. 76-92.

- Accra Metropolitan Assembly-UN-Habitat. (2011). *Participatory Slum Upgrading and Prevention: Millennium City of Accra, Ghana*. Accra, Ghana.
- Addae-Korankye, A. (2014). Causes of poverty in Africa: a review of the literature. *American International Journal of Social Science*, Vol. 3. No. 7, pp. 147-153.
- Adjei, M. O. (2009). *Africa's development: the imperatives of indigenous knowledge and values*. Doctoral dissertation in Philosophy, University of South Africa.
- Adjei Osei-Wusu, P., Agyemang S., Afriyie K. (2012). Non-Governmental Organizations and Rural Poverty Reduction in Northern Ghana: Perspectives of Beneficiaries on Strategies, Impact and Challenges. *Journal of Poverty Alleviation & International Development*, Vol. 3. Issue 2, pp. 47-73.
- Agbaam, C. (2013). *Assessing the Impact of the Livelihood Empowerment Against Poverty (LEAP) social grant programme on household poverty reduction in rural Ghana: A Case Study of the Tolon-Kumbungu District in Northern Ghana*. Mini thesis, Institute for Social Development, University of the Western Cape.
- Agbaam, C. and Dinbabo, M. (2014). Social grants and poverty reduction at the household level: Empirical evidence from Ghana. *Journal of Social Sciences*, Vol. 39. No. 3, pp. 293-302.
- Agbenyiga, D. L. (2011). Defining childhood: A historical development perspective. In: Ame, R. K., Agbenyiga, D. L. and Apt, N. A. (eds.), *Children's rights in Ghana: Reality or rhetoric?* Maryland: Rowman & Littlefield Publishers, Inc.
- Agyei-Mensah, S. and De-Graft Aikins, A. (2010). Epidemiological transition and the double burden of disease in Accra, Ghana. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, Vol. 87. No. 5, pp. 879-897.

- Alkire, S. and Sarwar, M. (2009). Multidimensional measures of poverty and well-being. *OPHI Research in Progress*.
- Amoako-Tuffour, J. and Armah, B. K. (Eds.). (2008). *Poverty reduction strategies in action: perspectives and lessons from Ghana*. Lexington Books.
- Aperkor, F. (2016). *Parent-Adolescent Communication about Sexual and Reproductive Health: A Case Study of the Ashiedu Keteke Sub-Metro, Accra*. Unpublished doctoral dissertation submitted to the School of Public Health, College of Health Sciences, University of Ghana.
- Arhin-Tenkorang D. (2001). *Health Insurance for the Informal Sector in Africa: Design Features, Risk Protection and Resource Mobilization*.
- Asante-Asare, A. (2009). National Social Protection Strategy Mid-Year Review. Accra: Ministry of Employment and Social Welfare.
- Ashiedu Keteke Sub-Metropolitan District (2017). *District Profile*. Accra: Ministry of Local Government and Rural Development.
- Austin, D. (1970). *Politics in Ghana (1946-1960)*. Vol. 242. Oxford University Press. London.
- Awuah, G. K. (2015). Process Evaluation of the Livelihood Empowerment Against Poverty (LEAP) Programme.
- Awumbila, M., Manuh, T., Quartey, P., Bosiakoh, T. A., and Tagoe, C. A. (2011). *Migration and Mobility in Ghana: Trends, Issues and Emerging Research Gaps*. Woeli Publishing: Accra.

