

UNIVERSITY OF GHANA

**CHANGES IN LIVELIHOODS AMONG CAREGIVERS OF LEAP
BENEFICIARIES IN THE ASUTIFI NORTH DISTRICT**

BY

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STUDIES

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DECLARATION

“I hereby declare that this work is the original work of Peter Doayah under the supervision of Prof Ellen Bortei-Doku Aryeetey and that it has not been submitted in part or in full to this university or any other institution for the award of a degree. I further declare that reference and due acknowledgement have been given to all scholarly works used”.

.....

Peter Doayah

.....

Date

CERTIFICATION

“I hereby declare that this dissertation was supervised in accordance with the laid down procedures by the University of Ghana, Legon”.

.....

Prof. Ellen Bortei-Doku Aryeetey

.....

Date

DEDICATION

“I dedicate this work to my lovely wife Florence Nkansah and my children – Phoebe Duayah Yeboah, Sonia DuayahYeboah, and Mckeown DuayahYeboah Snr.and Mckeown Duayah Yeboah Jnr”.

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TABLE OF CONTENTS

DECLARATION.....	i
CERTIFICATION.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
TABLE OF CONTENTS	v
LIST OF TABLES	viii
LIST OF FIGURES	ix
LIST OF ABBREVIATIONS	x
ABSTRACT.....	xii
CHAPTER ONE	1
INTRODUCTION.....	1
1.0 Background	1
1.1 Problem Statement	4
1.2 Objectives of the study	5
1.3 Research hypothesis	6
1.4 Research questions	6
1.5 Significance of the study	6
1.6 Scope of the study	7
1.7 Definition of terms	7
1.8 Organization of the study	8
CHAPTER TWO	10
LITERATURE REVIEW	10
2.0 Introduction	10
2.1 Theoretical perspectives on livelihoods	10
2.2 Nature of livelihoods in households receiving cash transfer.....	12

2.3	Livelihood security.....	14
2.4	Patterns of livelihood	16
2.5	Cash transfers in the fight against poverty	16
2.5.1	Cash transfer programme in Ghana	18
2.6	Targeting approaches used in LEAP.....	19
2.7	Empirical literature on cash transfers and caregivers.....	20
2.8	Conceptual framework	31
2.9	Conclusion.....	32
CHAPTER THREE.....		34
RESEACH METHODS.....		34
3.0	Introduction	34
3.1	Research approach.....	34
3.2	Research design.....	34
3.2	Population.....	35
3.3	Sample size and sampling technique.....	35
3.5	Data collection instruments and procedure	38
3.6	Data analysis	39
3.6.1	Quantitative data analysis	39
3.6.2	Qualitative data analysis	40
3.6.3	Variables	41
3.7	Ethical consideration	41
CHAPTER FOUR.....		43
RESEARCH FINDINGS AND DISCUSSION.....		43
4.0	Introduction	43
4.1	Socio-demographic characteristics of respondents	43
4.1.1	Sex of respondents	44
4.1.2.	Age of respondents	44
4.1.3	Education of respondents	45
4.1.4	Ethnicity of respondents	46
4.1.5	Marital status of respondents	47
4.2	Changes in occupation	48
4.2.2	Trading related activities before LEAP	52

4.2.3	Household related activities before LEAP.....	53
4.2.4	Activities after becoming caregivers	53
4.2.5	Changes in assets ownership.....	54
4.3	Changes in livelihoods expenditure pattern of caregivers	57
4.4	Social capital networks (SCN) of LEAP caregivers	61
4.5	Discussion	63
4.5.1	Occupation of caregivers	63
4.5.2	Assets of caregivers	63
4.5.3	Expenditure patterns of caregivers.....	65
4.5.4	Social capital networks (SCNs) of caregivers	66
4.5.4.1	Benefits from SCNs	66
CHAPTER FIVE		67
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS		67
5.0	Introduction	67
5.1	Summary of methods	67
5.2	Summary of findings.....	68
5.3	Conclusions	69
5.4	Limitations of the study.....	70
5.5	Recommendations	70
REFERENCES.....		71
APPENDIX ONE		76
APPENDIX TWO		85
APPENDIX THREE.....		90

LIST OF TABLES

“Table 3.1: The number of respondents selected from each community37

Table 4.1: Academic qualification of respondents in percentage46

Table 4.2: Marital status of respondents47

Table 4.3: Occupational changes of respondents before and after LEAP49

Table 4.4: Comparison of assets owned before and after becoming LEAP respondents54

Table 4.5: Group statistics and results of Paired Sample T-Test on Risk Social55

Table 4.6: Comparison WEP before and after becoming LEAP respondents58

Table 4.7: Group statistics and results of Paired Sample T-Test on Risk60

LIST OF FIGURES

“Figure 4.1: Pie chart showing sex of respondents44
Figure 4.2: A bar chart showing Age distribution of respondents in absolute numbers45
Figure 4.3: A pie chart showing ethnic background of respondents47
Figure 4.4: Bar chart showing comparisons of WEP before and after LEAP 59”

LIST OF ABBREVIATIONS

CCT	Conditional Cash Transfer
CFP	Community Focal Person
CLIC	Community LEAP Implementation Committee
	Community Development
CSPS	Centre for Social Policy Studies
CT	Conditional Transfer
DDDSW &CD	Directorate of the Department of Social Welfare &
EGS	Employment Guarantee Scheme
GLSS 5	Ghana Living Standard Survey Round 5
GoG	Government of Ghana
LEAP	Livelihood Empowerment Against Poverty
LIPW	Labour Intensive Public Works
MDG	Millennium Development Goals
MMYE	Ministry Manpower Youth and Employment
NGGL	Newmont Ghana Gold Limited
NSPS	National Social Protection Strategy
OECD	Organisation for Economic Co-operation and Development
OVC	Orphans and Vulnerable Children
PPS	Probability Proportionate to Size

SCN	Social Capital Networks
UG	University of Ghana
UNICEF	United Nations
WEP	Weekly Expenditure Patterns

ABSTRACT

In an effort to reduce poverty in Ghana, the Government designed a National Social Protection Strategy (NSPS) in 2008, with a cash transfer component known as the Livelihood Empowerment Against Poverty (LEAP). Under the LEAP, vulnerable members of households are identified and caregivers are given cash support to supplement their incomes in order to improve care for the vulnerable members of their households. This study was conducted to:

i) examine changes in the occupations and assets among LEAP caregivers following their enrolment into the programme; ii) find out changes in livelihoods among LEAP caregivers; and iii) examine changes in social capital networks of caregivers. A mixed research approach was adopted. A combination of probability and non-probability sampling techniques was used to select a total of 255 respondents from a population of 653 caregivers. Data was collected through interviews and a self-administered questionnaire. The qualitative data was analysed thematically while the quantitative data was analysed using multiple techniques including: correlation and an independent t-test. The results indicated that: the main economic activities of caregivers are farming trading and cleaning related. These activities have not basically changed after becoming caregivers. However, instead of engaging in such activities on behalf of others they now own the businesses. Again, there have been a significant increase in the quantity of assets after becoming caregivers while social capital networks and benefits from these networks have also increased. It was thus concluded that the LEAP has had a positive effect on the acquisition of assets, occupations and social capital networks of caregivers.

CHAPTER ONE

INTRODUCTION

1.0 Background

At least one-quarter of Ghanaians are below the poverty line and are at risk of not meeting their food, health, education, shelter and other basic essential goods and services requirements according to the Ghana Living Standards Survey (GSS, 2013). In an attempt to reduce poverty and make the lives of the citizenry better, governments of poverty-stricken countries have often times initiated cash transfer programmes to support the livelihood of the underprivileged poor people (Barrientos, 2013; Dinbabo, 2011). However, experiences from South America suggest that cash transfer programmes by themselves do not eradicate poverty unless the livelihoods of those receiving such support are improved (Garcia and Moore, 2012). This makes it important to understand the nature of livelihoods of households that receive cash transfers.

Livelihood as defined by Chambers and Conway (1992) comprise the capabilities, assets, including both material and social resources, and activities required for means of living. In effect, livelihood encompasses every activity carried out in an attempt to make a living.

Poverty continues to plague many parts of the world especially in developing countries (Fernald, 2013; Garcia and Moore, 2012; Malik, 2009). Globally 1.4 billion people are described as being extremely poor (i.e. surviving on less than 1.25 US Dollars per day) (Kharas, 2010). Some social scientists have argued that poverty is the outcome of both material and non-material deprivation (Chambers 1989; 1992; Sen 1981; 1997). This suggests that poverty is a product of a set of intersecting factors, including lack of regular income, low purchasing power (Chambers, 1989; 1992; Sen, 1981; 1997) and poor access to essential services. Among other things, it is also a result of low social status arising from, physical weakness, social isolation/exclusion, vulnerability and powerlessness (Chambers 1989; 1992; Sen 1981; 1997).

From a purely material point of view, the Ghana Living Standard Survey Round 5 (GLSS 5) define poverty to include individuals “whose standard of living is insufficient to meet their basic nutritional requirements even if they devoted their entire consumption budget to food” (GSS, 2013: page).

Since the 1990s, much progress has been made in poverty reduction and the improvement of livelihoods of the extremely poor in Ghana. This enabled the country to achieve the MDG 1 which was launched in 2000 by the United Nations (UN) as part of the global 8 Millennium Development Goals.

Goal 1 targeted reducing by half the proportion of the population living in poverty. Thus, a 50% reduction in poverty was set as the first goal of the MDGs. In Ghana’s pursuit of Goal 1, the overall poverty was reduced substantially from 51.7% in 1992 to 31.9% in 2006 as estimated by the Report from the Round 5 of the Ghana living Standard Survey (GLSS 5). The same report suggested about 16.5% of the people were extremely poor as at 2005/2006 (Ghana Statistical Service, 2013).

Just over five years later in the GLSS 6 round of the survey, it was reported that poverty was down again and only about a quarter (24.2%) of Ghanaians were living in poverty, whilst less than one-tenth (8.4%) of the population living as extreme poor. The survey assumed a lower poverty line of GHC792.05 per adult per year, which is based on considerations of household members’ nutritional requirements. Individuals with yearly incomes below the amount are considered to be in extreme poverty. The reason is that, even if they allocate their entire budget to food, meeting their minimum nutritional requirement will not be possible considering the average consumption basket. Based on 2010 PHC projections, more than 2.2 million Ghanaians in real terms cannot afford to feed themselves with the required 2,900 calories per adult equivalent of food per day, even if all their expenditure was devoted to food (Ghana Statistical

Service). Over the years however, the number of people living in extreme poverty in Ghana has reduced. Nevertheless, the current figure is considered quite high due to the fact that Ghana is a lower middle-income country (Ghana Statistical Service, 2016).

