UNIVERSITY OF GHANA

CENTER FOR SOCIAL POLICY STUDIES

AN ASSESSMENT OF THE EFFECTIVENESS OF COMPLEMENTARY SERVICES IN GHANA'S SOCIAL PROTECTION LANDSCAPE: A CASE STUDY OF THE SHAI-OSUDOKU DISTRICT

BY

ABDULAI MOHAMMED TAJUDEEN

(11358693)

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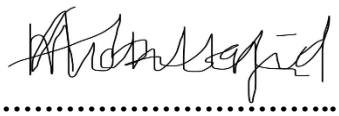
Declaration

I declare that except for properly acknowledged references to other scholarly works, this dissertation is the result of my own research conducted at the Centre for Social Policy Studies, University of Ghana, under the supervision of Dr. Doris Akyere Boateng. This work has not been presented in whole or in part elsewhere for any other purpose.



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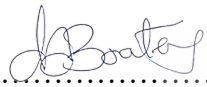
(Student) Date: 25th February 2025



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Dr. Doris Akyere Boateng

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Dedication

I dedicate this work to the almighty Allah for granting me the strength, guidance, and protection throughout my journey in this course and to my family for their unwavering support.

Acknowledgments

First and foremost, I extend my profound gratitude to my supervisor, Dr. Doris Akere Boateng, for her invaluable guidance and constructive feedback throughout this research journey. Her patience and encouragement have greatly enriched this work. Special thanks go to my parents, sibling (Prof Abdulai), wife, and kids whose sacrifices and encouragement have been instrumental in my academic journey. I also thank my friends and colleagues (Pastor Isaac, Tracy, Emmanuel, Abubakari, Patrick, Ebenezer, and Alex) for their diverse contributions in this endeavour. Lastly, I extend my appreciation to all research participants, especially Dr. Myles Ongoh at the LEAP Secretariat, for their time and insights in making this research possible.

Abstract

The Livelihood Empowerment Against Poverty (LEAP) programme was integrated with the National Health Insurance Scheme (NHIS) to enhance social protection by offering free health coverage to poor and vulnerable populations. This research, carried out in the Shai Osodoku district of the Greater Accra region, utilized a mixed-methods approach to assess the effectiveness of this policy initiative. The research highlights critical gaps and achievements in the programme's implementation, with significant policy implications. Findings revealed a widespread lack of awareness among beneficiaries about their rights and entitlements under the LEAP-NHIS integration, resulting in underutilization of healthcare services. The study found that most beneficiaries were informed about the integration only during their initial LEAP enrolment. However, those enrolled prior to the programme's full establishment remain uncertain about their eligibility for free health insurance renewal, exacerbating the programme's underutilization.

Despite these challenges, the program positively impacted beneficiaries' health and well-being, with many participants expressing satisfaction, particularly regarding reduced financial burdens for accessing healthcare. However, the study identified areas of dissatisfaction and neutral responses, primarily due to limited awareness of services, challenges in accessing prescribed medications under the NHIS, and negative user experiences with healthcare providers. Furthermore, while grievance redress mechanisms are put in place to address grievances and enhance accountability, most beneficiaries reported being unaware of these feedback channels. The study concludes that the LEAP-NHIS integration demonstrates huge potential for improving social protection outcomes for vulnerable populations. Yet, its effectiveness is hindered by several operational challenges. The study recommends that efforts are put in place for enhanced awareness campaigns, improved service delivery, strengthened

grievance systems, and greater stakeholder collaboration to maximize the program's impact on vulnerable populations.

List of Abbreviations

CCT- Conditional Cach Transfers

CSOs- Civil Society Organizations

CMU- Case Management Unit

FACT- Food and Cash Transfers

GSFP- Ghana School Feeding Programme

ISS- Integrated Social Services

ILO- International Labour Organization

KII- Key Informant Interviews

LEAP- Livelihood Empowerment Against Poverty Programme

LIPW -Labour-Intensive Public Works

MESW- Ministry of Employment and Social Welfare

MoU- Memorandum of Understanding

MoGCSP - Ministry of Gender, Children, and Social Protection

NHIS- National Health Insurance Scheme

NHIA- National Health Insurance Authority

NSPS- National Social Protection Strategy

NSPP- National Soccial Protection Policy

NMTDPF- National Medium-Term Development Policy Framework

OVC- Orphans and vulnerable children

PSNP- Productive Safety Net Program

PHC -Population and Housing Census

RBA- Rights-Based Approach

SRM- Social Risk Management

SPF- Social Protection Floor Initiative

SWCES- Single Window Citizen Engagement Service

UCT- Unconditional Cach Transfers

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CHAPTER ONE

INTRODUCTION

1.1 Study Background

In recent times, social protection systems have increasingly gained prominence as major instruments in tackling poverty, inequality, and vulnerability in the global south. The World Bank (2024) defines social protection as the systems that help poor and vulnerable people cope with crises and shocks, find jobs, invest in the health and education of their children, and protect the aging population. The International Labour Organization (ILO, 2004) states that social protection is ensuring security against vulnerabilities and unexpected events, providing access to healthcare, and guaranteeing safe working conditions. This study adopts the definition by Ghana's National Social Protection Policy (NSPP), which conceptualizes social protection as a range of actions carried out by the state and other parties in response to vulnerability and poverty, which seek to guarantee relief for those sections of the population who for any reason are not able to provide for themselves.

Several studies have highlighted the significant impact of social protection programmes on reducing poverty and vulnerability in developing countries. Notable research includes works by Rawlings and Rubio (2005), Barrientos and Hulme (2007), Behrendt (2008), Adato and Hoddinott (2010), Devereux and White (2010), Handa et al. (2010). By the end of 2015, some eighty (80) social protection programmes were being implemented in about forty (40) countries in Sub-Saharan Africa (Hickey et al., 2018). These programmes encompass a range of interventions aimed at providing support to individuals and poor households, including cash transfers, food assistance, healthcare coverage, and education subsidies.

Ghana's social protection delivery was primarily based on extended family networks, community support, welfare, and social associations. However, these systems faced several challenges, leading to the emergence of state-sponsored social protection systems. Factors such as social growth, increasing urbanization, and migration resulted in the breakdown of extended family networks and a shift in focus to nuclear family structures. Growing evidence suggests that support from extended families for the poorest and most vulnerable in society is becoming less reliable and unpredictable. Rapid population growth increased the number of dependents within families (see Aboderin, 2004; Nukunya, 2003). Economic hardships encountered by most families, exacerbated by high unemployment rates and low incomes, strained the capacity of families to adequately support their members, weakening the traditional safety nets and community support systems (Oxford Policy Management 2013). Additionally, certainly vulnerable groups, including orphans, individuals with disabilities, and the elderly, often found themselves without adequate support in the traditional system. The lack of targeted interventions meant these groups were particularly vulnerable to poverty and neglect.

In response to these challenges and in alignment with constitutional obligations and international development agendas, Ghana, in the early 2000s, proactively embarked on a journey to develop new forms of social protection programmes to provide structured and reliable support to address emerging economic vulnerabilities. The 1992 Constitution mandates the State to enact appropriate laws that protect and promote all fundamental human rights and freedoms. This includes the rights of individuals with disabilities, the elderly, children, and other vulnerable groups in development processes as well as provide social assistance to the elderly to help them maintain a decent standard of living. Additionally, Ghana is a member of the United Nations Sustainable Development Goals (SDGs), which requires signatory

countries to implement nationally appropriate social protection systems and measures for all and achieve substantial coverage of the poor and vulnerable by 2030.

In 2004, the government carried out a Poverty and Social Impact Assessment leading to the creation of a National Social Protection Strategy (NSPS) in 2007. Further, a social protection rationalization study was conducted in 2013 demonstrating the necessity for a comprehensive NSPP. The development and launch of the NSPP in 2015 marked a new phase of Ghana's social protection delivery. It represented the government's vision of creating an all-inclusive and socially empowered society through the provision of sustainable mechanisms for the protection of persons living in situations of extreme poverty and related vulnerability and exclusion (GoG, 2015). The NSPP identified the Livelihoods Empowerment Against Poverty (LEAP), the National Health Insurance Scheme (NHIS), the Labour-Intensive Public Works (LIPW), the Ghana School Feeding Programme (GSFP), and the Basic Education Capitation Grants among five flagship programmes in a social protection basket.

The LEAP introduced in 2008 provides bi-monthly conditional and unconditional cash transfer to extremely poor and vulnerable households, targeting the elderly aged 65 and above, persons with extreme disabilities without any productive capacity, orphaned and vulnerable children, and pregnant women with children under one. It aims to improve household consumption for the poor, enhance their access to basic services, and promote human capital development. The NHIS provides a social insurance scheme to enhance quality healthcare access for Ghanaians, particularly for the poor and vulnerable segment of the population. The LIPW provides short-term employment opportunities to poor households during Ghana's agricultural off-season, with a wage rate pegged at the national minimum wage. It involves supporting beneficiary or target households in creating, rehabilitating, and maintenance of public or community assets in

poor districts in Ghana. The GSFP ensures food security, address malnutrition and hunger among school going children in deprived public schools across the country.

With the growing recognition that cash transfer alone is insufficient to address extreme poverty, the Ministry of Gender, Children and Social Protection (MOGCSP) and the LEAP management secretariat adopted a holistic approach involving collaborating with the various pro-poor interventions and integrating services. For example, all eligible LEAP beneficiary households are to enjoy free access to healthcare through the NHIS, have increased access to education through the GSFP, Capitation grants, and other education interventions, access agricultural inputs, services, and credit as well as other labor market programmes such as the LIPW.

Over the last two decades, successive governments have committed to implementing social production by expanding its scope and coverage. For instance, the LEAP programme has increased significantly from 1,654 households in 2008 to 350,551reaching 261 districts as of December 2023 (Ministry of Finance, 2024). Moreover, the grant size has gradually increased, and the government has implemented an indexation mechanism to ensure that the value of the cash transfer does not erode due to inflation. The NHIS has undergone significant changes since its establishment as a mutual scheme with an active membership of 1,348,160 in 2005 (Ebenezer et al., 2014) to 14.4 million (Ministry of Finance, 2024) The benefit package has also expanded to cover other services, including free maternal care for pregnant women until delivery. Similarly, the GSFP, which started in late 2005 with 10 pilot schools, had increased to 200 schools, covering 69,000 pupils in 138 districts by August 2006 (GoG, 2006 pg.1). Currently, the programme is benefiting 3,801,491 pupils in 10,832 in public basic schools in deprived communities across the country (Ministry of Finance, 2024).

Despite the evidence of Ghana's government's commitment to social protection, several challenges limit their impacts. These challenges include low coverage of the poor, poor coordination among implementing agencies, limited budget allocation, and frequent delays in releasing funds due to a lack of sustained financing. This study seeks to examine the effectiveness of social protection linkages with specific focus on the LEAP-NHIS. The objective is to contribute to understanding how integrated social protection can effectively tackle the complex needs of the poor and contribute to sustainable development outcomes.

1.2 Problem Statement

In recent years, cash transfers have increasingly been adopted as key elements of national poverty reduction and social protection strategies. By 2016, 130 developing economies have implemented at least one non-contributory unconditional cash transfer (UCT) programme. These schemes, including social security for old people are increasingly popular in sub-Saharan Africa, where 40 out of 48 countries reportedly now have a UCT programme. Additionally, 63 countries globally have at least one conditional cash transfer (CCT) programme (Honorati et al., 2015).

In Ghana, the NHIS was introduced to address inequities in healthcare by removing financial barriers, promoting the poor's access to quality healthcare, particularly the poor and vulnerable and attain universal health coverage. The LEAP programme introduced in 2008, provides a safety net and a guaranteed income for deprived households in Ghana. Eligibility criteria for selecting beneficiaries is based on poverty and having a household with members with one or more of the following features: Orphans and vulnerable children (OVC), 65-year-olds and above without support, individuals with extreme disabilities, and households with pregnant and lactating mothers with children under one year. LEAP seeks to: (1) Improve basic household

consumption and nutrition, and access to health care services among children under two years old, older persons and persons living with severe disability; (2) Increase enrolment, attendance, and retention of beneficiary children in basic schools; and (3) Enhance access to other services, including productive capacity initiatives (MoGCSP, n.d.).

There is growing evidence that cash transfers have demonstrated significant impacts on the social, economic, psychological and general wellbeing of beneficiaries (Abdulai et al., 2017). However, emerging observation shows that cash transfers alone are not enough to address the multifaceted nature of poverty (Watson et al., 2016; UNICEF 2018; Abdulai et al., 2018). Consequently, The Ghana National Social Protection Strategy (NSPS) underscores the necessity of connecting LEAP beneficiaries with other initiatives and interventions to increase their capacity to become self-sufficient (NSPS, 2007; Abdulai et al., 2018).

In 2010, the then Ministry of Employment and Social Welfare (MESW) signed a Memorandum of Understanding (MoU) with the National Health Insurance Authority (NHIA) to ensure that all LEAP beneficiaries have free access to health services through the NHIS. While the literature highlights the overarching importance of integrated services in enhancing the well-being of poorer households, the connection between the various social protection schemes have not been well understood, are rarely investigated, are not adequately researched, particularly in Sub-Saharan Africa (Nicky et al., 2017). In particular, very little is known in terms of exploring the lived experiences of Ghana's LEAP beneficiaries in accessing services under the LEAP-NHIS linkages, what challenges beneficiaries and programme implementers encounter, and what policy reforms are required to strengthen programme delivery. This research aims to contribute to filling the gap by assessing the effectiveness of LEAP-NHIS linkages in enhancing beneficiaries' access to services while identifying challenges that hinder the smooth implementation of these programmes.

1.3 Research Questions

1. To what extent are LEAP beneficiaries aware of their entitlement to LEAP-NHIS complementary services?
2. What are the benefits associated with LEAP-NHIS complementarity from the perspective of beneficiaries, programme administrators, and policymakers?
3. What are the key factors that undermine the effectiveness of LEAP-NHIS linkages from the viewpoint of beneficiaries, programme administrators, and policymakers?

1.4 Objectives of the study

1.4.1 General Objective

The main objective of the research is to assess the effectiveness of social protection complementarity in Ghana by exploring the linkages between LEAP and NHIS.