- Awumbila, M., Owusu, G., and Teye, J. K. (2014). *Can Rural-Urban Migration into Slums Reduce Poverty? Evidence from Ghana*. Migrating out of poverty. Working Paper. Vol. 13, pp. 1-41.
- Ayee, J., and Asante, F. (2004). Decentralization and poverty reduction. In *International Conference on Ghana at the Half Century*. pp. 8-20.
- Babbie, E. (2004). Survey research. *The practice of social research*, Vol. 10. Issue 1, pp. 242-280.
- Boateng, E. O. (2012). *Coping with Urban Poverty: an Examination of Household and Individual Livelihood Strategies in Ghana: (A Case Study of Sunyani Municipal)*. Unpublished EMPA thesis, Institute of Distance Learning. Kwame Nkrumah University of Science and Technology, Ghana.
- Booth, D., Crook, R., Gyimah-Boadi, E., Killick, T. and Luckham, R. with Boateng N. (2005). What are the drivers of change in Ghana? CDD/ODI Policy Brief, No. 1. Accra: Ghana Centre for Democratic Development.
- Bowler, J. (1987). *The basic needs approach to development: a case of rural water supply in Kenya* (Doctoral dissertation, University of British Columbia).
- Burnham, P., Lutz, G. K., Grant, W., and Layton-Henry, Z. (2004). *Research Methods in Politics*. New York: Palgrave MacMillan.
- Carrin, G., Waelkens, M.P. and Criel, B. (2005). Community-based health insurance in developing countries: a study of its contribution to the performance of health financing system. *Tropical Medicine and International Health*, Vol. 10. No. 2, pp. 799-811.

- Citifm Online (2016). <http://www.status-of-the-nhis-the-bare-facts-infographic/> [accessed on 18 April, 2018]
- Cooke, E., Hague, S., and McKay, A. (2016). The Ghana poverty and inequality report: Using the 6th Ghana living standards survey. *University of Sussex*.
- Creswell J. W. (2013). *Research Design: Qualitative, quantitative, and mixed methods approach*. Thousand Oaks, CA: Sage.
- Crouch, S. and Housden, M. (2003). Marketing research for manager; The Marketing Series; Chartered Institute of Marketing.
- Dabuo, F. (2018). *Assessing the effectiveness of Livelihood Empowerment Against Poverty (LEAP) in alternating rural poverty in the Ejura Municipality*. Master of Arts Thesis. University of Development Studies (UDS).
- Dalinjong, P. A. and Laar, A. S. (2012). The National Health Insurance Scheme: perceptions and experiences in two districts of Ghana. *Health economics review*, Vol. 2. No. 1, pp.13-16.
- Debrah, E. (2013). Alleviating poverty in Ghana: The case of the Livelihood Empowerment Against Poverty (LEAP). *Africa Today*, Vol. 54. No.4, pp. 40-67.
- De-Graft Aikins, A., Alidu, S., Aryeetey, E. B., Domfe, G., Armah, R., and Koram, M. (2016). *A Political Economy of Social Protection Policy Uptake in Ghana*. Partnership for African Social and Governance Research Working Paper No. 008, Nairobi, Kenya.
- Department for International Development (2011). *Cash Transfers: Evidence Paper*. London: DFID Policy Division.

- Department of Social Welfare (DSW) (2009). *Livelihood Empowerment against Poverty Annual Report*, Department of Social Welfare, Accra, Ghana.
- Devereux, S. and White, P. (2010). Social protection in Africa: Evidence, politics and rights. *Poverty and Public Policy*, Vol. 2. No. 3, pp. 53-77.
- Dittoh, D. (2016). *Assessing the Livelihood Empowerment Against Poverty Programme (LEAP) in the Nadam District of Ghana*. Master of Arts in Development Studies. Institute of Social Studies.
- Dzanku, F. M. (2015). Transient rural livelihoods and poverty in Ghana. *Journal of Rural Studies*. pp. 102-110
- Emmerij, L. (2010). The basic needs development strategy. *Background Paper World Economic and Social Survey*.
- Enu, P. (2014). The Effects of Rural-Urban Migration in Ghana: Empirical Evidence from the Okaishie Community – Greater Accra Region. *Soc Basic Sci Res Rev*, Vol. 2. Issue. 10, pp. 416-428
- Eshun, C. (2015). *Implementation of Social Protection Programmes in Ghana: The Case of the Livelihood Empowerment Against Poverty programme (LEAP)*. Master's thesis, The University of Berge.
- Essamuah, M., and Tonah, S. (2004). Coping with Urban Poverty in Ghana: An analysis of household and individual strategies in Nima and Accra. *Legon Journal of Sociology*, Vol. 1. Issue 2, pp. 79-96.
- Ewusi, K. (1984). The dimensions and characteristics of rural poverty in Ghana.