As part of efforts to accelerate poverty reduction, the National Social Protection Strategy (NSPS) was designed and launched by the Government of Ghana (GoG) in 2008, with a cash transfer component. This component, known as the Livelihood Empowerment Against Poverty (LEAP) programme consists of a conditional and an unconditional cash transfer scheme to improve upon the livelihoods of the beneficiary households. Eligibility criteria for receiving support include the old aged 65 and above with no means of income, people with severe disability without productive capacity, and orphans and vulnerable children (OVC) (UNICEF 2013). In 2008 GoG adopted a Ghana Social Protection policy to institutionalise its social protection agenda (UNICEF 2013; Barrientos, 2013; Dinbabo, 2011).

As espoused by Agbaam and Dinbabo (2014), the LEAP med is designed to principally achieve three aims: “decreasing chronic or shock induced poverty, addressing social risk and reducing economic vulnerability” amongst the extremely poor in Ghana” (Agbaam & Dinbabo, 2014, p. 1).

Livelihoods of a caregiver of beneficiary of cash transfer should be seen as critical in sustaining wellbeing of the beneficiary and the entire beneficiary household. This is because, caregivers’ roles in giving both material and relational support to direct beneficiaries are pivotal to providing their daily needs. As the resources of the caregivers improve, it is expected that the well-being of the beneficiaries will also improve. However existing studies on the impact of cash transfer programmes in general and the specifically the LEAP of Ghana have usually excluded everything relating to the caregiver. This makes it important to conduct a study to

examine the livelihoods of caregivers of the beneficiaries of the programme. Special attention is given to how these livelihoods have changed over time, as reported by the caregivers.

1.1 Problem Statement

The LEAP as a cash transfer programme was introduced to help improve the life of beneficiaries and significant others. Since its introduction, various studies have been conducted to investigate different aspects of the LEAP programme. For instance, Osei R. D. (2011) assessed how the policy is being used effectively to reduce poverty among Ghanaians with a focus on the beneficiaries. Other impact assessment studies have been conducted whose results have collectively indicated that the programme have been very effective in reducing poverty among beneficiaries (Bongfudeme and Bawelle, 2016; Roelen, Karki, Chettri and Delap, 2015; Agbaam, 2013; University of North Carolina, 2013; Amuzu, Jones and Pereznieta, 2010).

In 2013, an impact evaluation of the LEAP conducted by the University of North Carolina (2013) indicated that the impact of the programme on poverty reduction on beneficiaries is very effective and positive. Beyond its effects on reducing poverty among beneficiaries, the study by University of North Carolina (2013) and other existing studies have further indicated that, the LEAP is likely to have a direct effect on the life of caregivers just as the beneficiaries. These effects could be positive or negative. For example, on the negative side, it is realised that, in caring for the LEAP beneficiaries, caregivers spend precious time that could have been used on their own livelihood activities. However, they end up devoting considerable time caring for the LEAP beneficiaries. Again, in the event that the LEAP grant delays, caregivers always have to look for alternative means of providing for their dependants. One of the advantages that caregivers derive from caring for beneficiaries is that the complementary services are not limited to just beneficiaries but extended to the entire household. This means the LEAP has a direct effect (both positive and negative) on the livelihood activities of caregivers. The livelihoods of caregivers of LEAP beneficiaries are therefore likely to be

affected due to the differences in the economic activities they are likely involved in as a result of becoming caregivers. Just as its effects on the main beneficiaries, empirical research on the effects of the LEAP on caregivers is long overdue.

However, a search in the literature seems to indicate that until now very few studies have been able to note the changes that occurs in their lives when they become caregivers of LEAP beneficiaries. Fisher et al. (2017) addressed changes that take place in beneficiary households, which pays some attention to the activities of caregiver. For instance, it is not clear whether becoming caregivers has brought more improvement in their social relations. It is also not known whether becoming caregivers has led to an improvement in asset acquisition and other expenditure patterns. It is similarly not known whether the caregiving role has improved their occupation patterns. However, answers to questions like these are very important in assessing the impact of the LEAP programme in general and specifically the caregiving role. In line with the role of research in helping provide answers to such critical questions, there has been a call on empirical studies to explore the livelihood modifications that have occurred in the lives of caregivers and how successful they have been (Bongfudeme and Bawelle, 2016; Roelen, Karki, Chettri and Delap, 2015). As a response to such calls, it is imperative to explore the livelihoods of the caregivers of the LEAP. This research was therefore intended to critically examine the changes in livelihoods among caregivers of the LEAP programme with special reference to their assets, occupations and social networks.

1.2 Objectives of the study

1. To examine changes in the occupations and assets among LEAP caregivers in both rural and urban communities in the Asutifi North District.
2. To examine the changes in livelihoods among LEAP caregivers
3. To examine changes in social capital networks of LEAP caregivers.

1.3 Research hypothesis

1. There is a significant improvement in assets of LEAP caregivers following enrolment on LEAP.
2. Becoming a caregiver of a LEAP beneficiary leads to significant increase in the expenditure pattern of the caregiver.

1.4 Research questions

The following questions are set to be answered at the end of the study in order to achieve the above objectives.

1. What are the changes in the occupations, incomes and assets among LEAP caregivers in the Asutifi North District and how do the changes reflect livelihoods diversification and empowerment?
2. What is the association between changes in livelihood activities and changes in social capital networks of LEAP caregivers in the Asutifi North District?

1.5 Significance of the study

For any research to be useful it must contribute to the volume of existing knowledge of the field under enquiry. This research is expected to increase our horizon of the LEAP me. This study can serve as a spring board and a basis for conducting nationwide research on the livelihoods among the LEAP caregivers. In view of this, it is the hope of the researcher that, information from this study would help address some of the challenges that confront the efficacy of LEAP in implementing its activities at the study area.

The study conducted in the Asutifi North District should serve as a reference material and provide opportunity for further study into this area. Governmental organizations such as Ministry of Gender, Children and Social Protection and non-governmental organizations would hopefully find information stemming from this research useful for strategy intervention.

It is expected that the findings of this study would address issues of misapprehensions that people have, that seek to deter other caregivers' from approaching the corridors of LEAP to take advantage of the system to develop their families and communities.

The Department of Social Welfare and Community Development which is the lead implementer of LEAP in Asutifi North District can also use the findings to guide and improve their scope of practice in areas of their operations.

Furthermore, the findings can augment the pool of data required by other social researchers in their quest to design interventions to solve poverty problems in rural and urban areas of Ghana.

1.6 Scope of the study

Under the scope, three (3) things are considered: the geographical scope, the scope of the issue to be researched and the scope of respondents. Geographically, the study covers the Asutifi North District in the old Brong Ahafo Region now in the newly created Ahafo Region. The respondents included caregivers of beneficiary households on the programme (LEAP), the District Social Welfare officers, the Community Focal Persons (CFP) hitherto known as the Community LEAP Implementation Committee (CLIC). Finally, the study covered pattern of livelihoods among LEAP caregivers in rural and urban communities.

1.7 Definition of terms

For the purpose of clarity and for avoidances of doubt, this section provides meaning to certain terminologies that are used in the study.

Advocacy: Advocacy as used in the study means speaking up for oneself or for others

Livelihood: This comprises capabilities, the assets (natural, physical, human, financial and social capital), the activities, and the access to these (mediated by institutions and social relations) that together determine the living condition of the individual or household.

Empowerment: This is a multi-dimensional social process that helps people gain control over their own lives as well as their surroundings.

Poverty: Poverty is a lack of opportunities, powerlessness, and vulnerability.

Social protection: Social protection refers to the set of public and private measures that a society provides for its members to protect them against economic and social distress that would be caused by the absence or a substantial reduction of income from work as a result of various contingencies (such as sickness, maternity, employment injury, unemployment, invalidity, old age, and death of the breadwinner).

Cash Transfer: A regular non-contributory payment of money made available by government or non-governmental organizations to individuals or households of a defined characteristics, with the sole objective of reducing chronic or shock induced poverty, while addressing social risk and reducing economic vulnerability

Focal persons: These are persons who have resided in the communities for quite a long time and have a fair knowledge about the plight of almost all the residents, they select the potential beneficiaries to be targeted for enrollment unto the LEAP programme after a short training.

Cash out: The withdrawal of the LEAP grant by using the e-zwich card and e-zwich machine bio-metrically.

Patterns of livelihood: These are the various economic and non-economic activities carried out by caregivers of LEAP as means of subsistence of their household

1.8 Organization of the study

The study is structured into five main chapters. Chapter one introduces the reader to the study, proceeds with the problem statement where the need for the research is clearly stated. After the statement of the problem comes the development of the purpose, the objectives and the research questions. Finally, in chapter one the issues of significance of the study and its scope are addressed, and some key concepts are defined.

Chapter two reviews the literature behind the formulation of the study where important concepts relating to the LEAP and livelihoods are explained. The review was made up of both theoretical and empirical review. Out of the review, the researcher developed the framework for the study. In chapter three, detailed explanation of the research methods that were used for the study is provided. The chapter consists of the brief background of study area, study approach, design and population and sampling dynamics. Explanations were also given to sources of data for the study, data collection techniques and procedures as well as how the data collected was analysed.

Chapter four provides information on the findings from the data analysis and the presentation of results. The chapter also discusses the findings in relation to each of the research questions. Chapter five provides the summary, conclusions and recommendations which consist of a brief summary of the work and conclusion based on both theory and implication.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter, relevant literature (both theoretical and empirical literature) on cash transfers in social protection programmes and on the livelihoods of caregivers in the administration of cash transfers are reviewed. While literature is reviewed from a global perspective, it is also narrowed down to the context of Ghana. The literature reviewed is intended to help examine the patterns of livelihood among LEAP caregivers in the Asutifi North District in the Brong Ahafo Region that is to say almost a decade into the implementation of LEAP. This is to enable the reader to place the research within context with regards to previous studies on the subject matter of social protection in Ghana. The sustainable livelihood framework is described below as the main framework for this study and how the LEAP could be used as a tool for changing the livelihoods of caregivers.

2.1 Theoretical perspectives on livelihoods

Tao and Wall (2008) assert that there exist two broad ideas of sustainable livelihoods; adaptive strategies and participation and empowerment. Adaptive strategies involve the modifications individuals make in their systems of livelihoods in an attempt to withstand tough conditions (Helmore & Singh, 2001; Tao & Wall, 2008). The sustainable livelihood approach thus, takes cognisance of the relevance of policies and institutions in influencing the lives of the vulnerable and the poor.

The framework consists of five distinct but interrelated elements which include; contexts, conditions and trends, livelihood resources, institutional processes and organisational structures, livelihood strategies and sustainable livelihood outcomes. However, the current

study mainly focused on the livelihood strategies and sustainable livelihood outcome elements of the theory as well as on livelihood resources.