1.4.2 Specific Objectives

1. Assess the extent to which LEAP beneficiaries are aware about their entitlement to LEAP-NHIS complementarity.
2. Assess the benefits associated with LEAP-NHIS integration from the viewpoint of beneficiaries, programme administrators, and policymakers?
3. Examine the underlying factors that undermine the effectiveness of LEAP-NHIS linkages from the perspective of beneficiaries, programme administrators, and policymakers?

1.5 Significance of the study

Through rigorous data collection, analysis, and considerations of ethical implications, the study will contribute to both scholarly knowledge and inform evidence-based decision-making and programme design for social protection and poverty alleviation in Ghana. It aims to examine

both the effectiveness of the LEAP-NHIS integration in improving beneficiary welfare outcomes and the operational synergy between the two programmes. Further, this study will contribute to enhancing the understanding of how integrated social protection can effectively address the complex needs of vulnerable populations and contribute to sustainable development outcomes.

4.7 Organization of the study

The study is structured into five chapters as follows: Chapter One provides an introduction and background to the study. It includes information on the research topic, statement of the problem, objectives of the research, significance, scope, and the structure of the study. Chapter Two covered the literature review, presenting a review of relevant literature on the subject matter, drawing lessons from Ghana and elsewhere. Chapter Three focused on research methodology, including research design, population and sample size, sampling techniques, data collection instruments, mode of data collection, data analysis and presentation of results, ethical issues, and the problems encountered. Chapter Four focused on the analysis of data, presentation, and discussion of results. Chapter Five presented a summary of the results, conclusions, and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This section focusses on the literature, examining the effectiveness of integrated social protection services drawing insights from Ghana and similar initiatives in an international context. It begun with a brief review of the key concepts for this study: complementary services and social protection. The discussion also included evidence of impacts of cash transfer programmes, an analysis of different social protection frameworks, the adoption of the Rights-Based Approach (RBA) as well as the social protection floor as a suitable model for the study.

2.1 Social Protection

Social protection refers to a comprehensive array of policies and programmes aimed at mitigating poverty and vulnerability, while fostering inclusive development (Barrientos & Hulme, 2008; World Bank, 2018). These interventions operate through the promotion of efficient labor markets, reduction of risk exposure, and enhancement of individuals' capacities to manage income shocks or insufficient access to basic services. Social protection encompasses both public and private initiatives designed to provide income support, safeguard against livelihood risks, such as unemployment, illness, disability, or old age and promote social inclusion and equity (ILO, 2017).

Risks that threaten individual and collective well-being such as illness, unemployment, or macroeconomic shocks can plunge households into poverty or impede their efforts to escape it (Gentilini et al., 2022). Social protection systems manage these risks through targeted mechanisms that prevent or alleviate their adverse effects, thereby playing both protective and transformative roles. Contemporary approaches to social protection also encompass social care

services and interventions that address structural barriers, with particular attention to marginalized groups such as persons with disabilities, women, and the elderly (UNICEF, 2019). These services are critical in supporting individuals who are unable to participate fully in the labor market due to caregiving responsibilities, disability, or experiences of discrimination, thereby promoting greater social equity and empowerment.

Social protection has evolved beyond its traditional welfare function, emerging as a fundamental driver of inclusive growth, human development, and social cohesion (World Bank, 2018). Beyond providing income support, it facilitates improved access to health, education, and sustainable livelihoods. Notably, during periods of crisis, robust social protection systems help stabilize economies by maintaining household consumption and stimulating aggregate demand (OECD, 2019).

In developing countries such as Ghana, social protection is indispensable for addressing both chronic and transient dimensions of poverty (Handa et al., 2014). Initiatives like the LEAP, NHIS, and the Ghana School Feeding Programme illustrate the government's dedication to safeguarding vulnerable populations and fostering human capital development and effective coordination and integration of these programmes are essential for creating a comprehensive and impactful safety net (Roelen & Devereux, 2019).

2.2 Complementary Services

Social protection complementary services are a vital component of an integrated approach to reducing poverty and vulnerability. These services extend beyond basic safety nets such as cash transfers, social insurance, or social assistance by addressing the complex, interlinked barriers that perpetuate poverty (Devereux & Sabates-Wheeler, 2004). Empirical studies consistently highlight that while core social protection instruments provide immediate relief, such as income support, complementary services are crucial for fostering long-term resilience through the

promotion of human capital, social inclusion, and economic empowerment (Samson et al., 2022).

Complementary services are diverse and context-specific, tailored to the unique needs of target populations (Roelen et al., 2017). Typical examples include healthcare access, education, skills training, employment services, agricultural support, microfinance, and psychosocial assistance. Evidence shows that these interventions do not replace core benefits but rather amplify their effectiveness (Bastagli et al., 2016). For instance, studies from sub-Saharan Africa demonstrate that households receiving cash grants coupled with agricultural training or credit are more likely to achieve sustainable livelihoods (FAO, 2019). Similarly, Ghana's integration of the LEAP programme with the NHIS exemplifies how linking cash transfers to health insurance can provide comprehensive support, enhancing both financial security and health outcomes (Handa et al., 2014).

The rationale for complementary services is grounded in the understanding that poverty is multidimensional, as highlighted by the Oxford Poverty and Human Development Initiative (OPHI, 2021). Monetary transfers alone are insufficient to overcome challenges such as limited education, poor health, or lack of access to productive resources. Research advocates for social protection systems that are coordinated and integrated, connecting beneficiaries with programmes targeting these multiple dimensions (Barrientos et al., 2016). This is often referred to as the "graduation" or "transformative" approach, which supports people not only to meet immediate needs but also to develop the skills and assets necessary for lasting independence (Banerjee et al., 2015).

Effective delivery of complementary services hinges on cross-sectoral collaboration between government agencies and development partners (World Bank, 2020) and the importance of

strong coordination, data sharing, and referral systems to ensure beneficiaries receive holistic support cannot be overemphasised (ILO, 2021).

2.3 Emerging cash transfer as major social protection instruments and impacts

Cash transfers programmes have emerged as major instruments of social protection worldwide in addressing poverty and related vulnerabilities, particularly in sub-Saharan Africa (SSA), (Ramlatu et al., 2016; Tirivayi et al., 2021). Assessment of the impacts of cash transfers in Africa revealed that these programmes have had a range of positive outcomes relating to increased household consumption, enhanced education outcomes, improved health status, and increased service access (World Bank, 2012). Cash based programming have also been widely acknowledged in reducing poverty and enhancing human capital development. As noted by Adato & Bassett (2009), cash transfers have demonstrated massive impacts on the human capital of children in many countries in Latin America and Asia, and evidence is building on such impacts from programmes in sub-Saharan Africa.

Cash transfer programmes have been shown to reduce poverty and improve well-being across a range of dimensions, and can be implemented in conjunction with other services, including education, health, nutrition, social welfare, food security, and child protection (FAO, 2015; Davis et al., 2016). Qualitative studies have shown that women specifically have experienced enhanced livelihoods, dignity, self-respect, and overall well-being as a direct result of cash transfers (Tirivayi et al., 2021). Despite the broader recognition of the role of cash transfer in poverty alleviation, an emerging observation underscores the need to complement these cash transfer programmes with integrated social services. This observation is predicated on the assumption that cash transfers are often not sufficient to achieve intended results, or that

structural factors hamper the use of cash for causing change (Bastagli et al., 2016, Abdulai et al., 2017, UNICEF, 2018).

In their study to determine factors for the successful implementation of 'cash plus' programmes, Abdulai et al. (2017) discusses how cash transfer programmes alone may not be enough to bring about significant behavioral change and positive outcomes in nutrition, education, and health. They use the Solidario in Chile, the IN-SCT in Ethiopia, and Ghana's LEAP to illustrate their point. The study suggests that providing additional support and inter-sectoral linkages, on the basis of experiences shared in the case studies, is crucial for achieving impactful results. The researchers call for further research to understand the impact of cash transfers, including evidence on the complementary roles of individual 'plus' components that contribute to its success and how knowledge, attitudes, and behaviors influence these outcomes.

Tirivayi et al. (2021) studied cash transfers, drawing insights from the South African Transfer Project. They found that Food and Cash Transfers (FACT) were utilized not only for purchasing extra food but also for covering various household non-food expenses, including healthcare needs. The cash transfer was added to total household income, allowing beneficiaries to prioritize their spending needs. It noted that while most households primarily spent the cash on food, some invested it in their farm or business, and others used it to cover healthcare costs. In Ethiopia's PSNP, nearly half of beneficiaries surveyed indicated that they had utilized more healthcare services since benefitting from the intervention (Devereux et al., 2006b). It recommended further research to address knowledge gaps and deepen the evidence in emerging and established areas, including the impact of integrated social protection and the implications for cross-sectoral linkages.

2.4 The case for integrating cash transfers to other services: Insights from Ghana and elsewhere

Combining cash transfer schemes with other initiatives, as well as establishing connections between supply and demand-side interventions, can boosts the effects in various aspects of people's lives. These programmes are becoming increasingly popular due to their ability to supplement cash with additional inputs, service components, or links to external services. When combined, these elements may be more effective in achieving the desired impacts and ensuring sustainability compared to cash alone (Watson and Palermo, 2016, as cited in Abdulai et al., 2017).

Existing studies have shown how access to services magnifies the effects of cash transfer programmes. The Child Grant Programme (CGP) in Zambia, for example, was found to have positive impact on skilled delivery although only among women living in communities with higher quality health services (Handa et al., 2016) and have also reduced stunting within households with a protected water source (Seidenfeld et al., 2014). In Niger, Langendorf et al. (2014) identified a higher rate of reduction of acute malnutrition among households that received cash plus access to nutritional supplements, compared to households that received cash or supplementary food. In Malawi, beneficiaries of the Mchinji Cash Transfer programme were more likely to receive care when sick compared to non-beneficiaries after three months in the programme (Miller & Tsoka, 2007).

In the United Republic of Tanzania the combination of cash transfers with adolescent-focused livelihoods interventions, skill training, mentorship and productive support, in addition to linkages to health services shows that the plus component did not only improve reproductive health knowledge among adolescents but has also delayed sexual desires among girls, reduce sexual violence as well as increase their participation in the economy (Tirivayi et al., 2021).

This study further revealed a marginal rise in school dropout among girls, most likely driven by the expectation of business grants and the unavailability of employment opportunities for literate youth.

In Lesotho, combining an unconditional cash transfer programme with a farming intervention resulted in positive effects on agricultural productivity (Daidone et al., 2017). This evidence further informed the design and implementation of a livelihoods intervention, offering complementary programs, along with financial literacy skills, nutrition, and market access (Tirivayi et al., 2021, 2023). In Latin America and Asia, initiatives such as conditional cash transfer programmes and social health insurance schemes respectively have demonstrated the potential of integrated approaches in addressing multidimensional poverty and improving health outcomes (Fiszbein & Schady, 2009; Wagstaff, 2007).

The LEAP-NHIS integration is currently seen as the most established social protection complementarity in Ghana (Ragno et al., 2016) and two most popular and large social protection programmes in Ghana, presenting a balanced mix of cash transfers and social health insurance (Abdulai, 2021). The recognition of the importance of NHIS-LEAP synergy became much entrenched among policymakers based on concrete evidence about the modesty of the transfer size and LEAP beneficiaries using their transfers to pay NHIS premiums and purchase school supplies and food items (Abdulai et al., 2017). Through an established agreement between the National Health Authority (NHIA) and the Ministry of Gender, Children, and Social Protection (MoGCSP), LEAP beneficiary households are supposed to access free healthcare through the NHIS and are encouraged to access maternal health services as well as child healthcare services, including immunization (Ragno et al., 2016). Per this partnership agreement, the NHIS is required to register all LEAP household members with no payment of premiums or processing fees, and renewal of membership cards.

In 2021, the MoGCSP launched the Integrated Social Services (ISS) to strengthen collaboration among social protection implementing agencies both at the national and subnational level, to enhance the delivery of social services across the country "with a strong focus on promoting linkages between health, child protection, sexual and gender-based violence, and social protection services." Within the broader scope of Ghana's decentralization, the ISS was to help accelerate efforts at addressing multi-dimensional poverty and vulnerability in line with the National Medium-Term Development Policy Framework 2018-2021 (NMTDPF). The initiative is dedicated to ensuring that vulnerable populations are not left behind.

The aim of the initiative is to reduce poverty and vulnerability by providing improved access to a comprehensive range of services to children and families. This includes enhancing health access, strengthening LEAP-NHIS linkages, as well as facilitating inter-sectoral collaboration for the delivery of quality and essential services. The empirical literature largely highlights the importance of integrated services in addressing the overlapping vulnerabilities and enhancing the effectiveness of social protection interventions. Yet, the interactions between different social protection instruments have been ill-understood, hardly examined, and are an unexplored area of research particularly in Sub-Saharan Africa (Nicky et al., 2017).

This study aims to contribute to the growing policy debate on how different social protection policies can work together to enhance 'inclusive growth' in the long run (Bachelet & ILO 2012; Lagomarsino et al., 2012; Alderman & Sahn, 2015). This will be achieved by assessing the awareness level of LEAP-NHIS integration among LEAP households, and the effectiveness of service delivery while identifying challenges that impede the smooth integration and operation of these programmes.

2.5 Theoretical Review

Several theoretical frameworks provide the foundation for the development and implementation of social protection programmes. This section provides a brief overview of the theoretical frameworks that form the basis of this study the World Bank's Social Risk Management (SRM) Framework, the Integrated Social Protection Systems (ISPS) Framework, and the United Nations Rights Based Approach (RBA).

2.5.1 The World Bank's Social Risk Management (SRM) Framework

This study utilizes the Social Risk Management (SRM) framework (Holzmann & Jørgensen, 2000) alongside components of the Integrated Social Protection Systems (ISPS) framework (ILO, 2012; UNICEF, 2019), and the Rights-Based Approaches (RBA) to examine why and how complementary social protection interventions operate in Ghana—specifically, the integration of LEAP cash transfer programme and the NHIS. These frameworks together provide a theoretical basis for understanding the complex dimensions of vulnerability and a policy-oriented approach for assessing institutional coordination within Ghana's social protection system.