- Foli, R., Beland, D. and Fenwick, T. B. (2018). How instrument constituencies shape policy transfer: a case study from Ghana. *Policy and Society*, Vol. 37. No. 1, pp. 108-124.
- Fosu, A. K. (2011). *Growth, Inequality, and Poverty Reduction in Developing Countries: Recent Global Evidence*, UNU-WIDER Working Paper 2011/01.
- Frempong, A. K. D. (2017). *Elections in Ghana (1951-2016): (Elections in Ghana 1951-2012 Revised and Updated)*. Digibooks Ghana Limited. Tema.
- Ghana Districts (2006). Accra Metropolitan Assembly, Greater Accra.
<http://www.ghanadistricts.com.gov.gh>. [Accessed 7 February, 2018].
- Ghana Living Standards Survey (2008). Ghana Living Standard Survey, Report of the Fifth Round (GLSS 5), Ghana Statistical Service, Accra.
- Ghana News Agency Online (2016).
<http://www.ghananewsagency.org/social/government-launches-national-school-feeding-policy-105981> [Accessed on 7 March, 2018].
- Ghana Statistical Service (2014). *Ghana Living Standards Survey: Report of the Sixth Round (GLSS 6)*. Accra: GSS
- Ghana Statistical Service (2007). *Patterns and Trends of Poverty in Ghana: 1991-2006 Report*. Accra. GSS.
- Ghana Statistical Service (2010). *2010 Population and Housing Census: Analytical Report*. Accra: GSS.
- Ghana Statistical Service (2012). *2010 Population and Housing Census: Analytical Report*. Accra: GSS.

Ghana Statistical Service (2013). *2010 Population & Housing Census: Analytical Report*. Accra: GSS.

Gobah, F. K. and Zhang, L. (2011). The National Health Insurance Scheme in Ghana: prospects and challenges: a cross-sectional evidence. *Global Journal of Health Science*, Vol. 3. No. 2, p. 90.

Government of Ghana (2013). The Livelihood Empowerment Against Poverty (LEAP) Programme. Reducing Poverty and Promoting Growth in Ghana. *Briefing Paper*. Accra: Ministry of Gender Children and Social Protection.

Government of Ghana. (2003). *National Health Insurance Act, 2003 (Act 650)*. Accra. Ministry of Health.

Government of Ghana. (2007). *The National Social Protection Strategy: Investing in people*. Accra: Ministry of Manpower, Youth and Employment.

Graphic Online (2016). Biography of Ghana's first President, Dr Kwame Nkrumah. (Online available at <http://graphpic.com.gh/news/general-news/biography-of-ghana-s-first-president-dr-kwame-nkrumah.html>. [Accessed on 4 January 2018]).

Guest, G., Macqueen, K. and Namey, E. E. (2012). *Applied Thematic Analysis*, Thousand Oaks CA: SAGE.

Gyimah-Boadi, E., and Prempeh, H. K. (2012). Oil, politics, and Ghana's democracy. *Journal of Democracy*, Vol. 23. No. 3, pp. 94-108.

Handa, S., Park, M., Darko, R., Osei-Akoto, I., Davis, B. and Diadone, S. (2013). Livelihood Empowerment Against Poverty Impact Evaluation. Carolina Population Center: University of North Carolina. pp. 45-50.