The framework inspired the analytical approach adopted in this study. For instance, it helped to analyse the resource base available to the caregivers and the livelihood outcomes. It also assisted in categorising the factors that determine or inhibit livelihood opportunities and also indicate the relationships that exists among these factors. It helped to expand the livelihood resources that various households have access to by suggesting areas for trade-offs and compromises (Scoones, 1998; Tao & Wall, 2008). Thus, the framework focuses on how the decisions and activities of households and individuals helped achieve their livelihood outcomes.

Scoones (1998) identified in his study on sustainable rural livelihoods that the persuance of different livelihood strategies is dependent on the resources or assets in one's possession. An individual's assets in possession determines their livelihood and consumption patterns and capabilities in their struggle for survival and in order to improve their standard of living (Allison & Ellis, 2001; Tao & Wall, 2009). These resources constitute the "capital base" from which various productive activities are derived to construct their livelihoods (Allison & Ellis, 2001).

The framework assists to categorise the determining or inhibiting factors that affect livelihood opportunities and also indicates the relationships that exists among these factors. It aims to expand the livelihood resources that various households have access to by suggesting areas for trade-offs and compromises (Scoones, 1998; Tao & Wall, 2008). Thus, the framework focuses on how the decisions and activities of households and individuals help achieve their livelihood outcomes

The sustainable livelihoods framework by Scoones (1998) was adopted as the theoretical framework for this study based on the adaptive strategies of Tao and Wall (2008) sustainable livelihood. This is because the subject matter under investigation-the LEAP-basically involves modifications to the systems of livelihoods in an attempt to withstand livelihoods' tough conditions. The SLF is fundamentally for assessing beneficiaries of sustainable livelihoods programmes though, but the use of this framework in a study that involves caregivers instead of beneficiaries is further justified but the relations that exist between the beneficiaries and the caregivers of the LEAP. The LEAP is known to particularly targets persons with severe disability without productive capacities, aged without support and orphans and vulnerable children. Caregivers of minors are mostly their parents who take absolute responsibility for the grant. Similar thing applies to the persons with severe disability and in many cases the aged. Infact, where a beneficiary is an active adult, he/she will have no caregiver. So in effect, cases that have caregiver, the caregivers are mostly in charge of decisions to the use of the money. This is because the caregivers are selected by default of the fact that, before the LEAP, they were responsible for the would-be beneficiary. As a result of this, any framework with the capacity to assess the effects of the programme on the beneficiary can be used to assess the caregivers.

2.2 Nature of livelihoods in households receiving cash transfer

In recent years, the phenomena of patterns of livelihood has become vital to development practice, especially in relation to poor households. Fisher et al. (2017) note that for poor people with fragile livelihoods, receiving cash transfer becomes a lifeline that gives them critical fiscal space to broaden their investment decisions. Whilst in most literature, 'diversification' is defined in terms of productive activities or income, the introduction of the concept of 'livelihoods' security has broadened the debate to include "the process by which rural families construct a diverse portfolio of activities and social support capabilities in their struggle for

survival and in order to improve their standard of living” (Ellis, 2000, p. 4). According to Martin & Lorenzen (2016), Livelihood strategies are the combinations of activities and assets that generate the means of household survival. These combinations of livelihood activities that are practised by individuals and groups demonstrate that the goals and motivations for diversification are themselves varied, so allow for multiple interpretations of what these comprise.

An individual’s livelihood is explained to include the means by which they secure basic life necessities such as water, food and clothing. As defined by Satsangi and Anand, (2016), “Livelihood is a set of activities, involving securing water, food, fodder, medicine, shelter, clothing and the capacity to acquire above necessities working either individually or as a group by using endowments (both human and material) for meeting the requirements of the self and his/her household on a sustainable basis with dignity”. Livelihood in its simplest terms refers to sufficient stocks and flows of food and financial resources to meet basic needs as well as provide support for the improvement and exercise of capabilities.

In most poor rural households in developing countries, livelihoods have remained dependent on agriculture. Martin & Lorenzen, (2016) that livelihoods are highly diverse at this level.

They noted that it is a strategy that more wealthy households also use and has the potential to generate wealth accumulation and advancement. Besides diversification in occupations remittances from migrant household members across all socioeconomic groups also contributes significantly to livelihood security.

Poorer households however have lower levels of capacity for diversification, and are most vulnerable to natural or economic disasters and other shocks because of their inability to mobilise resources to engage in non-agricultural investments.

2.3 Livelihood security

In recent years, the phenomena of patterns of livelihood has become vital to development practice, especially in relation to poor households (Fisher et al., 2017). The authors further noted that for poor people with fragile livelihoods, receiving cash transfer becomes a lifeline that gives them critical fiscal space to broaden their investment decisions. Whilst in most literature, ‘diversification’ is defined in terms of productive activities or income, the introduction of the concept of ‘livelihoods’ security has broadened the debate to include “the process by which rural families construct a diverse portfolio of activities and social support capabilities in their struggle for survival and in order to improve their standard of living” (Ellis, 2000, p. 4). According to Martin and Lorenzen (2016, p. 231), Livelihood strategies are “the combinations of activities and assets that generate the means of household survival”.

These blends of livelihood activities that are practised by people and households show that the objectives and inspirations for diversification are themselves numerous, so take into account different understandings of what these comprise.

An individual’s livelihood is explained to include the means by which they secure basic live life necessities such as water, food and clothing. As defined by Satsangi and Anand, (2016), “Livelihood is a set of activities, involving securing water, food, fodder, medicine, shelter, clothing and the capacity to acquire above necessities working either individually or as a group by using endowments (both human and material) for meeting the requirements of the self and his/her household on a sustainable basis with dignity”. Livelihood in its simplest terms refers to sufficient stocks and flows of food and financial resources to meet basic needs as well as provide support for the improvement and exercise of capabilities.

In emerging economies, households are regularly occupied with various set of activities for income-generating, in their quest to grow their income base and aggregate more.

Diversification is likewise an endeavor to alleviate exposure to risks. Thus, households receive and change their livelihood strategies after some time dependent on their assets combinations, environmental factors and internal stresses to construct strength and keep up the sustainability of their livelihoods (Jiao, Pouliot, & Walelign, 2017).

In most rural developing countries, livelihoods are mainly dependent on agriculture which have over the years remained an essential component of the rural economies. Martin & Lorenzen, (2016) recognized that livelihoods are exceptionally diverse and multiplicity of occupation is a dynamic strategy that wealthier households with a different resource base embrace wealth accumulation and development. These strategies of diversification are essentially comprised of a blend of exercises that are agricultural and other non-agricultural activities, just as remittances from migrant family members across the socioeconomic groups. The structure this diversification takes is additionally reliant on the wealth of the household. When households are able to increase their asset status, their income-generation opportunities increase and facilitate their transition into other varieties of agriculture employments and those that are non-agriculture in nature. This further strengthens

Their livelihoods by decreasing the risks that are fundamentally connected with agriculture. The impact of this is the poor are left with lower dimensions of diversification, most defenceless against natural or economic debacles and different shocks in view of their failure to diversify their livelihoods thereby concentrating on farming to augment their consumption. In order to provide livelihood security, it has been suggested by the sustainable livelihood framework to use either adaptive strategies or participation and empowerment strategies. Since the nature of the LEAP makes it an adaptive strategy, the use of adaptive strategies as a fight against poverty is further reviewed and in the context of how they affect livelihood.

2.4 Patterns of livelihood

The phenomena of patterns of livelihood has become vital to development practice in recent years. Whilst much of the literature defines ‘diversification’ in terms of productive activities or income, the introduction of the concept of ‘livelihoods’ has broadened the debate to include “the process by which rural families construct a diverse portfolio of activities and social support capabilities in their struggle for survival and in order to improve their standard of living” (Ellis, 2000). Livelihood strategies are “the combinations of activities and assets that generate the means of household survival” (Martin & Lorenzen, 2016, p. 231).

An individual’s livelihood is explained to include their methods for securing the fundamental necessities of life, for example, food, water, shelter and clothing. Livelihood is characterized by a set of activities, including securing water, food, shelter, medicine and the ability to procure above necessities working either individually or as a household by utilizing endowments (human and material) for meeting the prerequisites of oneself and his/her family on a sustainable premise with dignity (Satsangi & Anand, 2016). Livelihood in its easiest terms alludes to satisfactory stocks and streams of food and money to address fundamental issues and augment the enhancement and exercise of capabilities.

2.5 Cash transfers in the fight against poverty

Cash transfer programmes can be defined as policy initiatives aimed at redistribution of national income to support poor households with selected vulnerable groups. The transfer can be described as “regular non-contributory payments of money provided by government or non-governmental organisations to individuals or households, with the objective of decreasing chronic or shock-induced poverty, addressing social risk and reducing economic vulnerability” (Samson, 2009, p. 1). These transfers can be conditional on the beneficiaries fulfilling certain requirements (e.g. health insurance, education, nutrition, child labour among others) Also, the

transfers can be universally or explicitly targeted to those identified as vulnerable or poor (DAS, 2005; Samson, 2009; OECD, 2009; Lagarde, Haines, & Palmer, 2007). Such cash transfers may directly protect consumption by empowering households to be able to cope with shocks and poverty, or to mitigate against the consequences of high-risk investments and breaking poverty traps to break inter-generational transmission of poverty.

Conditional Cash Transfers have been acknowledged as an avenue for helping poor households to comply with the developmental objectives of such support, especially for poor countries to meet the millennium development goals. Sometimes the Cash Transfers schemes are mixed conditional and unconditional schemes.

The LEAP grant in Ghana for example, is unconditional for the severely disabled and those over 65, but for young people it is somewhat conditional. Caregivers of orphans and vulnerable children (OVC) are required to observe some conditionalities for their children to remain eligible for support, which include: enrolling and retaining of children of school going age in school; registration of newly born babies and their attendance at post-natal clinics for growth monitoring; full vaccination of children up to the age of five; and non-trafficking of children and their non-involvement in the worst forms of child labour. In an empirical study by Lagarde et al., (2007) in which they assessed “the effectiveness of monetary transfers in improving access to and use of health services, as well as improving health outcomes, in low and middle-income countries” concluded that conditional cash transfer programmes are effective in increasing the use of preventive services and sometimes improve health status of the beneficiaries.

Extant literature on social cash transfer initiatives show that cash transfers have the ability to move to improve pro-poor development in various ways, strikingly by offering an efficient tool for managing risk, by helping and supporting the advancement of human capital and by

engaging poor family units to lift themselves out of the apparently unending poverty trap. Such cash exchanges can be all inclusive or unequivocally focused at those identified (OECD, 2009; Lagarde, Haines, & Palmer, 2007).

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2.5.1 Cash transfer programme in Ghana

Quartey (2006) observed the significant contribution that migrant remittances contributed to the Ghanaian economy generally. Historically remittances, which too many beneficiaries constitute a kind of cash transfer, have played an important role in traditional social support systems throughout Ghana by strengthening livelihoods.