Developed by the World Bank, the SRM framework views social protection as a proactive and systematic means of managing risks and reducing vulnerability, moving beyond traditional ex-post welfare or relief approaches (Holzmann & Jørgensen, 2000). It recognizes that individuals, households, and communities constantly face risks such as illness, unemployment, natural disasters, and economic downturns that can threaten their well-being and economic security or worsen existing poverty. The SRM advocates for social protection policies that manage these risks through prevention, mitigation, and coping strategies, directly addressing their potential adverse impacts. Its main components include risk management strategies (reduction,

mitigation, coping), arrangements across different levels of formality (informal, market-based, and publicly provided or mandated), and a range of actors involved in risk management (from individuals and households to governments, international organizations, and the global community) (World Bank, 2000). Ultimately, the SRM aims to enhance resilience, enabling individuals and communities to maintain or quickly regain economic security and well-being despite facing risks.

Within this framework, social protection programmes manage risks at all three levels through public, market-based, and informal mechanisms. In Ghana, the LEAP programme delivers predictable income transfers to mitigate income shocks and prevent extreme poverty among vulnerable households. The NHIS, on the other hand, serves as an insurance scheme, enabling households to cope with the financial burdens of illness and avoid catastrophic health expenses. The integration of these two programmes exemplifies the SRM principle of complementarity—addressing multiple, interconnected risks that threaten the well-being of the poor.

The integration of LEAP and NHIS serves as a tangible example of risk layering, where income and health protection together strengthen household resilience. LEAP guarantees a minimum level of consumption and financial security, while NHIS coverage assures access to essential healthcare without financial hardship. Combined, these interventions address the multidimensional aspects of poverty, acknowledging that poor health can worsen income poverty and vice versa. By offering both income and health protection, this integration creates a more robust social protection buffer, supporting human capital development and fostering sustainable poverty reduction (World Bank, 2012; Barrientos, 2010)

2.5.2 The Integrated Social Protection Systems (ISPS) Framework

While the SRM framework primarily addresses functional complementarity, examining how diverse interventions collectively contribute to reducing vulnerability, the Integrated Social Protection Systems (ISPS) framework provides a comprehensive perspective on institutional and policy complementarity. Developed by the International Labour Organization (ILO), UNICEF, and other development partners, the ISPS framework asserts that social protection should be conceived and implemented as an integrated system, rather than as a set of fragmented programmes (ILO, 2012; UNICEF, 2019). It advocates for the development of coherent, well-coordinated, and inclusive social protection systems that are responsive to the multidimensional nature of deprivation and that facilitate continuity of support across an individual's life course.

The ISPS framework identifies two principal forms of integration: horizontal integration, which refers to the coordination and linkage of various programme types, such as cash transfers, health insurance, and social services, to ensure that households and individuals can access a comprehensive package of interventions tailored to their specific needs; and vertical integration, which concerns the reinforcement of coordination mechanisms across national, regional, and local administrative levels, to enhance the efficiency, coverage, and accountability of social protection delivery systems.

The integration of these two flagship programmes enables the poor and vulnerable households to benefit from a holistic and multidimensional social protection package. For example, the automatic enrolment of all LEAP beneficiaries into the NHIS to eliminate financial and administrative barriers to healthcare access. This linkage not only augments programme inclusiveness but also exemplifies the ISPS objective of achieving policy coherence, whereby multiple social protection interventions operate synergistically to mitigate poverty and vulnerability (Abebrese, 2011; MoGCSP, 2020).

2.5.3 The Rights-Based Approach and the Social Protection Floor

This study utilizes the United Nations Rights-Based Approach (RBA) and the social protection floor as the analytical framework that best addresses the research questions and objectives. It is founded on the concept of human rights, ensuring that social protection programmes uphold rights of all individuals to access basic services, social guarantees, and an adequate living standard. Under this framework, plans, policies, and programmes are anchored in a system of rights and corresponding obligations established by international law. This helps to promote sustainability and empower marginalized individuals to exercise their rights and participate in policy formulation as well as hold duty bearers accountable.

According to the United Nations, the RBA includes important attributes such as fulfilling human rights as the main objective of policies and programmes, identifying rights holders and duty bearers, and strengthening the capacities of rights holders and duty bearers to meet their obligations. Additionally, RBA suggests building social protection programmes around several principles. Equality and non-discrimination, which involves emphasizing the state's role in ensuring that all services and benefits are accessible and available financially and geographically. This also includes facilitating access to certain administrative requirements and removing barriers that adversely impact comprehensive social protection delivery. The principles of participation, transparency, access to information, and accountability require empowering and building knowledge of beneficiaries about their entitlements. This involves specifically creating their awareness to recognize and understand (i) the eligibility criteria, (ii) the specific benefits they will receive, and (iii) the existence and nature of complaints and redress mechanisms.

The Social Protection Floor Initiative (SPF-I) is inherent in the RBA framework and includes sets of basic social security guarantees that ensure access to essential health care and basic

income security over the life cycle. It aims to provide inclusive coverage for various vulnerable groups, in combination with basic health insurance coverage. The SPF includes at least four essential guarantees: access to essential health care, including maternity, basic income security for children, basic income security for persons unable to earn sufficient income, and basic income security for older persons. Evidence shows that an increasing number of countries are incorporating the SPF components into their social protection systems. By 2015, the International Labour Organization and other United Nations agencies supported the development of SPFs in 136 countries (ILO, 2015). Today, virtually all countries have elements of an SPF in place, and efforts are made to extend social protection benefits and coverage within countries (De Neubourg et al., 2021).

The effectiveness of SPF components in developed countries is already acknowledged by reliable measures containing poverty and inequality and sustained economic progress. Estimates show that levels of poverty and inequalities in developed countries would have been 50 percent higher if not for SPF provisions (ILO, 2011). Evidence shows that SPF provisions can reduce poverty and increase outcomes such as education, employment, empowerment, and health (Bastagli et al., 2016). The SPF is regarded as a vital basis for a social protection system as it provides a foundation for universal coverage of basic needs while facilitating the movement of people across social assistance and social security forms of insurance (De Neubourg et al., 2021).

The RBA/SPF was used as the analytical framework for this study because it provides a comprehensive basis for understanding and enhancing integrated social protection services. This approach emphasizes the importance of ensuring that all individuals and families have access to essential social security guarantees, including healthcare. It promotes the rights and dignity of individuals, access to information and accountability mechanisms. It also stresses

the need for coordination, adequacy of benefits, and the availability of legal and institutional frameworks to improve service effectiveness and maximize efficiency.

Chapter summary

In this chapter, I discussed the literature on the increasing prevalence of cash transfer programmes and their effects on improving the welfare of recipients in Ghana and elsewhere. The chapter also investigated the consequences of integrating cash transfer programmes with other services to address the multifaceted nature of poverty. It concludes with a brief review of the theoretical frameworks for social protection for the study.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter discusses the methodological techniques employed in the research. Specifically, it explained the study design and approach, highlighting the sampling techniques, data collection methods, analysis plan, as well as the rationale for selecting these methods.

3.1 Research Design and Approach

The study used a mixed method design, analysing quantitative data from the administration of surveys and qualitative data from in-depth interviews. This approach allowed for a comprehensive assessment of the effectiveness of LEAP-NHIS complementarity from the perspectives of beneficiaries and policy experts. The literature identifies six common types of mixed method designs for research: sequential explanatory, sequential exploratory, sequential transformative, concurrent triangulation, concurrent embedded, and concurrent transformative designs. This study followed an explanatory sequential mixed method approach, which involves analysing quantitative data first and then using qualitative data to provide further insights into the quantitative findings.

Specific to this study objectives, the survey helped to assess the levels of awareness, associated benefits, and challenges among beneficiaries of complementary services while providing statistical insights. The qualitative interviews provided deeper perspectives, exploring underlying reasons and context regarding why beneficiaries are or are not aware of their entitlements. Similarly, the qualitative data sought to understand the nuanced perceptions of LEAP-NHIS integration, delving into specific benefits identified and challenges highlighted in the quantitative data, thus allowing policymakers to discuss detailed experiences, barriers, and

suggestions for improvement. In summary, the choice of the sequential explanatory design ensured that the research not only identified trends and patterns in awareness, associated benefits, and challenges but also explored the underlying reasons and contextual factors that influence these trends. This provided a robust basis for making informed policy recommendations.

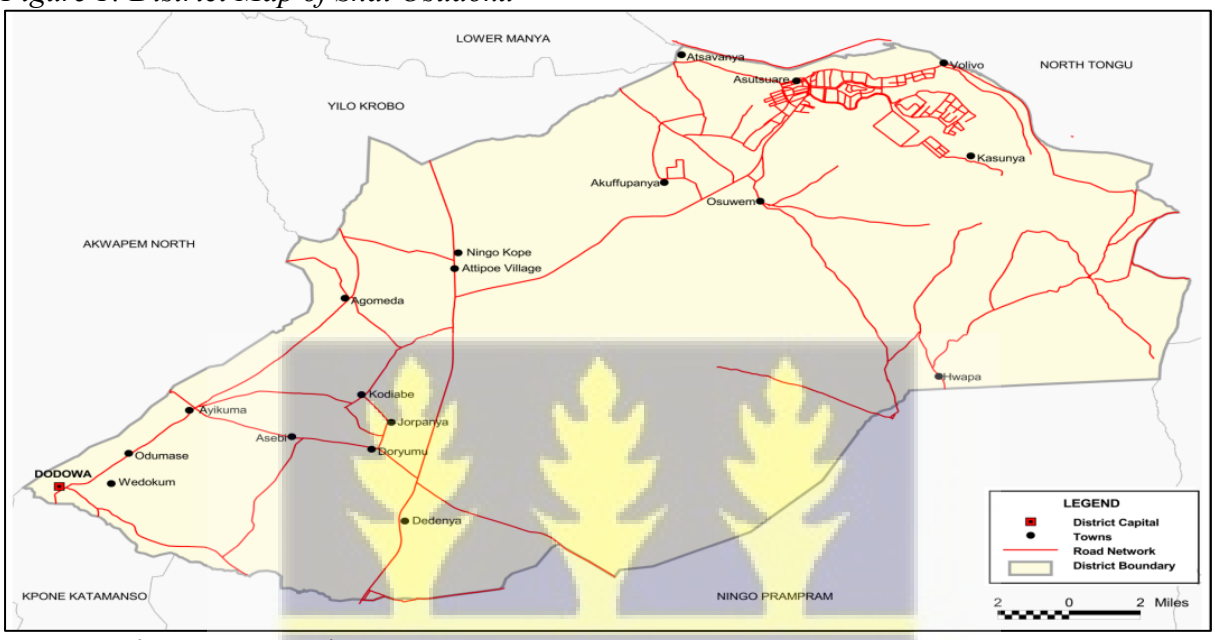
3.2 Brief profile of study area

The Shai Osudoku district was established in March 2012, created from the former Dangme West District. According to the 2021 Population and Housing Census (PHC), the district's total population is 105,610, with 53,136 males (49.7%) and 52,474 females (50.3%) with over 76% of the population residing in rural areas. It covers an area of 942.3 km² with a population density of 112.1/km² and has an annual growth rate of 6.8% (2010 → 2021) (PHC, 2021). It shares boundaries with North Tongu District to the North-East, Yilo Krobo Municipality, and Upper Manya District to the North-West, Akwapim North Municipality to the West, Kpone Katamanso Municipality to the South-West, Ningo-Prampram District to the South, and Ada West District to the East (Shai Osudoku District Assembly). The 2021 PHC data indicates that 23.5% of the district's population lives in multidimensional poverty, and the average intensity of poverty is 44.2%.

The Multidimensional Poverty Index for Shai-Osudoku is estimated to be 0.104. In terms of the percentage of the population living in multidimensional poor households, the district ranks 105th out of 261 districts in Ghana and 27th out of 29 districts in the Greater Accra Region. Additionally, for six out of 13 indicators, Shai-Osudoku experiences higher deprivation than the national average, with 51.1% of the population lacking health insurance coverage (GSS, 2021). The district was chosen for this study based on two key factors: the level of poverty

and deprivation in the area, and the fact that it was one of the first two districts where both the LEAP programme and the LEAP-NHIS integration were piloted in the Greater Accra region. The people in this district have had longer exposure to both programmes and expect to have a deeper understanding and better perspectives on the programmes.

Figure 1: District Map of Shai Osudoku



Source: Ghana Statistical Service, GIS

3.3 Study population

The study population comprises beneficiaries of the LEAP programme selected in the Shai Osudoku district of the Greater Accra region. At the time of the study, the researcher obtained the full list of the district's LEAP beneficiaries from the MoGCSP. There were 1,683 LEAP beneficiary households, comprising 5,063 individual beneficiaries (females, 2990, and males, 2073).

3.4 Sample size determination

In determining the appropriate sample size for the quantitative data, Yamane, (1967) sample size formula was applied with a 95 percent confidence interval as seen below:

$$s = \frac{\mathrm{N}}{1 + \mathrm{N}\,(\mathrm{e})2}$$

where s = Sample size, N = Sample population (Total number of LEAP beneficiaries in the district), e = is the margin of error, representing 0.05.

$$s = \frac{5{,}063}{1 + 5{,}063\,(0.05^2)} = 371$$

Therefore, the total sample size for the quantitative data is 371.

3.5 Sampling Technique

The researcher obtained the full list of LEAP beneficiary households and contacts of LEAP focal persons from the Department of Social Welfare. Nine (9) communities were selected for the study based on their geographical proximity, ease of access, and number of beneficiaries. With the help of community LEAP focal persons, beneficiaries were selected using convenient sampling method. i.e those available at a given time or are willing to participate in the research. The researcher made conscious effort to include the different categories of LEAP beneficiaries (OVCs, the aged 65 and above, persons with extreme disability, and lactating mothers with infants less than a year). This was to ensure inclusivity and diversity of opinions and experiences regarding the LEAP-NHIS integrated services.