- Handley, G., Sharma, B., Bird, K. and Cammack, D. (2009). *Poverty and poverty reduction in Sub-Saharan Africa: An Overview of the issues*. Overseas Development Institute (ODI).
- Hartzenberg, T. (2011). *Regional Integration in Africa*, World Trade Organization, Economic Research and Statistics Division. Staff Working Paper. 3.
- Heywood, A. (2013). Politics. Houndmills, Basingstoke. *Hampshire: New York*.
- International Monetary Fund, (2003). *When Bubbles Burst. World Economic Outlook*. Washington: D. C.
- International Monetary Fund, (2012). *The IMF-FSB Early Warning Exercise. Design and Methodological Toolkit*, IMF Occasional Paper. Washington: D. C.
- Jaha, I. R. and Sika-Bright, S. (2015). Challenges of the Livelihood Empowerment Against Poverty Programme in the Upper West Region of Ghana: The Institutional Perspective. *UDS International Journal of Development*, Vol. 2. No. 1, pp. 188-205.
- Joha, B. I. (2012). *Effects of Livelihood Empowerment Programme in Reducing Poverty in Yama, Northern Region*. MPhil thesis, Department of Social Work, University of Ghana.
- Jones, N., Ahadzie, W. and Doh, D. (2009). *Social protection and children: Opportunities and challenges in Ghana*. Accra, Ghana: Ministry of Employment and Social Welfare and UNICEF Ghana
- Kelsall, T. (2011). Rethinking the Relationship between Neo-patrimonialism and Economic Development in Africa, *IDS bulletin*, Vol. 42. No. 2, pp. 76-87.
- Kuyini, A. B. (2015). Social Welfare Policy in Ghana: Current Provisions, Reach and Challenges. *Current Politics and Economics of Africa*, Vol. 8. Issue 3, pp. 129-146.

Lasswell, H. (1936). *Who gets what, when, how*. Whittlesey House, New York-London.

Leipziger, D. (2017). Comments on the Poverty Reduction Strategy Session. *Reform and Growth: Evaluating the World Bank Experience*.

Mahama, S. A., Acheampong, A. T., Pehrah, O. B., and Bofofo, A. Y. (2011). Preliminary report for Ga Mashie urban design lab. *Millennium Cities Initiative. The Earth Institute at Columbia University and the University of Ghana*.

Ministry of Gender, Children and Social Protection (2013). *The Livelihood Empowerment Against Poverty (LEAP) Programme. Reducing Poverty and Promoting Growth in Ghana*. Briefing Paper. An Official publication for the Government of Ghana.

Ministry of Gender, Children and Social Protection (2016). *The state of the Livelihood Empowerment Against Poverty (LEAP) Programme*. Accra: Government of Ghana.

Ministry of Manpower, Youth and Employment (2007). *Manual of Operations: Livelihood Empowerment Against Poverty (LEAP) Social Grants Programme*. Accra: Republic of Ghana.

Mumuni, A. (2013). *Flooding and Diarrhoeal Disease Incidence in Urban Poor Communities in Accra, Ghana. Investigating the Effects of Risk Perception Measures* (Doctoral dissertation, Regional Institute for Population Studies (RIPs), University of Ghana).

Ninsin, K. A. (2017). Political Transitions, Electoral Mobilization, and State Institutions
1. *Issues in Ghana's Electoral Politics*. pp. 153-163.

- Norman B., Whelan C. T. (2010). Using non-monetary deprivation indicators to analyse poverty and social exclusion: Lesson from Europe? *Journal of Policy Analysis and Management*, Vol. 29. Issue 2, pp. 305-325.
- Nsiah-Boateng, E. and Jousten, A. (2015). Eight Years of National Health Insurance in Ghana: Evaluation of the Health Financing Sub-Functions. *Current Politics of Economics of Africa*, Vol.8. No. 4, pp. 571-560.
- Oduro, C. (2007). *The dynamics of urban poverty in Ashiedu Keteke Sub-Metropolitan District: Youth unemployment and coping strategies* (Thesis). Institute of Statistical Social and Economic Research, Accra, Ghana.
- Oduro, F., Awal, M. and Agyei-Ashon, M. (2014). A dynamic mapping of the political settlements in Ghana. *ESID Working Paper, No. 28*.
- Ofori-Boateng, K. (2017). Analysis of Severity of Poverty and Social Cohesion among the Urban Poor Migrants in Ghana. *Journal of Poverty*, Vol. 21. No. 3, pp. 256-287.
- Ohene-Konadu K. (1996). Rural poverty and suffering: the case of Ghana. *Journal FASS Bulletin*. Vol. 1, pp. 49-63.
- Owusu G. and Yankson P. W. K. (2007). Poverty in Ghana is basically a rural phenomenon: Are we understanding urban poverty? *Ghana Journal Development Studies*, Vol. 4. Issue 1, pp. 87-105.
- Peprah, P., Kyiyaga, E. M., Afful, H., Abalo, E. M., and Agyemang-Duah, W. (2017). Does the Ghanaian Livelihood Empowerment Against Poverty Programme lead to