In 2008, the government of Ghana, adopted a cash transfer programme known as the livelihood empowerment against poverty programme (LEAP), as noted earlier. It was introduced as a flagship programme of the National Social Protection Strategy. Since then, the LEAP programme has enabled extremely poor households in the country to receive bi-monthly payments, thus expanding their purchasing power for social and other investments. With LEAP beneficiary households can enrol their wards in school and adopt strategies to lift themselves out of poverty (Ministry of Gender, 2008).

LEAP as a social cash transfer programme provides cash grants and health insurance to extremely poor households in both rural and urban communities in Ghana with the aim of alleviating short-term poverty and also improving human capital development. Targeting caregivers of orphans and vulnerable children (OVC), people living with disabilities and the

elderly, the LEAP cash transfer is a type of social protection given by the state to address the issues of vulnerable individuals in poor family units in Ghana. The LEAP programme design has been identified to have a strong focus on addressing the burden of care that is heavily borne by women and also highlights the particular nature of vulnerabilities faced by elderly women (Gbedemah, Jones, & Pereznieto, 2010).

2.6 Targeting approaches used in LEAP

The concept of targeting is of essence to cash transfer implementation. LEAP targets specific groups from the bottom 20% of the extremely poor in Ghana, including those who are particularly vulnerable. The main criteria used for the targeting include: geographical poverty and other forms of disadvantage such as HIV/AIDS prevalence; rates of child labour; and access to social services (MMYE, 2007). The mechanism of targeting is crucial to the accessing or failure of me. The benefits of accurate and useful targeting include: making sure the right beneficiaries receive such cash reducing wastages and cost in delivery of benefits are reduced among others.

The LEAP utilizes four poverty thresholds limits to assess the determination of beneficiaries. From this appraisal, lower and upper poverty lines are resolved, with household equivalency represented and collapsed by time and regional-specific cost of living indices (MMYE 2007). This clearly avoids a specific proportion of individuals who could have been potential beneficiaries as well. Analyses utilizing the GLSS5's upper poverty line demonstrate that, assuming family units with an unvaccinated individual is taken as the criterion or basis, around half (50%) are over the poverty line and would be excluded. The least rates of poor households not regarded qualified are for families without flush toilets (1%), without pipe indoor (3%), and those without medical insurance (5%), but this is in huge part since well over 80% of all families meet these proxies.

This analyses additionally implies that families containing a disabled individual or an unvaccinated individual have genuinely low rates of considering non-poor households qualified (63% and 50%), but since just 1% of households have a disabled individual and 1.28% have an unvaccinated individual, an extremely high extent of the poor are excluded by these intermediaries (Racheal and Farrington, 2009).

2.7 Empirical literature on cash transfers and caregivers

This section pays particular attention to studies on patterns of livelihood, livelihood diversification strategies, as well as social protection programme and policies (including cash transfers) that are normally adopted in eradicating extreme poverty around the globe, in the African sub-region and in the context of Ghana.

Around the world, various studies have been conducted exploring how livelihood diversification as a strategy has aided in augmenting efforts in the reduction of the vicious poverty cycle. Specifically, the empirical review explores the contexts, institutions, livelihood activities and strategies and other variables that affect households in an attempt to get out of the poverty trap.

Martin & Lorenzen, (2016) in their study on Livelihoods in rural Southern Laos identified that livelihoods are highly reliant on agriculture which remains a significant cornerstone of the rural economy. Livelihoods are highly diverse and occupational multiplicity is a progressive strategy undertaken by wealthier households with a diverse asset base and associated with accumulation and improvement. Diversification strategies normally incorporate a mix of agricultural and non-agrarian exercises well as migrant cash transfers across various socioeconomic groupings. However, the structure this takes is additionally reliant on wealth. The improved resource status of family units extends to empowering higher income-generating relocation opportunities and may encourage change into non-agricultural businesses, further reinforcing livelihoods by

diminishing the innate risks that accompany agriculture, as well as into a more extensive variety of agricultural employment exercises. The impact of this is that it leaves poor, with lower degrees of diversification, at most risk to natural or economic debacle or different shocks. The results from the study suggest that recognizing the positive parts of livelihood diversification for reductions in rural poverty decrease and economic improvement are significant. Poverty reduction programme in rural households should be expanded and address systems for assisting and empowering diversification and mobility of labour as opposed to concentrating on one segment. In addition, pro-poor development activities that focus on expanding the variety of assets mix (instead of the quantity of any one single resource) of the poor are bound to be effective in supporting livelihood diversification and diminishing vulnerability.

In another study, Ellis, (2000) explored a facet of livelihood diversity and the reasons that compel households to adopt and adapt multiple livelihood strategies. The distinction is made between diversifications as a result of necessity and diversification due to choices. Six factors that determines diversification are considered in the light of that distinction. They are “seasonality, risk, labour markets, credit markets, asset strategies, and coping strategies” (Ellis, 2000). The paper concluded that under the precarious conditions that characterise rural survival in many low-income countries, diversification has positive attributes for livelihood security that overshadow negative meanings it may possess.

While the studies by Martin & Lorenzen (2016) and Ellis (2000) study suggested increase in the diversity of assets pool (or pattern of life) of the poor are more likely to be successful in improving the condition of the poor, there are no empirical evidence as to whether supporting livelihood programmes in Ghana have been able to lead to this.

These determinants of livelihood diversification are mediated through social relations and institutions, shaped by interactions with the physical environment, and by changes over time

in the larger economy, including changes in income-earning opportunities provoked by structural adjustment and market liberalisation policies. Diverse rural livelihoods are less vulnerable than undiversified ones therefore policies and programmes should encourage rather than hinder diversity.

Jiao et al., (2017) in their study in rural Cambodia on livelihood strategies and dynamics additionally addressed one of the major challenges in the elements of livelihood patterns by households. The study explored the associations between livelihood resources, activities, and outcomes by utilizing the "dynamic livelihood strategy framework" and utilized panel data for 2008 and 2012 that spreads across 464 households in fifteen towns. The results of the study highlight five household livelihood strategies pursued, and the results demonstrate that over 70% of families adjusted their strategies over the long run because of evolving pressures, motivations and opportunities. The findings additionally suggest factors that require consideration regarding rural investments and services by the state and social advancement or civil society organisations. For instance, a requirement for improving access to assets (i.e., economic and technical), alternative income generating activities, improved access to formal and non-formal education and skills training, changes in land arrangement and the investigation of alternative livelihood patterns for the individuals who are adversely impacted via land concessions. In their attempt to come out with the benefits of the of livelihood support s, Jiao et al., (2017) have identified some changes in livelihood strategies (livelihood patterns). However, the results are not comprehensive to serve as a basis for drawing conclusions on the extent to which such programmes cause changes in livelihood patterns.

Studies have also been conducted on cash transfers programmes and their impacts on the lives of the poor. Results have indicated a wonderful impact on several aspects of such programmes on the poor. Example, cash transfer has impact on agricultural activities of beneficiaries. Poverty may compel poor households to plant low-return crops and also use production

methods that will give them low yields (Barrientos, 2012). Cash transfer programmes help beneficiaries to investments and acquire agricultural assets such as livestock, land and other farm implements (Tirivayi, Knowles & Davis 2013).

Studies have shown that cash transfers have led to increase in farming and other agricultural related activities. For example, in Mexico, PROGRESA programme increased the use of land for farming and ownership of livestock (Gertler, Martinez, & Rubio-Codina, 2012; Angelucci, de Giorgi, Rangel, & Rasul, 2009). Similarly, the BONOSOL pension programme in Bolivia increased ownership of livestock. Rabbani, Prakash and Sulaiman (2006) also found that in Bangladesh land and livestock ownership have increased as a result of the CFPR me.

With respect to agricultural inputs, it has been reported that cash transfer programmes have help beneficiaries to acquire agricultural inputs. For instance, the Bolivian's BONOSOL has helped spending on agricultural inputs such as feed, seed, fertilizer and pesticide (Martinez 2004). Rural farmers who benefited from the Indian Employment Guarantee Scheme (EGS) planted crop varieties with higher yield (Devereux, 2002).

Cash transfer programmes have mixed impact on labour supply. Cash transfer programme enable beneficiaries to shift their involvement in the labour market. Beneficiaries either join or withdraw from the labour market (Bastagli, et al 2016). To Bastagli, et al, beneficiaries' number of working hours may either reduce or increase. They were also of the view that beneficiaries may change patterns of labour. For instance, they change from on-farm to non-farm work, prefer to work on their own farm/business than doing casual work or move between formal and informal work. Again, they minimize distress sale of manpower. For example, in low-paid or highly degrading work commercial theft and begging (Bastagli, et al 2016).

Studies in Ecuador, Honduras and Mexico did not find effects of cash transfer on adult labour supply (Foguel & Paes de Barrios 2010; Teixeira 2010; Edmonds & Schady 2008; Alzua,

Cruces, & Ripani, 2010; Galiani & McEwan 2012). However, Teixeira (2010) found that wage working hours of beneficiaries of the Bolsa Familia programme in Brazil have slightly reduced. Ribas and Soares (2011) also found that the Bolsa Familia programme has improved beneficiaries' involvement in the informal sector. Similarly, in Nicaragua, it did not have an effect on labour market engagement, however it reduced the number of hours that beneficiaries worked in a week marginally (Maluccio and Flores 2005). A ten-year assessment of the impacts of PROGRESA in Mexico by Rodriguez and Freije (2008) found that the wages of male beneficiaries who have benefited from the programme for increased at every educational level, however, they did not find any significant impact on short- or medium-term beneficiaries.

Global literature has also indicated that Social transfer programmes have impact on social relations of beneficiaries. They have mixed impact on beneficiaries' social relations. According to Rawlings and Rubio (2005) given cash grants directly to mothers have impact on allocation of resource in the households and also on power relations within the household. Slater and Mphale (2008) found that cash transfer help minimise gender conflicts and tensions in the households.

Likewise, a study conducted on Columbian's cash transfer programme by Attanasio, Pellerano and Polanía (2008) found that cash transfer programmes have positive impact on social networks of beneficiaries. According to them, people who have benefited from such a programme for two years to have much higher social capital than those who have not.

Cash transfers have help women to participate in decision-making, improving their self-confidence and enabling them to take part more effectively in community meetings (Skoufias, 2005). In Mexico, cash transfers have help boost the status of women, their role and contribution in household decision making (World Bank, 2008).

Individually, the studies above have been able to comprehensively deal with the effect of cash transfers programmes on patterns of agriculture (Tirivayi, Knowles & Davis 2013; Barrientos, 2012; Gertler, Martinez, & Rubio-Codina, 2012; Angelucci, de Giorgi, Rangel, & Rasul, 2009; Rabbani, Prakash and Sulaiman, 2006; Devereux, 2002; labour supply (Bastagli, et al 2016), social relations (World Bank, 2008; Skoufias, 2005; Slater and Mphale, 2008, Pellerano and Polanía, 2008); assets acquisition. However, these are isolated studies that targets different variables in different countries. There are no single comprehensive study comprising of all or most of the variables in relation to livelihood patterns. Besides, those assessments were done in continents other than Africa and in countries other than Ghana. Since the cultural setting of such countries are different, reaction of people towards cash transfers may be different too.