The selection of key stakeholders for qualitative data collection was consistent with Mason's (2010) argument that qualitative inquiry should prioritize meaning and depth over numerical representativeness. Accordingly, eight (8) key stakeholders were purposively chosen from both national and subnational levels for in-depth interviews. These respondents included representatives from the Ministry of Gender, Children and Social Protection; the LEAP Management Secretariat; Development Partners such as UNICEF; academia; District NHIS officers; Social Protection Specialists; LEAP focal persons; and civil society actors involved

in social protection. They were selected for their extensive knowledge of the subject and their ability to offer diverse, context-rich perspectives on the subject. The data collected were sufficiently comprehensive to address the study's research objectives, particularly the second and third objectives. In total, 379 respondents participated in the study.

3.6 Data Collection Methods

This study is based on the analysis of both quantitative and qualitative data. The quantitative approach involved administering of a well-structured questionnaire on LEAP beneficiary households. The focus was on assessing their level of awareness and entitlements to LEAP-NHIS complementary services associated with the benefits and challenges, and what can be done to improve the quality of services. The structured questionnaire was designed and programmed into mobile device (Kobo Toolbox) and used to collect quantitative data from LEAP beneficiaries. Data was mostly collected at the household level and in a few cases at the markets and shops. In relation to qualitative data, a semi-structured interview guide was used to gather data through key informant interviews (KII) with state and non-state actors at the national and district levels. Specifically, eight (8) respondents were purposively selected from the district and national level to share their expertise on the awareness level of beneficiaries on the LEAP-NHIS complementarity, how the programme is impacting beneficiaries as well as the challenges with implementation. Interviews were conducted online (in teams and on the phone) and in-person meetings.

To obtain quality and reliable information from both survey participants and key informants, several ethical protocols and standards were followed. In addition to obtaining clearance from the University of Ghana Center for Social Policy Studies, I sought the consent of the respondents at the beginning of each interview. This included seeking their permission to record the interviews for transcription purposes, which are more complete and more reliable than field

notes (Lapadat & Lindsay, 1999). The participants were given a clear explanation of the research objectives and reassured that they could choose to stop participating in the data collection process at any time. Respondents' confidentiality and anonymity of their information was guaranteed, and they were reassured that the information they provided would only be used for research purposes.

3.7 Data Analysis

The data was analyzed using both quantitative and qualitative techniques. Statistical Package for Social Sciences (SPSS) software and Microsoft Excel were used to analyze the quantitative data exported from the Kobo Toolbox. The variables considered in the analysis included the demographic characteristics of beneficiaries, level of awareness of LEAP-NHIS integration, utilization of integrated services, and the challenges beneficiaries face with service access. Descriptive statistical analysis using frequency measures was utilized in the study to organize and present quantitative data gathered from LEAP beneficiaries. Frequency measures, including counts and percentages helped to illustrate respondents' demographic characteristics as well as their awareness of the LEAP–NHIS integration, perceived benefits, and challenges related to enrolment. This method was selected for its ability to clearly display how frequently certain responses or characteristics appeared within the study group. It thus helped in highlighting patterns and trends across different respondent categories, thereby facilitating the interpretation and comparison of the findings.

Thematic analysis was adopted to analyse the qualitative data collected from semi-structured interviews with programme implementers, development partners, civil society members, social protection experts, and academics. This analysis followed Braun and Clarke's (2006) reflexive thematic approach. Interview transcripts were carefully reviewed multiple times to increase familiarity with the data, with reflective notes taken throughout. The analysis focused on

identifying recurring ideas and patterns about participants' awareness of the LEAP–NHIS integration, perceived benefits, enrolment challenges, and service access issues. These patterns were grouped into clear themes that captured both common and unique stakeholder experiences. The themes were further refined to ensure they accurately reflected participants' views. The findings were then presented in a clear and nuanced narrative, supported by direct participant quotes and complemented by the quantitative results about beneficiaries' experiences with the LEAP and NHIS integration.

3.8 Ethical Considerations

The study obtained participants' consent at the beginning of data collection to ensure their voluntary participation. Measures were implemented to safeguard the confidentiality and anonymity of participants' data. The report was presented in a way that did not expose the identities of research participants. For example, quotes from participants were not linked or attributed to their names or specific locations, which could potentially expose their identities.

3.9 Limitations of the Study

The overall goal of the study was to assess the effectiveness of complementary services in Ghana's social protection system using the LEAP-NHIS linkages as a case study. However, the results only apply to the chosen district (Shai Osudoku) and may not be generalized to represent the experiences of all LEAP beneficiaries in Ghana and other areas with different social protection systems. Second, the study relied heavily on beneficiary experience and perspectives with less emphasis on the challenges faced by healthcare providers related to healthcare access, which could provide a more holistic view of the programme's effectiveness. Lastly, Ghana is a politically polarized society, and national issues are often discussed along partisan lines. Contextual factors like the upcoming general election could influence how respondents view

the study, potentially introducing bias in their responses that may impact the accuracy and reliability of the findings.

Chapter Summary

This chapter thoroughly discussed the methods used in the research. This includes an explanation of the study design, which combines quantitative and qualitative data. It covers the study population, sampling techniques, data collection methods, and the analysis plan. The chapter also addresses ethical considerations and concludes by highlighting the limitations of the study.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.0 Introduction:

This chapter presents the analysis of results and discussion of the study findings. Data collected through the questionnaire has been thoroughly analysed, and the results are systematically presented using tables and charts. These visual tools, supported by corresponding percentages and frequencies, aim to provide a clear and detailed understanding of the study's outcomes. This approach enhances the clarity and interpretability of the findings, ensuring effective communication of key insights to stakeholders and readers.

4.1 Demographic Information of Respondents

The results of the demographic characteristics of respondents from the sample beneficiaries are presented in percentages as shown in Table 1. It provides important context for understanding respondents' experiences with, and awareness of, the LEAP–NHIS integrated services. The results reveal a population that is predominantly female, elderly, low-educated, and largely engaged in informal livelihoods. These characteristics are consistent with the targeting logic of the LEAP programme but also have implications for the effectiveness of the integration with the NHIS. A key observation from the analysis is the overwhelming representation of women among respondents, constituting 82.2% of the sample. This pattern reflects the gender composition of LEAP beneficiaries both nationally and within the study district, reaffirming their vulnerability to poverty. With limited access to formal employment and social protection outside of LEAP, women tend to be more reliant on the programme and its associated NHIS benefits. During fieldwork, it also emerged that many male beneficiaries on the register were deceased, pointing to weaknesses in the continual updating of the LEAP beneficiary database.

Such inaccuracies have been highlighted in the 2023 Auditor-General's report on the management of LEAP, including financial leakages within the programme across the country.

The age distribution further reinforces the vulnerability of the sample population. The majority of respondents were elderly, with the highest numbers falling within the 62–71 (18%) and 72–81 (25.1%) year age groups. This aligns with LEAP's eligibility criteria, which include poor older persons aged 65 and above. Older adults typically have higher health needs, making the NHIS exemption critical for managing illnesses and reducing out-of-pocket health expenditures. However, the advanced age of many beneficiaries may also hinder their awareness of and ability to navigate the LEAP–NHIS linkage.

Education levels among respondents also paint a picture of chronic deprivation. A little over half of the beneficiaries (50.9%) had no formal education. Only 25.3% have completed primary education, while 16.4% have reached secondary education. Low literacy has direct implications for programme awareness and utilization. For example, beneficiaries with limited education may struggle to understand written communication from the Department of Social Welfare or NHIS offices, interpret renewal procedures, or recognize their entitlement to premium exemptions. Overall, the results highlight a population with a high proportion of individuals lacking formal education, suggesting a need for increased educational outreach and support to improve literacy and skills development to ensure that low-literacy populations can meaningfully benefit from the integration.

Marital status patterns particularly the large proportion of respondents who were widowed (58.8%) further reinforce the picture of vulnerability. Most of these widowed respondents were women, highlighting the intersection of gender, ageing, and poverty. In the Ghanaian context, widowed women often experience a drop in household income, less social support, and greater

caregiving responsibilities. These challenges make them especially deserving of LEAP and its associated benefits. Further analysis of marital status reveals that only a small proportion of respondents were married (15.9%), divorced (11.6%), or separated (1.6%), highlighting the demographic shift toward older and more vulnerable women.

On religious affiliation, the data suggest Christianity was the predominant religion (80.3%), followed by Islam (16.7%) and traditional beliefs (3%). This distribution aligns with the religious composition of the district, with Christianity being the most widely practiced faith (85.3%), Islam (7.6%) and Traditionalists (2.0%) according to the 2010 PHC. Faith-based institutions, particularly churches and mosques, play vital role in information dissemination. This means that religious leaders and institutions can be leveraged to improve information sharing related to social protection and LEAP–NHIS services.

Occupational patterns among respondents complete the profile of vulnerability. A majority (66.3%) were engaged in informal sector activities such as petty trading, which is consistent with evidence that many LEAP beneficiaries invest portions of their cash grants in small-scale income-generating ventures. These informal livelihoods are characterized by low incomes and are highly vulnerable to economic shocks, making social protection interventions particularly important. The sizeable proportion of respondents who were unemployed (31%) further emphasizes the precarious socioeconomic conditions under which beneficiaries live. Only 2.7% reported formal employment, likely caregivers rather than core beneficiaries.

Overall, the demographic characteristics of the study population underscore the multifaceted vulnerabilities that the LEAP programme seeks to address. The intersection of gender, age, low education, and informal employment not only shapes beneficiaries' socioeconomic conditions

but also influences their awareness of, and ability to navigate, the LEAP–NHIS integrated services.

Table 1: Socio-demographic Characteristics of Respondents

Variable	Category	Health practitioners (Facilities)	
		Frequency	Percentages
Sex	Male	66	17.8%
	Female	305	82.2%
Age	32-41	49	13%
	42-51	54	14.6%
	52-61	51	13.7%
	62-71	68	18.3%
	72-81	93	25.1%
	82-91	50	13.5%
	92-100	6	1.6%
Education	No formal education	189	50.9%
	Primary education	94	25.3%
	Secondary education	61	16.4%
	Vocational education	6	1.6%
	Other	21	5.7%
Marital Status	Divorced	43	11.6%
	Married	59	15.9%
	Separated	6	1.6%
	Single	45	12.1%
	Windowed	218	58%
Religion	Christian	298	80.3%
	Islam	62	16.7%
	Traditional	11	3.0%
Occupation	Formal employment	10	2.7%
	Informal employment	246	66.3%
	Unemployed	115	31.0%

Source: Field Data, 2024

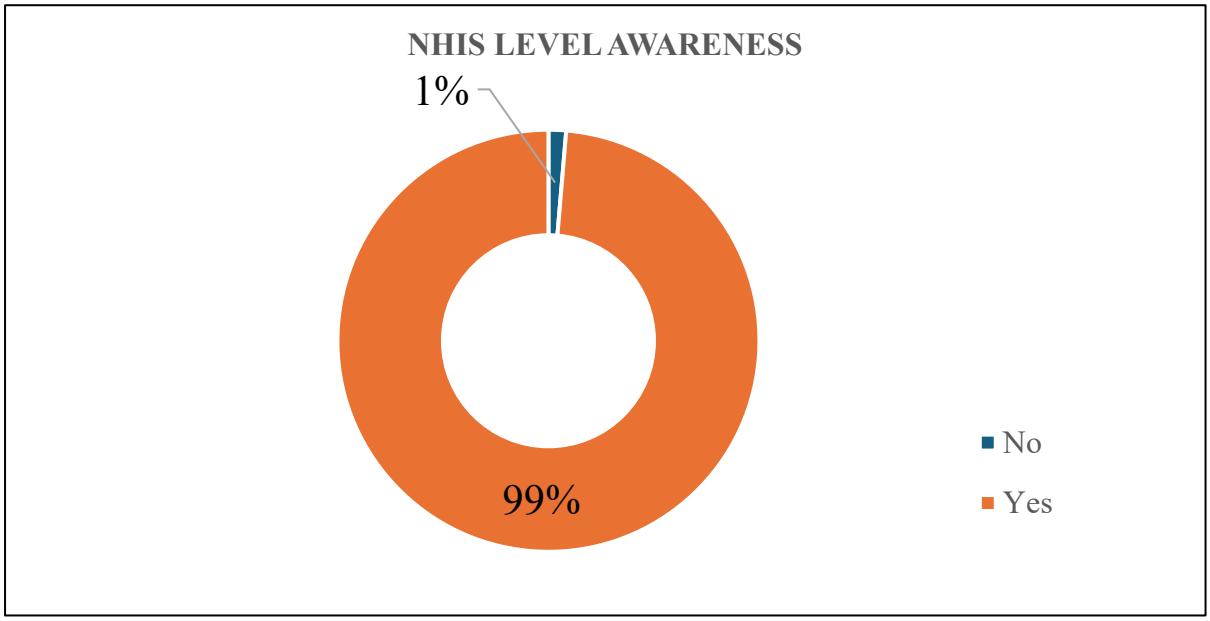
4.2 BENEFICIARIES AWARENESS OF THEIR ENTITLEMENT TO LEAP-NHIS COMPLEMENTARITY

This section presents an analysis of both the quantitative and qualitative interviews conducted in the study. In line with the first objective, it examines the awareness levels of beneficiaries and policymakers regarding beneficiaries' entitlements to integrated LEAP-NHIS services, as well as how these awareness levels affect or influence access to services under the initiative. However, the results point to an apparent mixed perception among programme beneficiaries and policymakers. While the level of awareness among the beneficiaries regarding their entitlement to LEAP-NHIS complementarity and the services remain low, perceptions among elites and policymakers are mixed.

4.2.0 Awareness of the National Health Insurance Scheme Among Leap Beneficiaries

Field data indicates that LEAP beneficiaries demonstrate a high level of awareness regarding the National Health Insurance Scheme (NHIS). As illustrated in Figure 3, a significant 99% of the sampled respondents confirmed their awareness of the NHIS. This finding reinforces the notion that the NHIS is one of Ghana's most popular social interventions, offering nationwide coverage. Additionally, previous studies, such as Okpoko (2016), reported a similarly high awareness among respondents about the NHIS.