- an increase in household productive livelihood assets? Analyzing the Ashanti scenario. *Congent Social Science*.
- Quaye, W., Essegbey, G., Frempong, G. and Ruivenkamp, G. (2010). Understanding the concept of food sovereignty using the Ghana School Feeding Programme (GSFP). *International Review of Sociology*, Vol. 20. No. 3, pp. 427-444.
- Quartey-Papafio, J. J. (2006). *Changing livelihoods in Ga Mashie, A Coastal Settlement in Southern Ghana from 1957-2004*. Doctoral dissertation, Ph. D Thesis, Department of Geography and Resource Development, University of Ghana.
- Razzu, G. (2005). Urban development, cultural heritage, poverty and redistribution: the case of Old Accra and Adawso House. *Habitat International*, Vol. 29. Issue 3, pp. 399-419.
- Reader, S. (2006). Does a Basic Needs Approach Need Capabilities? *The Journal of Political Philosophy*, Vol. 14. No. 3, pp. 337-350.
- Rubin, A. and Babbie, E. (1989). *Research Methods for Social Work*. Belmont: Wadsworth Publishing Company.
- Sassaoka, Y. (2006). Africa's poverty reduction strategy: Perspective on African development strategies and their policy implications. *In search of new approaches to Japanese development assistance*.
- Sen, A. (1985). A sociological approach to the measurement of poverty: a reply to Professor Peter Townsend. *Oxford Economic Papers*, Vol. 37. No. 4, pp. 669-676.
- Sen, A. (2014) Development as freedom (1999). *The globalization and development reader: Perspectives on development and global change*. p. 525.

- Songsore, J. (2009). The Urban Transition in Ghana: Urbanization, national development and poverty reduction. *University of Ghana, Legon-Accra*.
- Sowa, J. F. (2001). Review of construing experience through meaning: A language-based approach to cognition by M. A. K. Halliday and Christian M. I. M. Matthiessen, *Computational Linguistics*, Vol. 27. No. 1, pp. 140-142.
- Stewart, F. (2006). The Basic Needs Approach. In D. A. Clark (ed.), *the Elgar Companion to Development Studies*. Cheltenham: Elgar.
- Stokes, S., Thad, D., Marcelo, N., and Brusco, V. (2013). *Brokers, Voters and Clientelism: the puzzle of distributive politics*. Cambridge: Cambridge University Press.
- Streeten, P. (1979). Basic Needs: Premises and Promises. *Journal of Policy Modeling*. pp. 136-146.
- Sulzabch, S., Garshong, B. and Owusu-Banahene, G. (2005). *Evaluating the effects of the National Health Insurance Act in Ghana: Baseline*. The Partners for Health Reform plus.
- Tagoe, H. A. (2014). *Urban Poverty and Household Non-Communicable Disease Burden in Ghana: A Case Study of Ashiedu Keteke Sub-Metropolitan Area*. An unpublished Doctoral dissertation submitted to Regional Institute for Population Studies, University of Ghana.
- Todaro, P. M., and Smith, S. C. (2012). *Economic Development*. George Washington University.
- Today Online (2017). www.todaygh.com/need-work-alleviate-poverty/ [Accessed on 22 January, 2018].