In different parts of Africa, several studies have been conducted exploring cash transfer programmes and their relationship on livelihoods. Example, Brown, Stephens, Ouma, Murithi, and Barrett, (2006) explored the livelihood strategies in the rural Kenyan highlands. A cluster analysis method was employed to operationalize and define the issue of livelihood strategies in household data and the subsequent strategy-specific income appropriations to test whether the proposed conceptual outcome variations between livelihoods in reality exist. The study identified five particular livelihood strategies that show statistically significant differences in the mean per capita incomes and stochastic strength orderings that build up clear welfare rankings among livelihood strategies. The results likewise identified geographic, demographic and economic related determinants of livelihood decision. Also, in spite of the contrasts between the strategies in the study, just the highest return livelihood produced an average income over the one US dollar-a-day threshold and only the three highest earning strategies created mean per capita daily incomes in excess of the Kenyan rural poverty line of KSh 43 for every individual for each day. Therefore, in spite of the fact that there are contrasts in livelihood strategies, the general picture is as yet one of impressive and broad-based poverty in the rural

Kenyan highlands. The study by Brown, et al., 2006) has been able to establish there are differences in strategies of the poor people in Kenya. Apart from the fact that these differences in strategies could not help the poor out of their poverty, there is also no evidence that the differences in the strategies is as a result of cash transfer.

Barrett, Reardon, & Webb, (2001) on their paper examined the cause and consequence of change on diversification of income and livelihoods in rural Africa. The study concentrated on essential conceptual issues that bedevil the literature on rural income diversification and the implications of the empirical evidence for policy design and implementation. The findings propose a positive connection between nonfarm income and household welfare indices across majority of rural Africa, extensive entry barriers to high return niches within the rural non-farm economy limit access to a subpopulation of moderately endowed households and furthermore, non-farm related income diversification causes increasingly quick development in revenues and consumption. These findings combined, makes a positive feedback circle, wherein those partaking in the rural non-farm economy appreciate faster income rises, thereby giving the assets to plough back into extended non-farm activity.

Studies in sub-Saharan Africa have indicated that the Zambia CGP and Malawi SCT programmes have greatly increased households' investments in farm tools and their ownership of livestock (Boone, Covarrubias, Davis & Winters, 2013). The Zambian CGP programme has been able to increase expenditure on farm inputs like seeds, fertilizer, and hired labour (Devereux, Marshall, MacAskill, & Pelham, 2005: AIR 2013).

In Kenya several studies have been conducted on cash transfer programmes and interesting findings have been revealed. For instance, Bezuneh, Deaton and Norton, (1988) and Holden, Barrett and Hagos (2006) found that Ethiopia and Kenya's cash transfer programmes have lessen problems associated with seasonal credit, thereby helping beneficiaries to use their

monies on fertilizer, seeds, hired labour and the likes. Recently, a study by Asfaw, et al., (2012) indicated that, in Kenya, the CT-OVC programme has resulted in increased ownership of livestock.

Studies in the sub region have also identified a relationship between CTP and labour supply. In Ethiopia, beneficiaries of programmes did not stop working or experience reduction in the hours worked (Gilligan, Hoddinott, & Taffesse, 2009). Barrett, Holden and Clay (2005) found that there is increase in participation in skilled non-farm employment and self-employment by the beneficiaries of FFW me. Covarrubias, Davis and Winters (2012) found that there is reduction in “ganyu” (an informal off-farm form of casual labour in Malawi usually used by poor households as a coping mechanism) labour and raised in labour supply on the farms of beneficiaries of the Malawi’s social cash transfer me. A study conducted on the Kenyan CT-OVC revealed there is reduction in beneficiaries’ involvement in casual labour markets. However, beneficiaries no longer preferred to work on the farms of others but rather on their own (OPM, 2012b).

Apart from serving as disincentive to work on other people’s farms, Du Toit and Neves (2006) found in South Africa that such programmes have helped the use of hired labour by beneficiaries to increase.

Money received through cash transfer programmes enable beneficiaries to invest in other areas. Beneficiaries may invest in farming activities and assets such as buying farmland, livestock, farm and livestock inputs (Bastagli, et al 2016). These authors further wrote that some may do petty trading or set up small businesses. Schubert and Huijbregts (2006) found that beneficiaries of Malawi’s cash transfer programme spend the money in improving their housing and in buying livestock. A study conducted by Food and Agriculture Organization (2013) showed that the LEAP programme has helped beneficiaries invest in a lot of economic

activities and also increase economic activities in their localities. According to Vincent and Cull (2009) beneficiaries are able to invest rest assured that they get money to buy their basic needs. Related to the above is that it prevents beneficiaries from distress sales of their assets like land, livestock and the likes (MCDSS/PWAS/GTZ, 2005).

In Ghana, several studies have been conducted assessing since the introduction of the LEAP. These studies have identified that, the LEAP cash transfer programme has had significant impact on both beneficiaries and their families/households. This impact is especially in relation to food security, health, education, savings and investments, and on the wider community, particularly in terms of community development and economic growth (Bawelle, 2016; Dako-gyeke&Oduro, 2013; Debrah, 2013; Osei, 2011; Roelen, Chettri, & Delap, 2015).

In Africa, cash transfer programmes have been found to lead to beneficiaries investing in other areas, Bastagli, et al 2016; Schubert and Huijbregts, 2006; Bezuneh, Deaton and Norton, 1988; and Holden, Barrett and Hagos, 2006); just spend the money on their basic needs (Vincent and Cull, 2009). Scholars such as Bawelle (2016), Dako-gyeke and Oduro (2013); Debrah (2013); Osei (2011); Roelen, Chettri, and Delap (2015) have also identified the several benefits with cash transfer programmes. These results also do not clearly indicate the extent to which cash transfer programmes causes change in livelihood of beneficiaries.

Using rights-based theoretical perspective as a basis for arguing on the effect of the LEAP programme on access to credit, the LEAP beneficiary group had a greater access to credit than the non-beneficiary group. This may be as a result of the fact that beneficiaries of the LEAP programme will be better placed to repay loans as a result of the monthly flow of cash transfers as compared to non-beneficiaries (Bawelle, 2016). The monthly cash inflows increased the net cash flows of the caregivers of the beneficiary group thereby improving their credit worthiness and ability to contract or access credit to support their activities. The study further revealed

that, the LEAP programme had positive impact on food security, education, health and food consumption and both material and non-material aspects of well-being and contribute to the quality of care and have the potential to prevent children's separation from their parent.

Oduro (2015) also concluded that the LEAP produces an interface that fortify state-citizen connection and serves as a promising opportunity for reintegration. The conditions related with cash transfers are thought to set up a legally binding connection between the state and its citizens and these entitlements are expected to build implicit social contracts between the state and the citizenry. In any case, in a circumstance where fundamental necessities for survival becomes a struggle, to such an extent that the beneficiaries don't have enough income to spend on their needs and were currently getting something on condition that they had to acknowledge it without objection, most beneficiaries regard these transfers demeaning because the conditionalities impose a restriction on their preferences and consumption pattern.

In a study examining the effect of household size on the extent to which families meet the basic needs of OVCs, Dako-Gyeke and Oduro, (2013) indicated that although the cash transfer was conditional, the size of the household dictates the consumption decisions of caregivers. In addition, it was revealed that the cash transfers to the caregivers was utilized in such a manner that it benefited the entire household, be it beneficiary or non-beneficiary. Since the households, worked as single units despite the fact that they are comprised of various individuals from the more distant family, these transfers were used for all children (both LEAP beneficiaries and non-beneficiaries) who are under the care of caregivers.

The findings in practice, suggest that the cash transfer was unsuccessful at meeting “the conditionality requirements because the money was used to meet the needs of non-LEAP beneficiary children as well” (Dako-Gyeke & Oduro, 2013).

Notwithstanding the positive impacts of the LEAP initiative, it has been confronted with several challenges which seem to affect the effective implementation of the programme to achieve full results. Some of these challenges ranges from low monthly cash transfers; irregular monthly payments, bureaucratic administrative procedures, a cap on the maximum number of eligible household members to poor sensitization and follow-up and subtle political interference (Bawelle, 2016; Price, 2015; Roelen et al., 2015).

Other studies have been conducted on the effects of the LEAP on agriculture, labour and on social aspects of the individuals. In terms of agriculture and labour supply, different and seemingly conflicting conclusions have been made. According to Handa et al. (2013), the Ghana's LEAP programme has led to a raise in labour supplied to work on the farms of beneficiary households with not more than four members. On the other hand, the programme is said to have had no effect on agricultural assets or livestock (Handa et al. 2013). It has only encouraged asset acquisitions by beneficiaries who are "economically active or those with reasonably higher asset endowments and not the elderly and poorest beneficiaries" (OPM 2012a; OPM 2012b).

The gaps identified in the literature are that while most of the studies focus in the benefits of cash transfer programmes, they have shunned away from specific change in livelihood or pattern of livelihood strategies of beneficiaries as a result of these cash transfer programmes. Even when the studies identify strategies that are used to coil poverty by recipients, they have refused to explain to the reader if the adoption of these strategies are as a result of such cash transfer programmes and the extent to which they are. Most importantly, the studies have mainly focus on the life of the beneficiaries themselves. However, most recipients are minors with others being weak adults who must be taken care of. There are therefore a lot of people taking care of LEAP beneficiaries in Ghana. An assessment of the usefulness and effects of the LEAP can never be completed, therefore the life of the caregivers has not been assessed. It is

for this reason that the study was conducted to assess the effects of the LEAP on the livelihood patterns of caregivers of beneficiaries

2.8 Conceptual framework

The asset-based livelihood framework was adopted for the study. The framework is an aspect of the Sustainable Livelihood Framework which is used to reveal the complexity that is involved in the context of interventions, and adapting them into reality (Pons, 2008). The development of the framework has been influenced by scholars such as Amartya, Chambers, Ellis etc (Pons, 2008). The framework assumes that “poor people earn a living from a diverse portfolio of activities, which gives them incomes by using the different assets that they possess”. So, the framework assumes that the asset of a person is used as a fulcrum in engaging in diverse portfolios of life to make ends meet. As a result of the assumption of the framework that livelihood depends on assets, some scholars have called it the asset-based livelihood approach. According to Start and Johnson (2004), the “asset-based livelihood approach considers how assets are transformed by structures and processes and livelihood strategies into livelihood outcomes” (p. 17).