Figure 2: Awareness level of NHIS

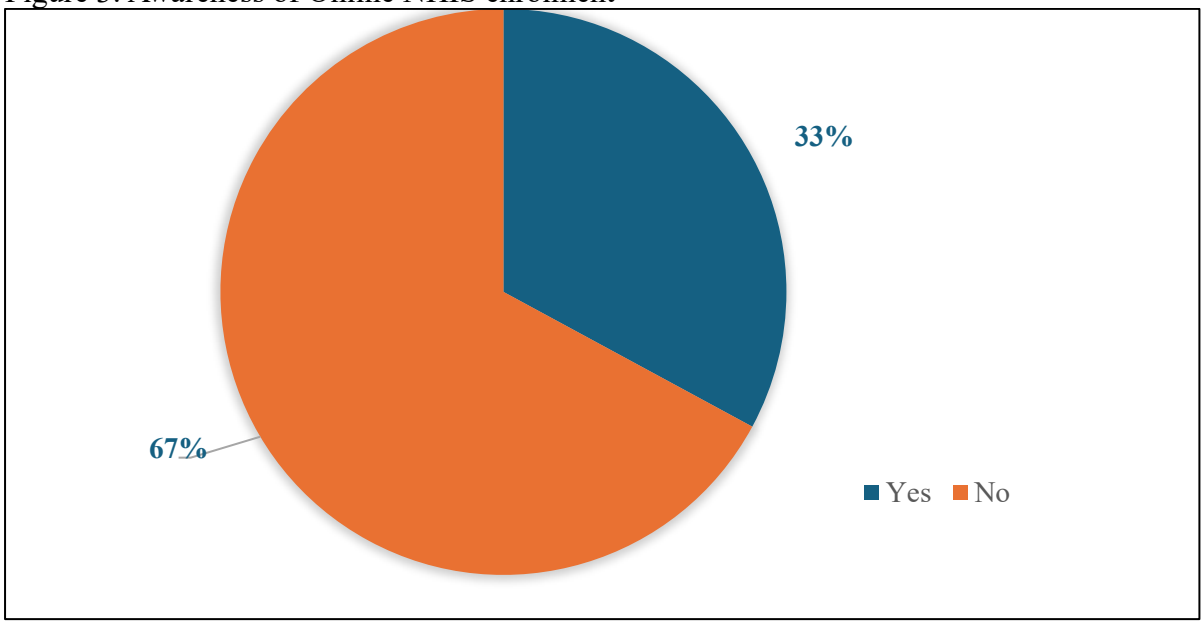


Source: Field Data, 2024

4.2.1 Awareness of Online NHIS Enrolment

Despite the general awareness among the beneficiaries of the NHIS, their awareness on online platforms for enrolment and renewal is low. Only 122 individuals, representing 32.9% of the total, are aware of the online enrolment option. In contrast, the majority of respondents, 249 (67.1%), are unaware of this service. This highlights a significant gap in beneficiaries' knowledge regarding the availability of online NHIS enrolment. It underscores the need for increased awareness campaigns and outreach efforts to ensure increased access and utilization of the online registration and renewal service. The question of whether beneficiaries prefer online or offline platforms for registration and renewal is quite intriguing. A significant majority of the respondents (77%) indicated that they prefer offline methods, such as visiting NHIS offices and registration centers, for enrolment and

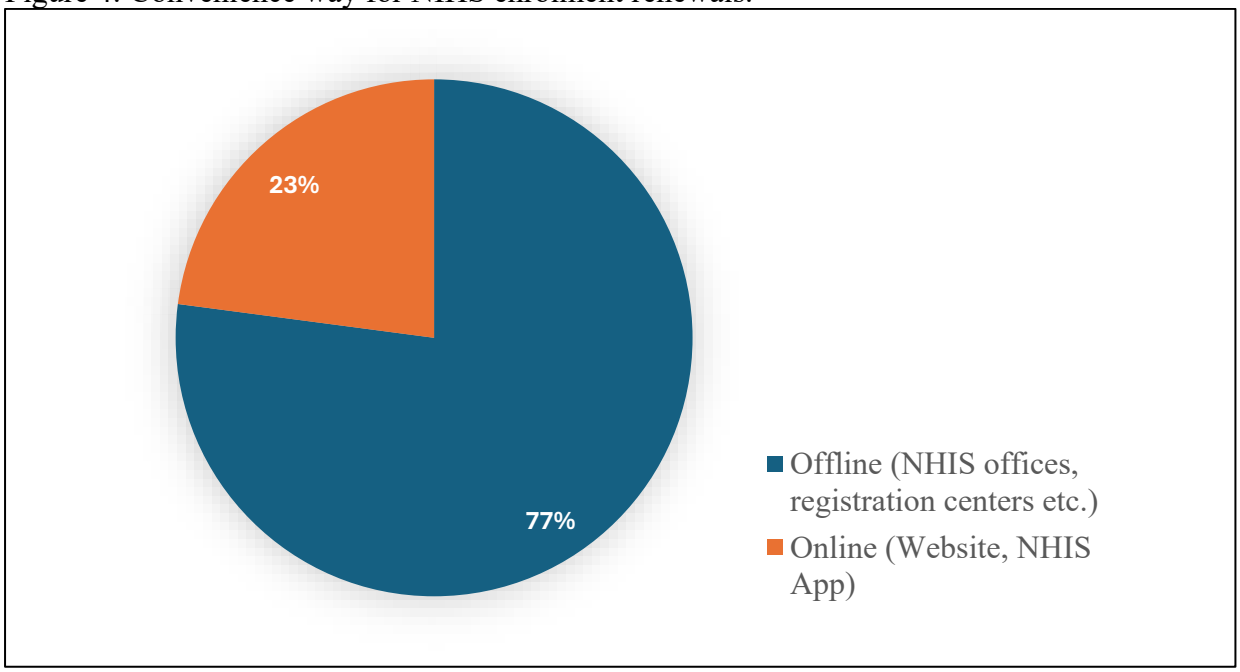
Figure 3: Awareness of Online NHIS enrolment



Source: Field Data, 2024

Although this study did not explore the specific reasons for their preferences, beneficiaries may lean towards offline enrolment due to several barriers. These may include restricted access to digital infrastructure, low levels of digital literacy, and, most importantly, a lack of targeted sensitization campaigns about online enrolment processes and their benefits. Without community engagement or localized efforts to address these gaps, many individuals continue to favor traditional offline methods.

Figure 4: Convenience way for NIHS enrolment renewals.



Source: Field Data, 2024

4.2.2 Awareness and Entitlement of LEAP-NHIS Integrated Services (Free Registration, Renewal and Access to Healthcare)

Awareness of the LEAP-NHIS integration among beneficiaries is significantly low, with a staggering 83% of respondents indicating they are unaware. A key observation is that the distribution of awareness varied noticeably across educational categories of respondents. In other words, there exist a clear relationship between beneficiaries' level of formal education and their awareness of LEAP-NHIS integrated services. Beneficiaries with secondary education showed the highest awareness with 16 individuals (26.2%) being aware. This was followed by those with primary education, where 21 individuals (22.3%) were aware. In contrast, individuals with no formal education who make up the largest share of LEAP beneficiaries (50.9%) had the lowest awareness, with only 28 individuals (14.8%) aware. This pattern also reflects evidence in social protection literature, which emphasizes education as a key determinant of programme awareness, capacity to process information, and service utilization (Bogam et al., 2023). Beneficiaries with higher levels of education are generally

more capable of understanding programme communication, navigating administrative procedures, and seeking clarification when necessary. In the context of this study, education likely enhances an individual's ability to comprehend the benefits of the LEAP-NHIS linkage, such as automatic premium exemption, card renewal processes, and the conditions necessary to maintain active NHIS status.

Table 2: Education status and awareness levels

Highest level of education completed	**Are you aware of LEAP NHIS integrated services**		
	No	Yes	Total
No formal education	161	28	189
Primary education	73	21	94
Secondary education	45	16	61
Vocational training	6	0	6
Other, specify	21	0	21
Total	306	65	371

Source: Field Data, 2024

Some beneficiaries and LEAP focal persons report that the only time they heard about the LEAP-NHIS integrated services was during the pilot phase. Additionally, due to old age, some beneficiaries have experienced memory loss and do not remember that their NHIS cards can be renewed for free if they expire, through the collaboration between the NHIS and the Department of Social Welfare. One LEAP focal person expressed:

> *We don't know about the free registration and renewal, especially those who have been on the programme for a long time. When their cards expire, they have to pay for the renewal. I think at every payment cycle, the officers should remind people about their entitlement to free enrolment and renewal (*LEAP Focal Person*).*

This concern is echoed by the district NHIS officer, who highlighted the need for increased awareness among beneficiaries, particularly those in hard-to-reach communities. While acknowledging that efforts have been made through collaboration with the NHIS, Department

of Social Welfare, and Civil Society Organizations (CSOs) to improve awareness levels, several challenges remain. These include a lack of resources and poor road networks, which hinder efforts to mobilize and renew membership cards for LEAP beneficiaries. In another interview, a civil society actor, posited that awareness level among beneficiaries' free enrolment to NHIS is improved. However, the challenges are largely linked to renewal, and some LEAP beneficiaries are unaware. A CSO actor had this to say regarding beneficiaries' awareness about their free NHIS registration and renewal:

> *I think awareness about health insurance has improved recently, particularly regarding eligibility for no-premium enrolment under the LEAP programme. However, many beneficiaries still lack knowledge about the renewal process. A few years ago, many people were confused about whether they needed to pay for renewals, leading some to either pay for renewal or avoid renewing altogether after their initial enrolment. While initial registration awareness is better, there's still significant confusion regarding renewals, causing some to miss out on accessing healthcare when needed (*CSO Actor*).*

On the other hand, supply side stakeholders such as the LEAP secretariat, social welfare, and development partners like UNICEF, beneficiaries are adequately informed about the LEAP-NHIS integration at the point of registration and through community engagement and outreach programmes and are expected to know and take advantage of the integrated service to improve their wellbeing. Below are extracts from the qualitative interviews in terms of effort at raising awareness among beneficiaries on their entitlement to free NHIS enrolment and renewal:

> *I don't know what scale we like to give, but as part of the sensitization on enrolling households in the LEAP, one of the first things that the LEAP households are told when you register them, even before they receive their first payment, is that once you qualify for LEAP, you are entitled to free NHIS. So even before the cash comes, efforts are made to register the LEAP households onto the LEAP and we tell them their rights and responsibilities, what*

*they are entitled to, and the fact that it will help them to reduce any out-of-pocket costs that they may need to spend on health. So, they are very much aware of that. So, once you come onto the LEAP programme, you are immediately informed that one of your rights is that in addition to the cash, you are also entitled to free NHIS registration (*Social Protection Specialist, UNICEF).

*Subjectively, I would say that beneficiaries are aware because we draw their attention to it. We have established structures in place for this purpose. The frontline workers, specifically the District Social Workers (DSWs), collaborate with focal persons to remind beneficiaries about the importance of accessing healthcare and obtaining health insurance cards. As part of our sensitization efforts, we ensure they are well informed about their options. We use several communication methods to disseminate information about LEAP integration. We have developed materials for sensitization that inform beneficiaries about the importance of complementary services, not just the NHIS, but also the necessity of sending their children to school and attending antenatal care, among other things. These messages are often communicated during payment mobilizations (*LEAP Management Secretariat).

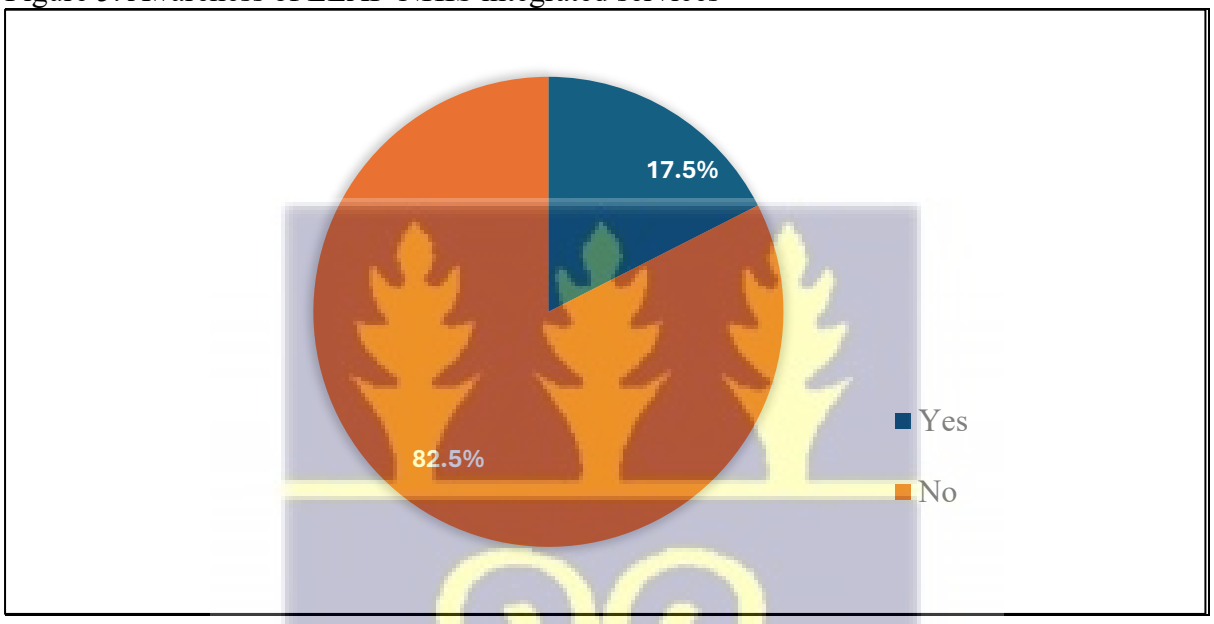
The awareness of integrated LEAP-NHIS services varies among beneficiaries, civil society organization (CSO) actors, and policymakers. This disconnect highlights the need for improved communication and awareness efforts, particularly at the grassroots level. As noted by a media consultant and social protection specialist:

It seems there is a lack of sustained, dedicated, and two-way communication where the views and opinions of beneficiaries are actively sought. Ongoing engagement through a variety of platforms and strategies is essential to ensure that beneficiaries are informed and

*empowered, enabling them to better understand their rights and advocate for them effectively (*Media Consultant and Social Protection Specialist*).*

The integration of LEAP and NHIS aims to ensure that beneficiaries have access to essential health services without financial barriers. However, the low awareness level revealed in this data suggests a gap in promoting this integration among target populations, which may hinder the programme's impact on eradicating poverty among the LEAP beneficiaries.