- United Nations (1995). *The Copenhagen Declaration and Programme of Action: World Summit for Social Development*, United Nations Development of Publications: New York. United Nations.
- United Nations (2014). *Open Working Group Proposal for Sustainable Development Goal*. New York. United Nations.
- United Nations (2015). *The Millennium Development Goal Report*. New York. United Nations.
- Van Wyk, J. A. (2007). Political leaders in Africa: Presidents, patrons or profiteers? *ACCORD Occasional Paper*, Vol. 2. No. 1, pp. 1-38.
- Masset, E. and White, H. (2004). Are chronically poor people being left out of progress towards the millennium development goals? a quantitative analysis of older people, disabled people and orphans. *Journal of Human Development*, Vol. 5. No. 2, pp. 279-297.
- Witter, S. and Garshong, B. (2009). Something old or something new? Social health insurance in Ghana. *BMC International Health and Human Rights*, Vol. 9. No. 1, p.20-22.
- World Bank (2000). *World Development Report 2000/2001: Attacking Poverty*. Washington, D.C.: World Bank.
- World Bank (2001). *World Development Report 2000/2001: Attacking Poverty*. World Development Report; New York: Oxford University Press.
- World Bank (2003). *The GPRS and Multi-Donor Budget Support (MDBS): Strengthening the Links of Accountability*. Second Development Dialogue Series. Accra.

World Bank (2005). *Pro-Poor Growth in the 1990s – Lessons and Insights from 14 Countries*. Washington, D.C.: World Bank.

World Bank (2008). *The World Bank annual report 2008: year in review*. Washington, D. C.: World Bank.

World Bank (2016). *World Development Report 2016: Digital Dividends*. Washington, D.C.: World Bank.

World Health Organization. (2000). *The World Health Report 2000*. Health systems: Improving performance. World Health Organization, Geneva.

**APPENDIX A:
Interview Guide**

The Politics of Poverty Reduction in Ghana: the case of the Ashiedu Keteke Sub-Metropolitan District of the Accra Metropolitan Assembly

1. Name of community.....
2. Date.....

Section A: Membership and Knowledge of the LEAP Programme

1. How did you become a beneficiary of LEAP?
2. Which category of the beneficiary groups do you fall under?
3. How much do you receive from LEAP bi-monthly?
4. Do you benefit from any of the complementary services of LEAP?
5. What is your main source of income aside the LEAP grant?

Section B: Impacts of LEAP on household

6. How many times do you access the LEAP grant in a year?
7. Are you satisfied with the rate at which the grant is paid?
8. At what frequency would you prefer the grants to be paid?
9. Has access to the LEAP grant been effective?

10. Before joining the LEAP programme, how many times were you able to afford square meals in a day?

11. With the support of LEAP, how many times do you afford square meals in a day?

Section C: Impact on the local community

12. What are the major economic activities that people engage in the community?

13. Has LEAP led to increase in consumption of basic necessities?

14. Has LEAP positively affected the lives of the urban poor?

15. How will you describe your standard of living before and after the LEAP programme?

Section D: Political and other factors

16. Has the government intention of using the LEAP programme to reduce poverty been met?

17. Has the LEAP programme been sustainable?

18. How would you rate the services of the LEAP officials?

19. What are some of the challenges you incur in accessing the LEAP benefits?

APPENDIX B: OFFICIALS ENGAGE IN IMPLEMENTING THE POLICY

Interview Guide for non-beneficiaries

Section A: Politico-Institutional factors for LEAP enforcement

1. What political factors are responsible for the choice of the district?
2. Do programme implementers have the needed capacity to implement the policy?
3. What is the nature of the programme coordination mechanism? Is the coordination mechanism enough?
4. Nature of political support for the programme in the district. Is it driven by central government? Is there local engagement at the district level?
5. How adequate is the timing for implementing LEAP in the district?
6. Nature of investment into the program at the district level- Issues of adequacy, frequency of, investment to ensure effective delivery/implementation.

THANK YOU FOR YOUR TIME