In the recent study, the framework is modified to include how the *LEAP intervention* influences the diverse portfolio of activities [herein refer to as livelihood strategies] of the caregivers and to assess as to whether there has been improvement in livelihood outcomes due to the LEAP intervention. The main livelihood patterns considered in this framework (see figure 2.1) include: Asset base, Terms of Access, Terms of production and terms of Exchange. The framework was used to examine each of these variables prior to LEAP intervention and after intervention in order to help know the extent to which there have been improvement or otherwise. The figure 2.1 below is used to represent the framework.

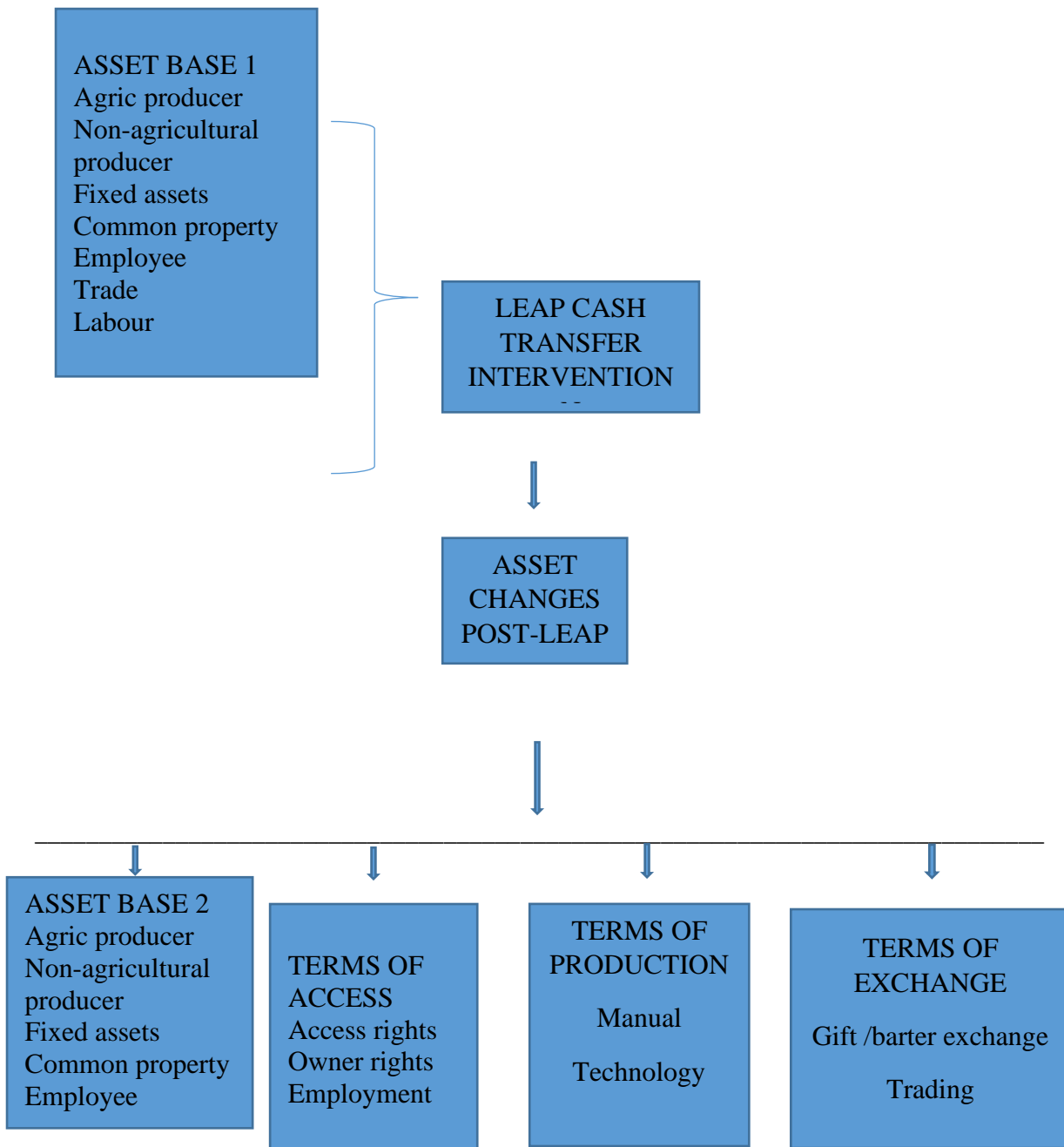
The framework further assumes that, before LEAP intervention, asset base of caregivers is more likely to be agriculturally based and employees while after the LEAP they are more likely to be Non-agricultural producer and own fixed assets. Again, the access and ownership rights are more likely to improve after LEAP compared to periods before LEAP while their terms of production before the intervention is more likely to be manual and compared to the use of technology after the intervention. Then in relation to terms of exchange, the framework explains that they are more likely to be through barter exchange before the intervention and through monetary trading after the LEAP intervention.

Apparently, prior to the enrolment of caregivers unto the LEAP programme, they had limited assets, were employed by other people and were using crude farming methods in their farms such as the use of ashes to ward off pests from vegetable farms. After the LEAP cash intervention, caregivers have migrated from the use of these crude farming methods to modernised farming such as the use of weedicides, knapsack sprayer, and pesticides among others. The caregivers now have resources generated from the production and sale of goods and services to acquire assets and become property owners and even employ others. Finally, in terms of exchange, caregivers do not rely on gifts and exchange of goods but rather engage in proper trading which has better their lots.

2.9 Conclusion

This chapter reviewed relevant literature on the concept of social protection, LEAP, conditional cash transfers, the patterns of livelihood, the sustainable rural livelihood and livelihood transformation frameworks and also studies on the concept of livelihood diversification.

Figure 3.1: Livelihood after LEAP cash transfer



CHAPTER THREE

RESEACH METHODS

3.0 Introduction

This section explains the research methods that were employed for the study. The areas covered in this section include research design, population, sampling techniques, sources of data and data collection techniques as well as data analysis.

3.1 Research approach

A mixed research technique, including quantitative and qualitative approaches was used for the study. This research approach was chosen for the current study because quantitative data make it possible to examine distribution of livelihood types among caregivers. On the other hand, the qualitative approach was used in order to gather data to validate the quantitative data. Thus, using a mixed method, it was possible to triangulate data by collecting different kinds of data. Again, the use of the mixed methods was necessitated by the fact that certain information needed to assess the lives of the caregivers could best be obtained through quantitative means. An Example of such information is the social capital networks.

3.2 Research design

A research design is generally a plan which specifies how data relating to a given problem should be collected and analysed. A case study design was adopted for this study which examined the livelihoods among the LEAP.

In the words of Cooper and Schindler (2011), a case study design “places an emphasis on a full contextual analysis of fewer events and or conditions and their interrelations” (p. 142). Studies that employ case studies are able to obtain information from diverse sources such as interviews, questionnaire etc. despite being criticised of posing a challenge in testing hypotheses due to

the use of qualitative data, the use of a case study in this study was justified by the fact that it makes it possible to collect and rely on both quantitative and qualitative data.

A mixed research technique, including quantitative and qualitative approaches was used for the primary data collection. This research approach was chosen for the current study because quantitative data make it possible to examine distribution of livelihood types among caregivers. On the other hand, the qualitative approach was used in order to gather data to validate the quantitative data. Thus, using a mixed method, it was possible to triangulate data by collecting different kinds of data.

3.2 Population

In the view of Mason et al. (2007), the population for a study is defined as the collection of all possible individuals, objects or measurements of interest. In the current research, the population is made up of caregivers of LEAP beneficiaries in the Asutifi North District Assembly with Kenyasi as its District Capital. Specifically, the population frame is made up of 653 caregivers as indicated in the records available at the District Directorate of the Department of Social Welfare and Community Development Each caregiver is assumed to be taking care of at least one beneficiary, although in practice the direct beneficiaries could be as many as four.

3.3 Sample size and sampling technique

Using a sample size calculator with a definite population size of 653, a confidence interval of 5 and a confidence level of 95%, a sample size of 253 was selected for the study¹. In all, 60

¹ Sample Size Calculator is a Creative Research Systems survey software used to determine how many people are needed to be interviewed in order to get results to reflect the target population as precisely as needed. Below is the exact interface of the Sample size calculator on <https://www.surveysystem.com/sscalc.htm>.

Determine sample size	
Confidence Level:	<input checked="" type="radio"/> 95% <input type="radio"/> 99%
Confidence Interval:	<input type="text"/>

percent of the population live in urban areas with the rest in rural areas. As a result, a probability proportionate to size (PPS) was used to select samples from rural and urban areas. Using this approach, one hundred and forty-five (145) respondents were selected from the urban areas and 88 from the rural areas. Then during the actual selection of the respondents, since the population varies from community to community, the PPS was further used. The table below gives details of the communities and the samples selected based on the total number of caregivers at each implementing community. In addition to these, three officials of the LEAP were selected from the district office of the Department of Social Welfare and Community Development for interviewing. They included senior as well as junior officers. Then three Community Focal Person's (CFP) were also selected for interviewing. Both the Department of Social Welfare and Community Development and the Community Focal Person were selected because of their deep knowledge in the livelihood affairs of the LEAP caregivers

A combination of probability and non-probability techniques was used in selecting the sample. A probability technique (specifically simple random sampling) was used to select the caregivers. All the caregivers of Leap beneficiaries were given equal chance of being selected for answering the questionnaire through simple random sampling in each community. To do this, a list containing the names of all the beneficiaries of the programme was collected from the District Directorate of the Department of Social Welfare and Community Development (DDDSW &CD). Then simple random sampling was used to select names from the total list according to the sampling frame in Table 3.1.

Population:	<input type="text"/>
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Sample size needed:	<input type="text"/>
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Table 3.1: The number of Respondents selected from each Community

No.	Community	Number of respondents
Urban communities		
1.	Kenyasi No 1	35
2.	Kenyasi No 2	45
3.	Ntotroso/Gyedu	20
4.	Wamahiso	30
5.	Gambia No 2	27
Rural communities		
6.	Gambia No 1	13
7.	Nsuta	6
8.	Agravi	6
9.	Biaso	6
10.	Kwadwo Addaekrom	5
11.	Kenyasi No 3	15
12.	Kensere	7
13.	Ntotroso Resettlement	12
14.	Dokyikrom	7
15.	Ola Resettlement	11
Total		245

Source: Authors own compilation

A non-probability method, specifically purposive sampling, was used to select the 2 officials from the District office of the Department of Social Welfare and Community Development. They were purposively selected to solicit for particular information they were best placed to provide, due to their knowledge of the LEAP and their experiences working with the beneficiaries. The purpose of selecting these officials for interviewing was to collect information to validate the data collected from the caregivers.

3.5 Data collection instruments and procedure

For the quantitative data involving caregivers, a structured interview schedule or questionnaire was designed to collect the data. This is because, questionnaire has been identified as one of the best instruments for collecting quantitative data (Morse, 1991; Morgan, 1998). Besides, questionnaires are easy to administer making them one of the easiest ways of collecting data from a large number of people at the same time.