Figure 5: Awareness of LEAP-NHIS integrated services



Source: Field Data, 2024

4.2.3 Source of Information About LEAP-NHIS Integrated Services

The data indicates that a majority of respondents (63%) who are aware of the LEAP-NHIS integration first learned about it from LEAP programme officers, including social welfare officials and LEAP focal persons. This accounted for 41 out of 65 respondents. This trend is consistent in both genders, but especially prominent among females (32 out of 54). Notably, across all sources, a much higher number of females (54) reported awareness compared to males (11). This suggests that either women are more targeted which again aligns with the

LEAP beneficiary composition of the district, more engaged, or more likely to report awareness of the programme as compared to males.

Friends and family were the second most important sources of information for respondents, with a higher proportion of females (24.1%) than males (18.2%). This means that word-of-mouth is likely more effective channel among women, because women tend to have stronger and more active social networks within their communities, allowing information to spread more efficiently. Leveraging these female social networks could further boost programme awareness among women. Encouraging male participants to share information within their own networks could also enhance male engagement.

Community meetings and media were the least cited sources of information about LEAP-NHIS complementarity, accounting for only 6% and 8% of total awareness, respectively. Notably, no males reported learned about the programme through these channels; they reached only females. The low percentages for community meetings and media indicate a need for broader and more inclusive communication strategies. While friends and family play a crucial role in spreading information, the reliance on interpersonal networks also highlights a lack or weak institutionalised outreach mechanisms.

Table 3: Source of information for LEAP-NHIS integrated services by gender

Source of information	**Gender**		
	Male	**Female**	**Total**
Community meetings	0 (0%)	4 (7.4%)	4 (6.2%)
Friends or family	2 (18.2%)	13 (24.1%)	15 (23.1%)
LEAP program office	9 (81.8%)	32 (59.3%)	41 (63.1%)
Media (Radio, TV, etc.)	0 (0%)	5 (9.2%)	5 (7.7%)
Total	**11 (100%)**	**54 (100%)**	**65 (100%)**

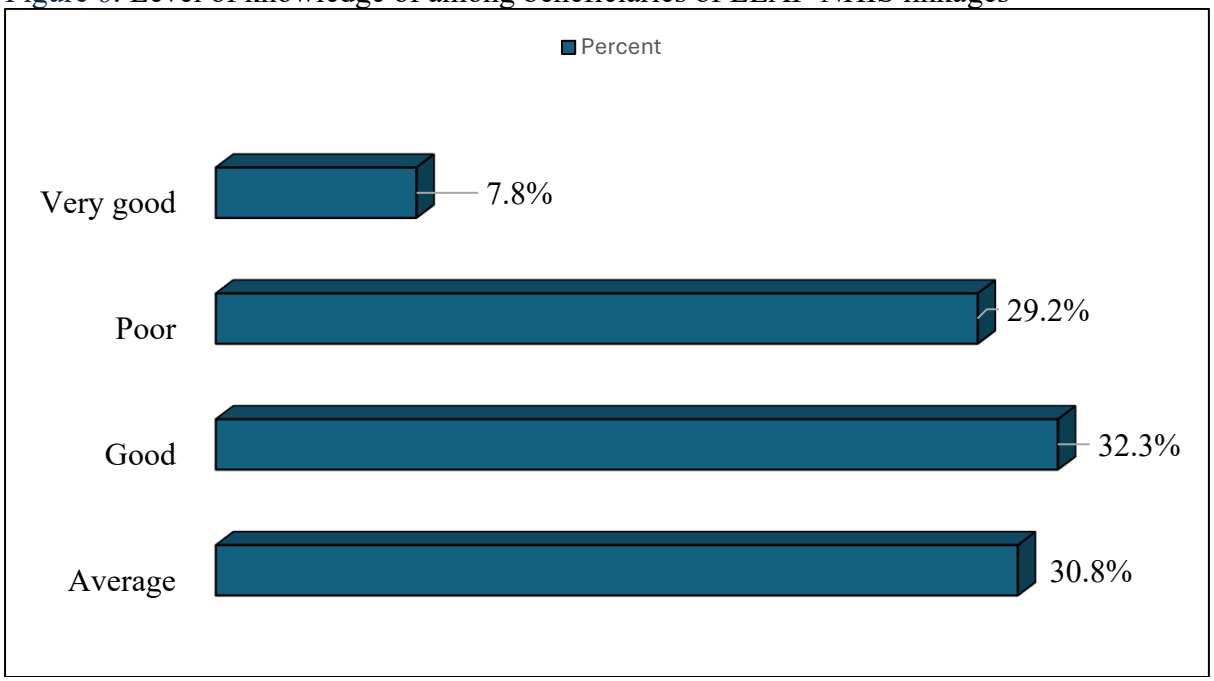
Source: Field Data, 2024

4.2.4 Level of Knowledge Among Beneficiaries About LEAP-NHIS Linkages

Figure 8 below illustrates the level of knowledge about the LEAP-NHIS integrated services among respondents. The data shows that 32.3% of respondents rated their knowledge as "Good," indicating a fairly strong knowledge of integration. Similarly, 30.8% rated their knowledge as "Average," suggesting moderate awareness but with potential gaps in understanding. Conversely, 29.2% assessed their knowledge as "Poor," signifying limited awareness and understanding of integration. Only a small fraction (7.69%) rated their knowledge as "Very Good," reflecting a comprehensive understanding. The results indicate a mixed level of awareness among beneficiaries regarding the LEAP-NHIS integration, with most respondents falling between the "Average" and "Good" categories. This suggests that while some beneficiaries possess a certain degree of knowledge, it is unevenly distributed, with nearly a third acknowledging insufficient awareness ("Poor").

In a study by Abdulai et al. (2021) it was found that a significant 60.1% of respondents were unaware of any social protection programmes or how to access them. It noted that even though the LEAP programme remains one of Ghana's flagship social intervention initiatives, less than 50% of respondents indicated they had knowledge on enrolment criteria with a little over half (57%) being aware of how it is funded. More importantly, the issue of limited access to other social services that are often documented and proclaimed by policymakers was highlighted by the study. For example, it noted that while LEAP beneficiaries are entitled to free healthcare under the NHIS, many beneficiaries either lacked knowledge about these options or that the arrangements have not been fully operationalized in some districts.

Figure 6: Level of knowledge of among beneficiaries of LEAP-NHIS linkages



Source: Field data, 2024

4.3 BENEFITS AND IMPACT OF LEAP-NHIS INTEGRATION

This section explores the impact of integrated LEAP-NHIS services based on both survey data and qualitative analyses. It highlights the lived experiences of beneficiaries as well as the perspectives of programme implementers and policymakers regarding how effectively the integrated LEAP-NHIS enhances access to healthcare and overall well-being. The findings mostly indicate positive experiences or perceptions, even though low awareness levels prevent many participants from fully understanding and utilizing the benefits associated with the integration of LEAP and NHIS.

4.3.0 Benefits and Impacts of Integrated LEAP-NHIS Services

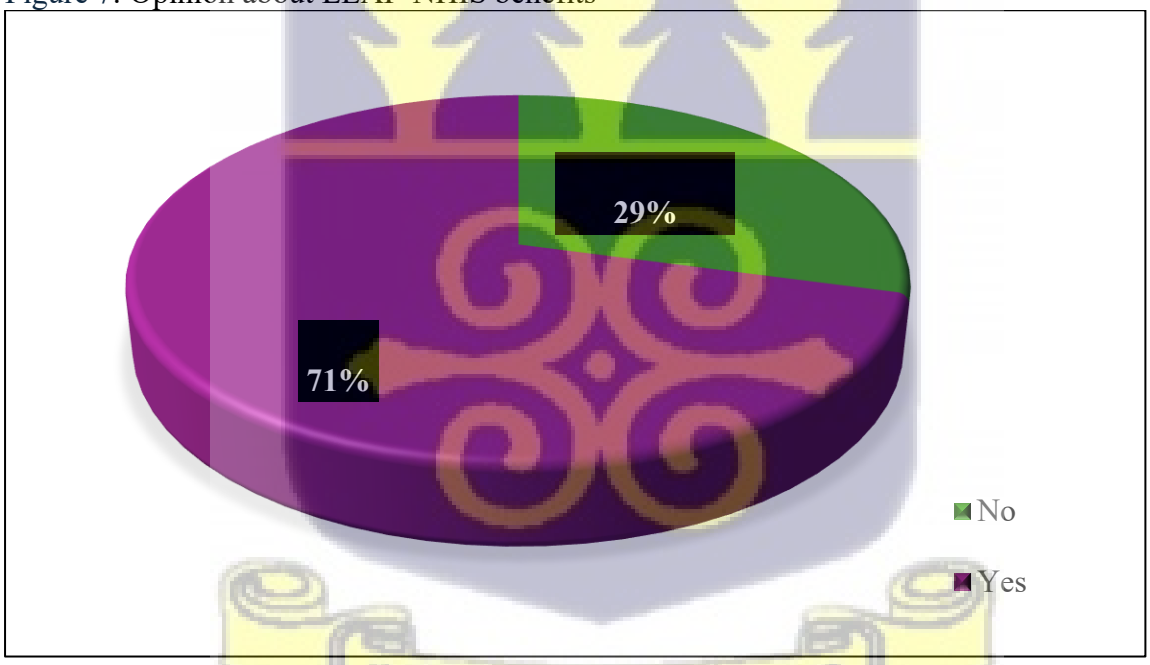
The figure presented shows that among respondents who are aware of the LEAP-NHIS integration, a notable 71% (46 individuals) reported as having benefited from the initiative, while 29% (19 individuals) did not perceive any benefits. This indicates that a significant majority recognize and appreciate the LEAP-NHIS complementarity as valuable in improving

their wellbeing. These perceived benefits are crucial for achieving the overarching goals of integrating cash transfer with other social services such as health. As remarked by former Social Protection specialists at the MoGCSP*:*

> *"LEAP beneficiaries are entitled to access all healthcare services under the NHIS. If you fall ill or have a hospital appointment covered by the NHIS, you can receive those services as stated by the policy."*

Conversely, 29.23% of respondents who do not see any benefits cite challenges like "inadequate service benefits" and a perceived lack of necessity. Insights from key interviews indicate that cultural beliefs and prior negative experiences of beneficiaries with service access can diminish their trust in the services provided leading individuals to explore alternatives.

Figure 7: Opinion about LEAP-NHIS benefits



Source: Field data, 2024

4.3.1 Reduction in Financial Burden for Healthcare

For most participants (71%) who were aware of the LEAP-NHIS integration and had accessed services, the most significant benefits of combining cash transfers with health insurance were

reduced healthcare costs (54.35%) and free healthcare services (26.09%). Fewer beneficiaries reported indirect benefits, such as additional income (10.87%) to deal with other expenses. This finding aligns with qualitative interviews and existing studies on cash-plus programmes. For example, a study by Palermo et al. (2019) evaluated Ghana's social protection programme's impacts, including NHIS exemption. The study found that most participants had positive experiences and perceptions of the NHIS as a means to reduce healthcare costs. Among those who utilized NHIS, nearly all expressed satisfaction and believed that having insurance had helped them save money when seeking healthcare. Similarly, a study by Devereux et al. (2006) found that in Ethiopia's Productive Safety Net Programme (PSNP), almost half (46%) of beneficiaries surveyed reported that they had accessed more healthcare services since receiving cash transfers.

These observations have also been corroborated with qualitative interviews and below are some extracts from key informant interviews that lend credence to the assertion.

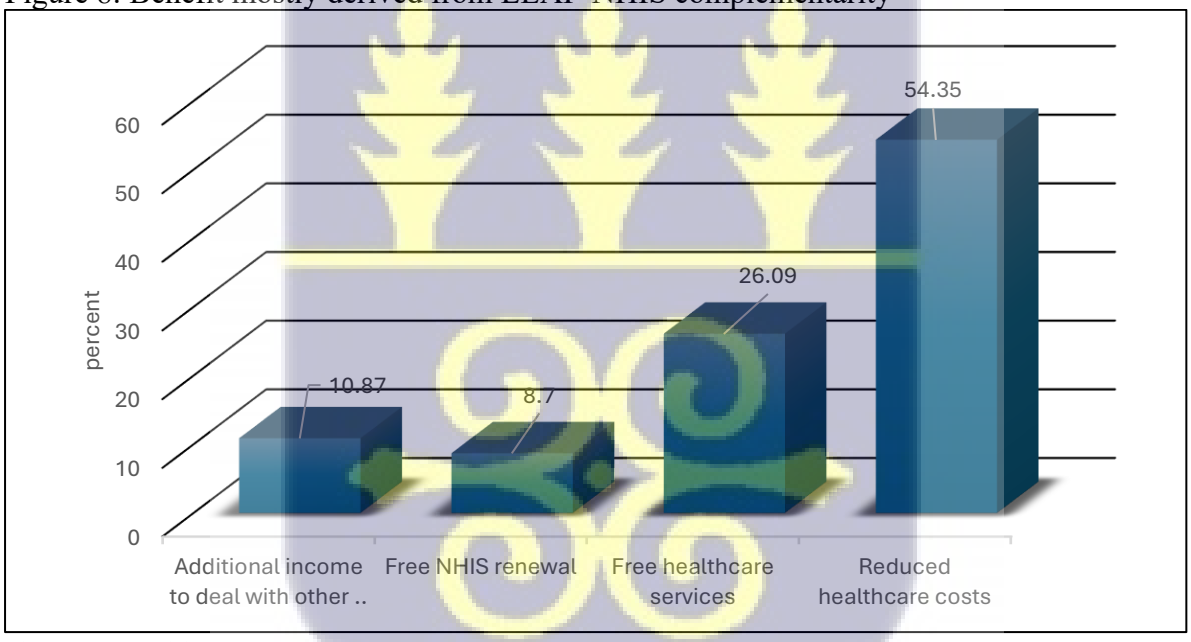
> *It increases their health seeking behavior habits. One, because the person may not have NHIS, and he may not have the money to seek medical support. When he's sick, he will not even go until the sickness becomes so chronic. But once a person has NHIS, he is confident that with this card, I don't need to pay anything. So studies show that LEAP beneficiaries have a higher propensity of seeking health care at the orthodontic centers than non-LEAP beneficiaries who do not have NHIS cards (*Social Protection Specialist, UNICEF).

> *At least, it has impacted on their healthcare in terms of financial access to some extent. If you ask me to score it on a scale of one to ten, probably I would say five because there's more to be done. So, once they are members of the health insurance that alone gives them*

*access to healthcare so they can get there and be taken care of without having to pay out of pocket (*CSO Actor).

*One of the key benefits is that when they go to the hospital or healthcare facility, they receive medicine or treatment without needing to pay from their pocket. With the NHIS, they can present their card, which facilitates coverage for certain medications and services. If these services are covered by the NHIS, they will be provided at no additional cost, and at least that help them to reduce the amount of money spent on healthcare in the hospital (*LEAP Focal Person).

Figure 8: Benefit mostly derived from LEAP-NHIS complementarity



Source: Field Data, 2024

4.3.2 Satisfaction with Utilization of LEAP-NHIS Integrated Services Among Beneficiaries

The benefits associated with the integration of LEAP and NHIS show varied levels of satisfaction among respondents. As illustrated in Figure 11 below, the majority, 43.08%, reported being satisfied, with 9.23% expressing high satisfaction largely due to improved

healthcare access and financial relief as discussed in previous sections. However, 20% of respondents expressed dissatisfaction, while a significant 28% remained neutral regarding their satisfaction levels. The dissatisfaction and neutrality expressed by some individuals indicate that they may not perceive the LEAP-NHIS integrated services as impactful enough to form strong opinions. This could be due to unmet expectations, such as inadequate service coverage or the continued burden of out-of-pocket expenses despite being enrolled on NHIS. As remarked by a survey participant:

> *We are not satisfied because we are not adequately informed about the benefit package of the scheme. Whether you have the NHIS or not, you still have to buy drugs since most of them are not covered by insurance. Sometimes, you waste time in long hospital queues, only to be handed a prescription to go and buy medicine. Therefore, some of us feel okay with just resorting to herbal medicine (*Survey Participant*).*

This sentiment highlights the wide public perception regarding the effectiveness of NHIS in addressing the health needs of poor and vulnerable Ghanaians, a view echoed by key informants:

> *Sometimes negative experience with service makes people lack faith. When you go and you are not provided with what you need, you tend to lack faith in the service and therefore choose to explore alternatives. Because sometimes you hear people say, whenever I go, all they give me is paracetamol. So why should I go again? I'll just go and buy my paracetamol and take it. So, if you go, you will pay anyway (*Social Protection Specialist, UNICEF).

Another key informant summarized the situation as follows:

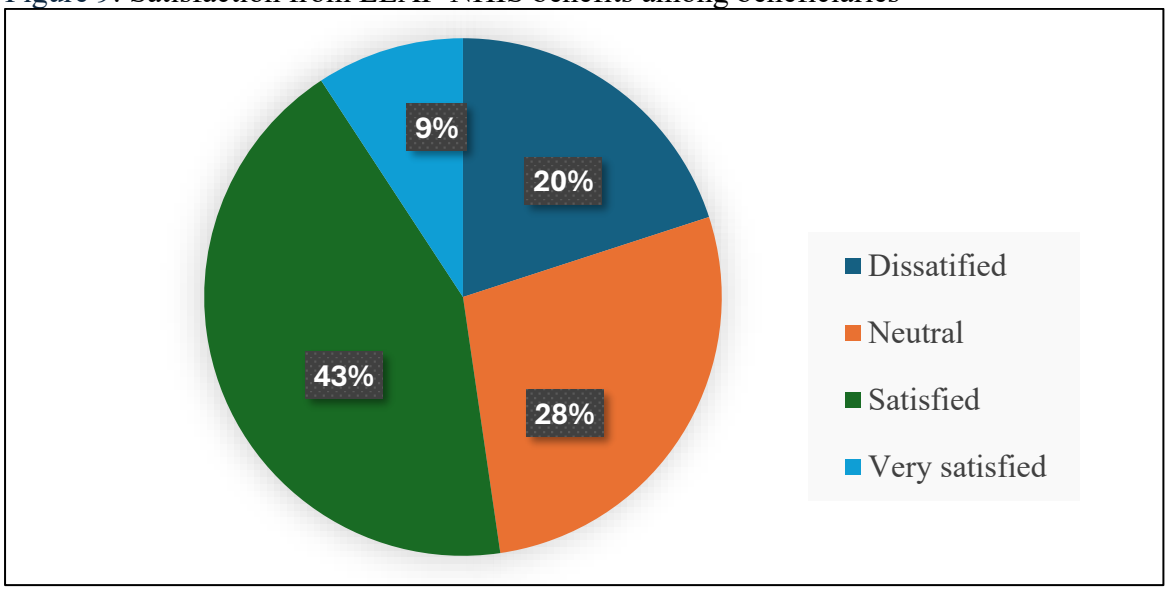
> *LEAP beneficiaries are supposed to be automatically covered by the NHIS, granting them access to various healthcare services at no charge. However, in reality, the NHIS faces significant challenges that hinder effective service delivery. Many health facilities lack*

*essential resources, such as laboratory services, forcing beneficiaries to pay out of pocket at private facilities. Consequently, despite policies indicating that services are covered, beneficiaries often spend more on healthcare costs than they receive in bi-monthly grants. This discrepancy highlights a gap between what is promised on paper and the actual experiences of beneficiaries in accessing healthcare services (M*edia Consultant and Social Protection Expert).

Studies have shown that a lack of medication and other supplies can be a significant barrier to seeking medical care, even for those who have insurance. For instance, a study by Palermo et al. *(*2019) found that inadequate coverage of essential medicines under the NHIS is posing financial barriers to healthcare access by beneficiaries. The study further revealed that in situations like this, some participants felt compelled to use their LEAP money to purchase medication.

These insights reveal both the promise and challenges associated with the LEAP-NHIS integration. Although many beneficiaries have a positive view of the programme, the presence of dissatisfaction and neutral responses points to underlying issues such as communication gaps, unmet expectations, inefficiencies in NHIS service package, barriers to accessing benefits, and limited awareness of the programme's advantages.

Figure 9: Satisfaction from LEAP-NHIS benefits among beneficiaries



Source: Field Data, 2024

4.3.3 Impact of integrated LEAP-NHIS in improving healthcare access and overall wellbeing of beneficiaries

Examining the various aspects of the LEAP NHIS integrated services in enhancing the health and wellbeing of respondents, the results show that nearly half (49.23%) reported a positive impact on their access to healthcare, while 44.62% remained neutral, and a small percentage (6.15%) perceived the impact as negative. Regarding overall well-being, the data show that more than half of the respondents (58.46%) felt that their well-being improved due to enhanced healthcare access and financial relief. A significant portion (36.92%) remained neutral, and only 4.62% reported experiencing negative impacts. Highlighting the impact of the LEAP-NHIS complementarity and how these interventions are aligning with Ghana poverty and inequality reduction agenda, a social protection specialist at UNICEF noted that:

> *The data indicates that Ghana's poverty levels have significantly decreased from the early 2000s to early 2015, largely due to the government's targeted interventions through social cash transfers. One of the key initiatives introduced by the government is the NHIS, which aims to ensure health access for all citizens. Previously, the 'cash and carry' system meant that patients had to pay upfront before receiving treatment, which prevented many people*

*from accessing healthcare services. However, today, individuals feel more confident seeking medical care because the NHIS exempts them from paying for many services. Even in cases where they do have to pay, the costs are significantly lower compared to what they would have to pay out of pocket. This improvement has greatly enhanced people's health-seeking behaviours (*Social Protection Specialist, UNICEF*).*

Insights from booth surveys and qualitative interviews indicate that certain challenges affect beneficiaries' utilization of services. These challenges include a lack of information about service benefits, negative attitudes of healthcare providers, out-of-pocket payments, and the unavailability of essential medicines. As some key informant espoused:

*If you have NHIS card and you are going to any health facility anywhere in Ghana, the only item that you can 100% say that as for this one, when I go to any hospital in this country, I wouldn't have to pay is the OPD service, which is basically there to prepare your card and to generate a folder. That is the only thing. And this is not me being in the field interviewing people. This is me experiencing it as someone who has an NHIS card and has even taken people to health centres (*Media Consultant and Social Protection Expert).

Studies have also shown that challenges such as the uneven geographical distribution of healthcare providers, the exclusion of some essential services from the NHIS benefit package, and delays in claim reimbursements undermine the perceived financial benefits of the scheme (Teye et al., 2015).

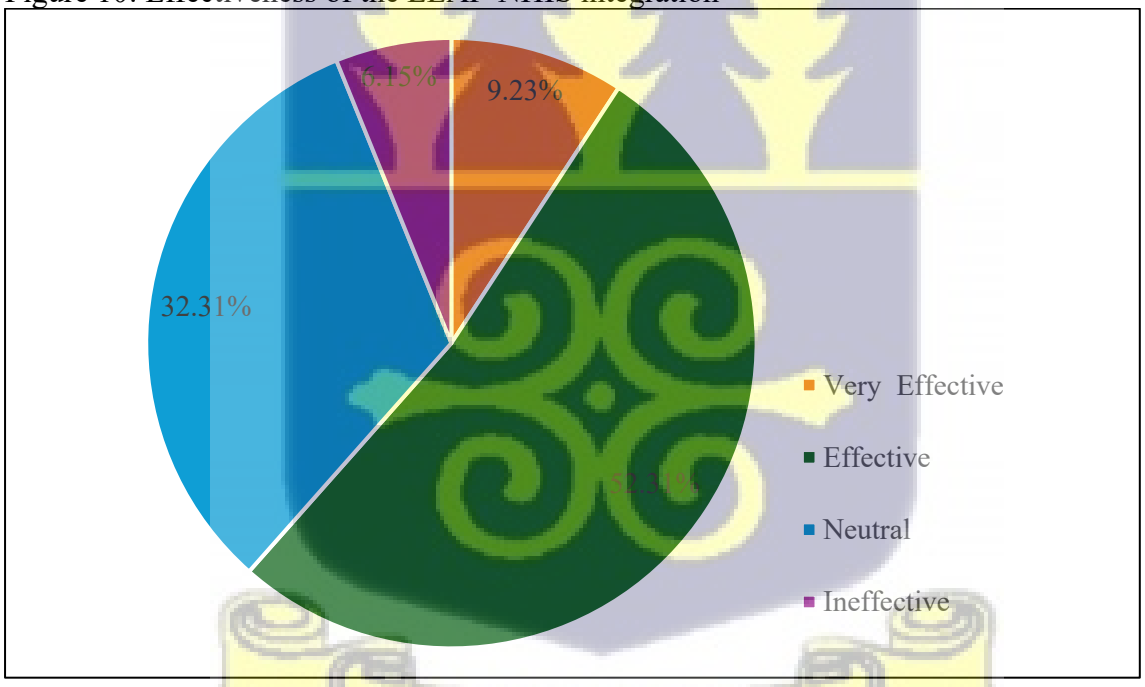
Table 4: Impact of LEAP-NHIS on beneficiaries' healthcare access and overall wellbeing

Variable	Responses				Total
	Negative	Neutral	Positive	Very Positive	
Impact on beneficiaries' healthcare access	4 (6.1%)	29 (44.6%)	26 (40%)	6 (9.2%)	65 (100%)
Impact on overall wellbeing	3 (4.6%)	24 (36.9%)	34 (52.3%)	4 (6.1%)	65 (100%)

Source: Field Data, 2024

Regarding the effectiveness of the programme in improving healthcare access for vulnerable populations, majority of respondents (61.54%) indicated that the LEAP-NHIS is effective or very effective. However, 32.31% remained neutral, indicating that some individuals may not fully acknowledge the benefits of the programme as discussed in previous sections. This is illustrated in figure 12 below.

Figure 10: Effectiveness of the LEAP-NHIS integration



Source: Field Data, 2024

4.4 CHALLENGES WITH LEAP-NHIS INTEGRATION

Discussion in this section focuses on the third objective, which assesses challenges with the programme implementation and possible recommendations from the perspectives of survey participants and policymakers/programme implementers.

4.4.0 Factors that undermine the utilization of services among beneficiaries

Respondents were asked to share their perspectives about the factors that impede their utilization of services and impact programme participation. There was an overwhelming response that lack of awareness and inadequate flow of information was a leading cause. As shown in figure 12, a significant majority of respondents—81.67%—mentioned a lack of awareness, while 5.12% identified an inadequate flow of information as a reason for non-utilization of services. This underscores the urgent need for improved outreach efforts to educate beneficiaries about their rights under the programme. Additionally, 3.77% of respondents reported difficulties in accessing NHIS offices, indicating that geographic accessibility poses a significant challenge for individuals in hard-to-reach and underserved areas. An interview with an NHIS district officer supported this observation. The officer noted that some locations are challenging to reach due to logistical constraints.