The questionnaire had three main sections – 1, 2 and 3. Section 1 collected information on bio data. Section 2 focused on data relating to the changes in the occupations and assets among caregivers of LEAP beneficiaries, while section 3 targeted data relating to livelihood activities and the nature of social capital networks. The questionnaire has both close and open ended questions.

For the qualitative in-depth interviews with officials, a semi-structured interview guide was developed to collect the data. Interviews are also very suitable for the collection of qualitative data because of their inherent advantage of giving the researcher the opportunity to ask further questions for clarifications. Although Focus Group Discussions have similar advantage, interviews were chosen over FGD because, of the added advantage of providing each participant opportunity to share their personal experience. The use of one-on-one interviews thus further enabled each participant to express themselves and provided very vital information, which they might not have if they were to be in groups.

The guide was prepared in line with the objectives of the study to make sure the data collected addressed the research questions of the study. All Interview sessions were recorded after seeking informed consent. Where the researcher was denied the opportunity to record, notes were taken verbatim. Such notes were later given to the respondents for validation. Besides the recordings however, notes were taken while in the field.

3.6 Data analysis

Two sets of data analysis were done-one for the qualitative data and one for the quantitative data. Before the actual data analysis, the data that was obtained from the field was cleaned for data validation by checking that the recordings from the interviews are audible and that the questionnaire were answered as expected.

3.6.1 Quantitative data analysis

The quantitative data was analysed with an SPSS software version 20. The software was used to generate descriptive statistics to map the distribution of frequencies and the patterns of socioeconomic backgrounds of the caregivers as well as their livelihoods activities.

A multiple response analysis was done to compare ownership of assets before and after LEAP as well as weekly expenditure patterns before and after LEAP. Hypothesis one was analysed with a paired sample T-Test. This is because, Ownership of assets was observed for the same sample for the periods prior to and after becoming caregivers of LEAP. Besides, there was an independent variable which was measured at two different time periods and a dependent variable which was ownership of assets.

Hypothesis two was also analysed with a paired sample T-Test because Weekly Expenditure Pattern was observed for the same sample for the periods prior to and after becoming caregivers of LEAP beneficiaries. Besides, there was an independent variable which (i.e. a caregiver) was measured at two different time periods against a dependent variable (i.e. WEP).

The use of a Paired Sampled T-Test helped to control for the effects of the environment. Therefore, any difference that was observed in the livelihood patterns of caregivers was more attributable to the effects caused as a result of becoming caregivers of LEAP beneficiaries.

3.6.2 Qualitative data analysis

All the recordings were transcribed and content analysis was used to analyse the qualitative data collected from the in-depth interviews. In doing so, the data was reviewed thoroughly and commonly occurring concepts were identified. These were categorised into similar or contrasting themes. This helped the researcher to develop conceptualizations of the possible relationships between variables and themes. Themes were assigned codes. To determine whether a code was assigned correctly, segments of text were compared with other segments that had been assigned the same code previously. Sub-themes were also identified and coded as they emerged. In some instances, some themes were merged into new themes to make their meaning coherent.

Table 3.2: Summary of Research Methods

Item	Objective 1 examine changes in the occupations and assets among LEAP caregivers	Objective 2 examine changes in social capital networks of LEAP caregivers
Independent Variable	LEAP enrolment	LEAP enrolment
Dependent variable	improvement in assets	Increase in expenditure
Sampling technique	Purposive and simple random	Purposive and simple random
Sampling size	245	245
Data Collection Methods	Questionnaire and interviewing	Questionnaire and interviewing
Data Analysis technique	Hypotheses analysed with multiple response set and paired sample T test Qualitative data analysed using content analysis	

3.6.3 Variables

The dependent variables the study used in the analysis were asset ownership and expenditure. They are dependent based on the fact that a change in independent variable in the study can cause a possible change in them.

The independent variable on the other hand included cash transfer. They are considered independent because they can cause changes in livelihoods and assets.

In order to streamline the effect of the independent variable on the dependent variables certain variables were controlled. The specific control variables included the significant source of earning of caregivers and responsibility for the beneficiary and the grant amount, the significant source of earning was held constant based on belief that the LEAP grant is the only significant source of earning that changed in the life of the caregivers. Again, it was believed that the responsibility for the beneficiary lies on the caregiver even without the LEAP grant, therefore, the caregivers take responsibility for the grant.

3.7 Ethical consideration

Because this study involved human subjects, all respondents were given an opportunity to agree or decline the interview and audio recording. This was necessary for the purpose of ensuring privacy as well as the safety of the participants.

To ensure that the principle of confidentiality was adhered to, the respondents were also told that information and data that was collected would be handled and treated confidentially. They were made to understand that the information collected was to be used for only academic purposes.

All important details of the study were made available to the selected respondents by the researcher in order to secure informed consent. These included the aims and purpose of the

study to all the respondents. By explaining these important details, the respondents appropriated or understood the importance of their role in the completion of the research.

Again, an introductory letter was obtained from the Centre for Social Policy Studies (CSPS) to introduce the researcher as a student of the University of Ghana who is on an academic assignment who should be accorded the needed assistance.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.0 Introduction

Poverty is as an age long challenge that continues to confront most countries, especially in developing countries (Fernald, 2013; Garcia and Moore, 2012; Malik, 2009). In order to reduce the effects of extreme poverty in Ghana, the Livelihood Empowerment Against Poverty (LEAP) was introduced in Ghana in 2008 by the Government (Barrientos, 2013; Dinbabo, 2011). Studies on the effects of the programme are concentrated on the beneficiaries. However, the programme seems to have had tremendous effect on the lives of the people who mostly take care of the beneficiaries. To contribute to filling this gap, the current study was conducted in order to: examine changes in the occupations and assets among LEAP caregivers in both rural and urban communities in the Asutifi North District; find out the underlying factors, as well as examine changes in social capital networks of the caregivers.

The findings from the study are presented and discussed according to the objectives of the study. In discussion, the results of the current study were compared to the literature to identify similarities and differences.

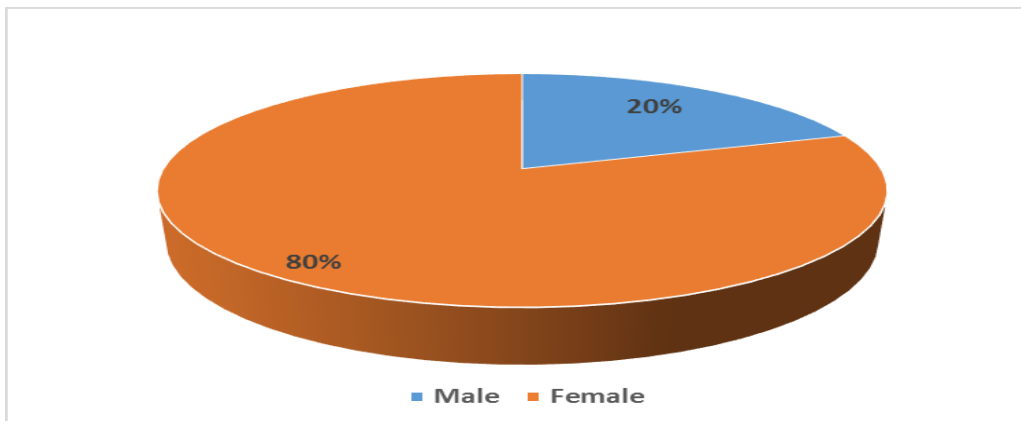
4.1 Socio-demographic characteristics of respondents

This section provides information on the demographic background of the respondents. Specifically, the information provided in this section includes sex of respondents, their age distribution, educational attainment, marital status and ethnic background. The information covers both the caregivers and the key informants.

4.1.1 Sex of respondents

Across the world and in Ghana, more women are involved in caregiving than men (Sharma, nl. et al., 2016). For this reason, in a large proportion of the LEAP beneficiary household's the programme identified poor women caregivers to support the beneficiaries. 80% of women therefore dominated the sample of caregivers, as shown in Figure 4.1.

Figure 4.1: Pie Chart showing sex of respondents, in percentage (%)



$N=250$

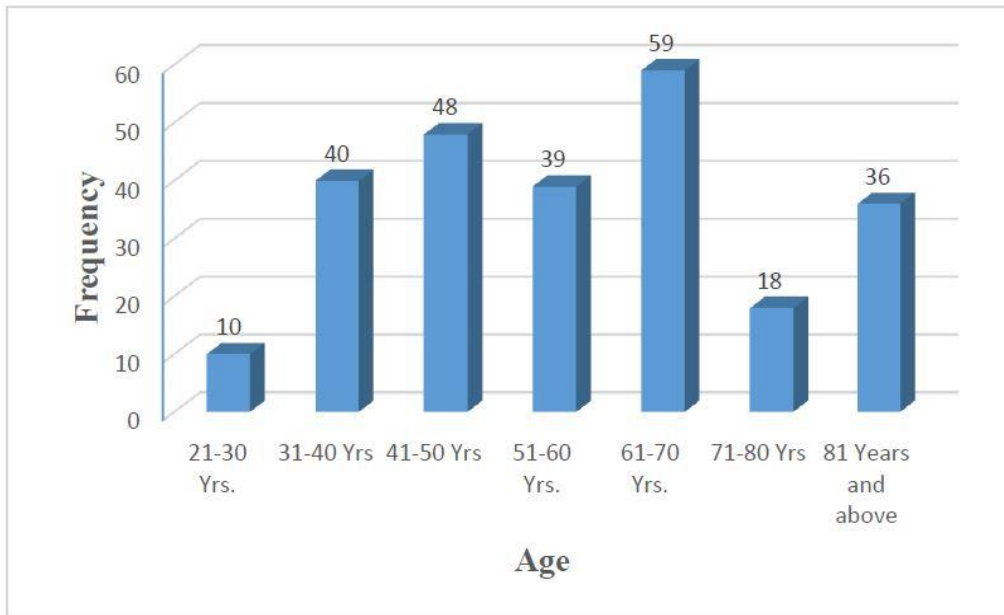
Source: *Field data, 2018*

According to the data, 20% out of 250 of the caregivers are males while 80% are females. Thus, one out of every five caregivers are males while four out of every five is a female.

4.1.2. Age of respondents

Data was collected on the age of respondents. This was necessary to help explain the age of people who were acting as caregivers in the LEAP. Responses on age are shown in Figure 4.2.

Figure 4.2: A bar chart showing age distribution of respondents, in absolute numbers



N=250

Source: Field data, 2018

From Figure 4.2, roughly one-quarter of the respondents are in the 61-70-years age group. Out of the 59 respondents who were between the ages of 61 to 70 years, 40 were females while 19 were males. Again, only 4% are in the youngest age group of 21-30 years out of which 6 were females and 4 males. Further analysis indicated that the mean age is 59 years, median age is 52 years and the modal age is 70 years.