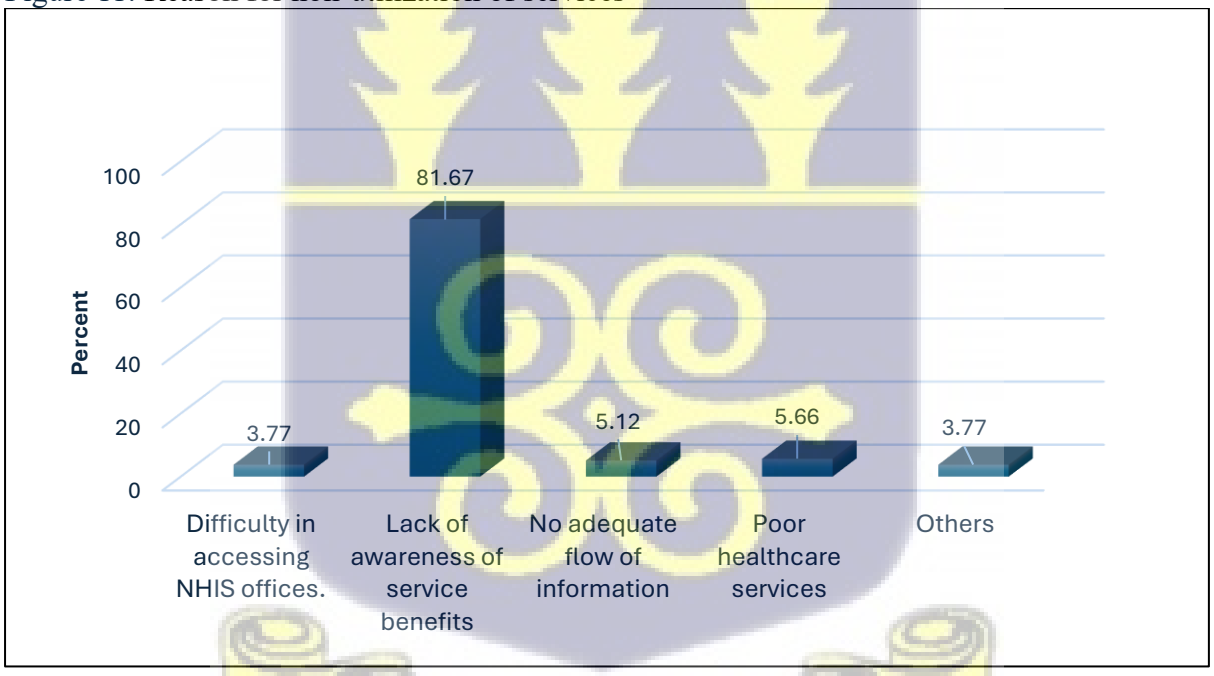
> *Some areas are not even motorable, and in some cases, you have to travel by motorbike. For these individuals, reaching healthcare services is quite difficult. If they cannot renew their cards due to financial issues, they often resort to boiling herbs and other home remedies instead of accessing healthcare. When their card expires, and they haven't renewed it, they cannot obtain medical care (*NHIS District Officer*).*

In a different study, an NHIS officer noted that:

*If you look at the interventions, I used to do cases like the LEAP and NHIS. These are supposed to be complementary services. You are on one you are supposed to get the other, and all LEAP beneficiaries are also entitled to free NHIS. But look at the amounts given to them and then the rate of payment. Sometimes the amount is such that before they can even access the NHIS card the person needs to travel, and they may end up spending about 25% and in some cases 50% of the amount supposed to be given to them (*NHIS Officer*).*

Additionally, 5.66% of respondents expressed dissatisfaction with the quality of healthcare at NHIS-accredited facilities. They mentioned issues such as drug shortages, long waiting times, and unprofessional attitudes from health staff.

Figure 11: Reason for non-utilization of services



Source: Field Data, 2024

4.4.1 Challenges in accessing services

Respondents were asked whether they faced any challenges in accessing and using LEAP and NHIS services, as well as if they knew where to submit complaints for resolution. Table 3

below indicates that a significant number of respondents did not encounter difficulties in accessing LEAP and NHIS services. This suggests that the programme is relatively accessible to most beneficiaries. However, it was observed that these respondents often expressed indifference towards utilizing NHIS specifically and showed little interest in accessing these services. Although no further investigation was conducted to explore their actual motivations, a key informant remarked that such individuals might have lost faith in the health system or may not fully appreciate the conventional way of seeking healthcare.

Table 5: Challenges in accessing services

Challenges in accessing services	Frequency	Percent
No	325	87.60
Yes	46	12.40
Total	371	100

Source: Field Data, 2024

4.4.2 Awareness and utilization of reporting mechanisms

Regarding awareness of grievance mechanisms, about 30% of respondents indicated they were aware of reporting options. However, a significant majority—96 participants—did not utilize these reporting platforms and felt no need to bring their concerns to the appropriate authorities for resolution. Many of these respondents reported being "just okay" with the situation, with some expressing fear of potential victimization by officials. This aligns with findings from existing research highlighting the lack of good redress mechanisms in Ghana's social protection system (Abdulai et al., Abdulai, 2020). Among the survey participants who did submit complaints, 75% reported receiving feedback regarding their cases.

Table 6: Awareness and utilization of reporting mechanisms

Variable	Responses		
	Yes	**No**	Total
Do you know any grievance mechanism to report complaints?	112 (30.2%)	259 (69.8%)	371 (100%)
Did you ever send any complaint to officials of the LEAP and NHIS regarding the challenges you face?	16 (14.3%)	96 (85.7%)	112 (100%)
Did you ever receive feedback from LEAP or NHIS staff to resolve any issues related to your service benefit?	12 (75%)	4 (25%)	16 (100%)

Source: Field Data, 2024

This finding reinforces earlier studies which highlighted widespread perception about the provision of social protection as favors from the government rather than citizenship entitlements (Oduro, 2015; Abdulai et al., 2019). A study by UNICEF (2021) on citizens knowledge and perception about poverty and vulnerably found that Ghanaian citizens are less likely to demand their rights to social protection due to non-availability of effective feedback mechanisms, and a widespread perception of social protection as a charity from the governments. The study further noted that this notion diverts governments attention from its obligation towards citizen welfare and security, instead, acts as a benevolent player who implements social protection at will.

As in previous observation, responses from state actors, policy implementers, and donor organizations differ significantly from those of beneficiaries. These stakeholders believe that established formal feedback mechanisms, such as the Case Management Unit at the LEAP secretariat, the Single Window Citizen Engagement Service (SWCES) by the MoGCSP, social welfare offices, and LEAP focal persons, are effective in receiving citizens' complaints and providing feedback at both national and decentralized levels.

> *At the LEAP management secretariat, the Case Management Unit exist provide reports on the number of cases received, and resolved, and the duration of their resolution. Similarly, SWCES maintains a dashboard that displays the number of cases received and resolved, along with the time taken for resolution. This indicates that robust systems are in place and are functioning as intended (F*ormer Social Protection Specialist, MoGCSP).

An official at the LEAP secretariat echoed this sentiment, highlighting the availability of multiple reporting channels:

"We have multiple channels for reporting, and we handle the cases that are submitted; otherwise, we are depriving beneficiaries of the services they need," the official noted. However, they also acknowledged some ongoing challenges in addressing certain cases, which the secretariat is actively working to improve, particularly by enhancing case management at local levels. One plausible conclusion from the discussion is that although these systems exist, increasing community-level awareness and engagement will be essential for improving understanding and encouraging better utilization of these platforms among beneficiaries and their caregivers

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 INTRODUCTION

This chapter presents a summary of the study's findings, conclusion and policy recommendations to address gaps identified.

5.1 Summary of findings

This study examined the effectiveness of Ghana's social protection programmes, using the integration of the LEAP and the NHIS as a case study. It identified several critical issues that require policy intervention. Firstly, the study found that a significant number of survey participants are unaware of their rights and entitlements related to the LEAP-NHIS integration programme. This lack of awareness leads to low utilization of the health services offered through this initiative, undermining the programme's goal of expanding access to healthcare for vulnerable populations. Beneficiaries primarily received information about the programme integration at the time of enrolment. However, this information mainly reached those who signed up for LEAP after the initiative was established to provide all LEAP beneficiaries with free NHIS registration and renewal. In fact, some beneficiaries only learned about the programme during the pilot phase and no longer remember if they are entitled to automatic renewal of their health insurance cards when they expire.

The findings also show that the programme is positively impacting on the health and well-being of beneficiaries, with satisfaction levels among participants generally positive, especially in relation to reduction of financial burden for healthcare access. However, the prevalence of neutral responses and some dissatisfaction within a small group was mainly attributed to a lack of awareness about the services, user experiences with service provisions, and the

unavailability of prescribed medications under the NHIS. Although there are systems in place, particularly from the perspective of programme implementers, such as the Single Window Citizen Engagement Service (SWCES) provided by the MoGCSP, most participants reported low awareness of these grievance reporting mechanisms raising concerns about the effectiveness of the programme's accountability and feedback structures.

The principles of the RBA emphasize the government's responsibility to empower beneficiaries by increasing their awareness of their entitlements. This includes helping them understand the eligibility criteria for programmes, the specific benefits available to them, and the existence and nature of complaints and grievance mechanisms. Additionally, the framework insists that social protection services must be accessible, available, and adequate for vulnerable populations, both financially and geographically. However, findings from the study suggest otherwise. LEAP beneficiaries demonstrated low awareness of their rights and entitlements under the LEAP-NHIS integration. Some respondents reported that the services provided are insufficient to meet their needs effectively. Furthermore, although grievance redress mechanisms, such as the SWCES and CMU, exist to address concerns related to social protection, many beneficiaries lack adequate knowledge about these platforms. As a result, there has been an underutilization of the health services offered through this initiative.

Overall, this situation undermines the programme's goal of expanding access to healthcare for the poor and reflects a concerning disregard for transparency and accountability, which are fundamental to the RBA.

5.2 CONCLUSION

This study assessed the effectiveness of the integration of the LEAP and NHIS as a complementary approach to social protection in Ghana. The findings reveal significant achievements alongside critical challenges that necessitate policy action. An important issue identified is the widespread lack of awareness among beneficiaries about their rights and entitlements under the LEAP-NHIS integration. Many participants were unaware of their free eligibility for NHIS registration and renewal, which contributed to the underutilization of healthcare services. This knowledge gap is particularly pronounced among beneficiaries enrolled before the programme's full establishment, many of whom are uncertain about the renewal process for their NHIS cards. Implementing measures such as increased communication and outreach strategies will ensure that beneficiaries fully understand and utilize the services available to them.

The programme has had a positive impact on the health and well-being of beneficiaries, evidenced by generally high satisfaction levels and huge financial relief for healthcare access. However, a segment of respondents expressed dissatisfaction or neutral feelings, citing challenges such as limited awareness of available services, difficulties in accessing prescribed medications under NHIS, and poor user experiences with healthcare providers. Addressing these challenges is crucial in restoring confidence among the vulnerable populations.

Another critical finding relates to low awareness of grievance redress mechanisms among beneficiaries. One of the primary propositions of the RBA is the availability of functioning feedback mechanism to address beneficiary concerns effectively. Yet, although these feedback channels exist, they do not seem to be more accessibility and responsive to needs of citizens, thus affecting beneficiary satisfaction.

To conclude, it is worth acknowledging that the LEAP-NHIS integration holds significant potential in advancing Ghana's social protection goals. Yet, its impact is hindered by gaps in beneficiary awareness, service delivery, and accountability mechanisms. Policy interventions should focus on strengthening communication, enhancing healthcare service quality, and improving grievance reporting and resolution systems to optimize the programme's effectiveness and outcomes. Future qualitative research should further investigate the effectiveness of different communication and outreach strategies in improving awareness and utilization of LEAP-NHIS integration benefits as well as how geographic location, healthcare provider attitudes, and inefficiencies within the NHIS and healthcare system limit beneficiaries' access to quality healthcare services.

5.3 RECOMMENDATIONS

First, the LEAP management secretariat through the Department of Social Welfare and NHIS should develop and implement targeted awareness campaigns using appropriate communication channels, including community durbars, radio, television programmes, and Community-Based Organizations to educate beneficiaries about their rights and entitlements to LEAP-NHIS complementary services, especially those in rural and underserved areas. This is critical in ensuring that beneficiaries fully understand their entitlements and benefits of LEAP-NHIS integration and take advantage of and utilize services to improve their well-being. More importantly, social welfare officers should take advantage of community platforms such as LEAP payment centers to frequently inform, remind, and reinforce beneficiary knowledge about the programme's eligibility requirements, processes, and benefits. In doing so, beneficiaries will be more empowered to access services and hold supply-side stakeholders accountable for improved service delivery.

Second, the government should consider it a matter of priority to expand the NHIS medication list to include essential drugs for vulnerable populations and ensure that essential drugs are consistently stocked and available at NHIS-accredited facilities. Urgent steps must be taken to address other bottlenecks such as long waiting times, irregular/delays in payments of claims to service providers, and inadequate service quality that largely account for dissatisfaction among some citizens. More importantly, all medical services, including laboratory tests and chronic ailments should be made free to all LEAP beneficiaries, especially the aged and OVCs. This is important to reduce out-of-pocket expenses on the part of the vulnerable population in purchasing drugs with their meager LEAP grants.

Third and closely related to the above, the Ministry of Health, the Ghana Health Service, and the NHIS should institutionalize periodic quality assessments of service delivery i.e client satisfaction) surveys at accredited NHIS facilities to identify and address service delivery challenges under the LEAP-NHIS initiative. Feedback from these assessments is valuable in enabling programme managers to make informed decisions, address citizens' concerns in real time, and more importantly refine programme policies and ensure they align with the needs of vulnerable populations. Civil society and the media can contribute to holding programme implementers accountable and advocating improvements in the healthcare service for the poor and vulnerable.

Fourth, the LEAP management secretariat should enhance grievance redress platforms through targeted outreach and beneficiary training. Efforts to simplify the grievance resolution process to make it user-friendly and ensure timely responses to beneficiary concerns will be crucial in ensuring accessibility for beneficiaries, particularly those in rural areas. LEAP and NHIS staff should be given the capacity required to effectively handle complaints and escalate issues to build trust and confidence among beneficiaries.

Lastly, it is crucial to develop a comprehensive operational manual that clearly outlines all procedures involved in the LEAP-NHIS programme management to improve the operational processes of the initiative. This manual should serve as a foundational document that details the steps and responsibilities of all stakeholders, ensuring clarity and consistency in operations. Additionally, a structured educational programme should be implemented for beneficiaries, guiding them on their rights and responsibilities while assisting with registration and renewal processes. Annual or biannual review meetings involving all key stakeholders' meetings should be instituted to assess progress, address challenges, and discuss collaborative solutions. It is vital to foster open communication during these sessions, allowing stakeholders to voice funding concerns and share insights, thereby enhancing alignment and collective problem-solving. Overall, these steps will streamline operations, ensure all parties are informed and accountable, and ultimately enhance the effectiveness of the initiative.

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