4.1.3 Education of respondents

The study also collected data on the educational status of respondents. The results are presented in Table 4.1

Table 4.1: Educational attainment of respondents, in %

Level of Education	Frequency	Percentage
None	38	15
Basic	192	77
Secondary	20	8
Total	250	100
N=250		

Source: Field data, 2018

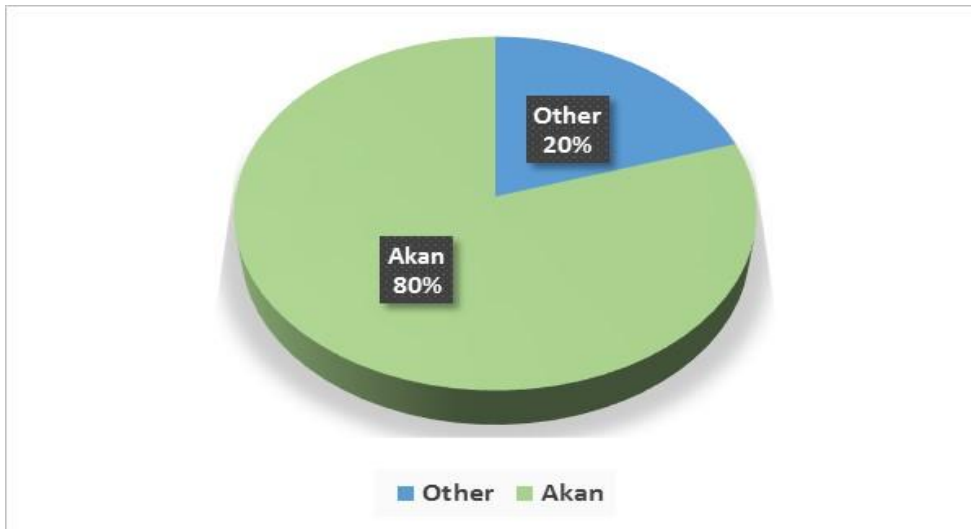
From Table 4.1, it is realised that only 8% of the respondents have had senior secondary education. All the rest have either no formal education (15%) or only basic education (77%). Thus, just about one out of every 30 caregivers has attained secondary education while nearly 20 out of every 30 have never been to school. This has implications for household health and nutrition, as research suggests a strong relationship between caregivers' level of education and the nutrition and health status of household members, particularly children (Engel et al., 1999). It is expected that the more educated caregivers are, the better the nutrition and health status of household members.

4.1.4 Ethnicity of respondents

Information was also collected on the ethnic background of respondents. Results are presented in Figure 4.3.

The data in Figure 4.3 indicates that majority (80%) of the respondents are Akans with the remaining 20% coming from various tribes in Northern Ghana including Dagaatis, Dagombas, Bimobas, Frafras, etc. This is not surprising because the community is an Akan community with a lot of settlers from the northern part of Ghana.

Figure 4.3: A pie chart showing ethnic background of respondents in percentage (%)



N=250

Source: Field data, 2018

4.1.5 Marital status of respondents

The marital status of the respondents was also assessed. Results are showed in Table 4.2

Table 4.2: Marital status of respondents in percentage (%)

Marital status	Frequency	Percentage
Single	56	22
Married	40	16
Widowed	145	58
Other	9	4
Total	250	100

N=250

Source: Field data, 2018

From Table 4.2, 58% of the respondents were widowed, which not surprising is given that many of them were fairly old. It is no wonder that they were considered to be eligible for the programme for the poor. Besides, 22% are single, with only 16% that are married.

4.2 Changes in occupation

Objective one of the study examined the changes in the occupations and other assets among leap caregivers in the study area as one of the key variables of livelihoods patterns and source of diversification since enrolling on LEAP. A comparative analysis was thus made on the occupation and assets of the caregivers before and after becoming caregivers. Results are presented below.

Table 4.3 below shows the occupations of the respondents prior to and since becoming caregivers.

The results in Table 4.3 indicate that most caregivers have not changed their occupation since they started receiving cash transfer on behalf of beneficiaries. It was recorded that 65% have not changed their occupation although some 23% did not give any response. Whether this is because the amount involved is not enough to serve as a capital for another business or job is not clear.

This manifested when respondents were asked of their occupations before and after becoming caregivers. From Table 4.3, there are not many differences in the occupations of respondents before and after joining LEAP. For Example, 17% and 16% respectively were cleaners before and after becoming caregivers. Whether before or after becoming caregivers, mostly their occupations ranged from farming, petty trading and cleaning or local laundry services for people.

Table 4.3: Changes in occupations of caregivers before and after LEAP

Variable	Response	Freq.	(%)
Change in occupation	Same	162	66
	Different	29	12
	No response	54	22
	Total	245	100
Occupation before LEAP	Farming	51	21
	Trading	83	34
	Casual cleaner/Local Laundry	47	19
	Other	20	8
	Nothing	44	18
	Total	245	100
Occupation after LEAP	Farming	91	37
	Trading	61	25
	Casual cleaner/Local Laundry	41	17
	Other	37	15
	Nothing	15	6
	Total	245	100
Time started current occupation	1 Year or Less	51	21
	Between 1 to 5 Years	64	26
	Between 5 to 10 Years	25	10
	Between 10 to 20 Years	64	26
	20 Years and above	41	17
	Total	245	100
Current product	Service	103	42
	Local Meals	15	6
	Pastries	12	5
	Food stuffs	51	21
	Cash crops	15	6
	Food stuffs and cash crops	49	20
	Total	245	100
<i>N=250</i>			

Source: *Field data, 2018*

During the interviews it was realised that before they became caregivers, respondents were doing manual jobs like washing cloths of mine workers, fetching water for masons, casual labourers, and caretakers of farms and businesses. A few of them owned their own farms (which is mostly subsistence), and others were involved in petty trading. However, with LEAP a greater number of caregivers own farms and others have expanded their petty trading. This

improvement can be explained by the introduction of the LEAP treatment given the assumption that it is the only significant change in the earnings of the people.

4.2.1. Farming related activities before LEAP

Tenant farmers

As caretaker, different people are contracted to engage in different economic activities. Some of them take care of other people's farms (which are usually commercial farms). A respondent describing this said, *"...they usually take care of peoples' cocoa farms which is usually on seasonal basis. During, the period whatever is harvested from the cocoa is shared into three and the caretaker takes 1/3"* [Community Focal Person I]. Another respondent said,

"...some of them take care of ruminants for people in good standing in exchange for same when they multiply or give birth. These are in two forms either the animals are kept in my custody or the custody of the owner whilst I take care of them" [District Social Welfare Officer & Community Development Officer III].

This means for those that take care of farms (either animal or crops), they are paid by giving them a share of the products. This is thus, a form of share farming.

However, there were others who did true share cropping. A respondent explained,

"some of them do share cropping, normally maize and the proceeds are shared with the land owner" [Community Focal Person II].

i. Head portarage

Some of them too do various forms of carting ranging from household carting to carting at farms. A respondent said, "some cart/carry plantain from farm to the road side for onward transporting to the various market centres". He continued,

“during cocoa season, they are contracted by cocoa farmers to carry/cart fresh cocoa beans from the farm to house for it to be dried and after the farmer had sold the dried cocoa bean to the cocoa purchasing clerk before they are paid” [District Social Welfare Officer & Community Development Officer I].

ii. Weeding contracts and farmhand business

Usually, some of them take wedding contracts and are paid when they finish the weeding. A respondent confirmed this by saying,

“some take weeding contract (popularly call ado paa) sometimes it’s a large cocoa farm with plantain, cassava, or mixed cropping, including vegetable crops. Because of timelines given to me by the farmers to complete, on weekends/ holidays the children will have to come and help me accomplish the task. [District Social Welfare Officer & Community Development Officer III]”

Others too weed/work on peoples’ farms and are paid daily wages. A respondent confirmed this by saying, *“some caregivers do farmhand business (popularly known as by day) normally during the farming season* [Community Focal Person II]”. In either of the cases, the person may be paid in cash or in kind. A respondent reported that, *“weeding may be in exchange for cash or plantain suckers either to be sold or for planting on my farm* [Community Focal Person I]”. For each of them, business depends on the availability of work during different seasons. For example, dry seasons are usually lean work seasons compared to rainy seasons.

iii. Other farming activities

Respondents engaged in other kinds of farm related activities. Some of them reported included *“gathering cocoa pods ... during cocoa seasons, going to help farmers on their farms in exchange for foodstuffs/vegetables. In the event that ... a lot of foodstuffs/vegetable are given, they sell some at the household level and consume the rest”* [Community Focal Person II]. Yet

another respondent, *“I sometimes help mushroom farmers to sell their produce and I am either paid in cash or in exchange for mushroom which I also sell”* [District Social Welfare Officer & Community Development Officer II].

One thing that is worthy of note is that these activities are not sole occupations of the respondents. That is to say, due to the nature of the activities, their reward systems and availability, respondents do rotate around a group of jobs, depending on which activity is available at a moment and which is better paid.

4.2.2 Trading related activities before LEAP

Before taking care of LEAP beneficiaries, it was reported that caretakers were also associated with trade related activities. For instance, they served as attendants at shops, sold different kinds of items for on behalf of others for a fee although in some cases, the situation allowed them to add their own profit margin. It was reported for instance that some of them:

“...sell goods (such as washing soap/powder/parazone/diapers/body lotion). What they normally do is to negotiate with owners of larger stores who will count some of the aforementioned items for others on credit to be resold. Where they are given the items at wholesale price, they go and sell them at market price, keep the profit and give the principal to the shop owners. But where the goods are given to them at market prices, they are paid on commission depending on the quantity sold [District Social Welfare Officer & Community Development Officer III].”

Another respondent said *“I help farmers to sell their farm produce at both the daily and weekly market. There were also occasions when some of them worked as “chop bar attendants. In that case, they are paid in cash and also get food for the household”* [Community Focal Person I].

4.2.3 Household related activities before LEAP

It was realised that some of respondents were offering various kinds of services to richer households for wages. These services ranged from cleaning services, local laundry service (called ‘wankyewankye’) and babysitting. A respondent reported, “*some of the caregivers offer laundry services to people in good standing; I am paid, sometimes residue of soaps, washing powder and used clothes and bags among others things are given to me*”. Another one said “*I sometimes babysit for some female government or salary workers especially teachers and workers of Newmont Ghana Gold Limited (NGGL), a mining company at Kenyasi the district capital of the Asutifi North District*” [District Social Welfare Officer & Community Development Officer II].

4.2.4 Activities after becoming caregivers

Interestingly, after becoming caregivers, respondents on the most part are engaged in economic activities that are similar to those they were doing prior to becoming caregivers. Farming and petty business activities continue to dominate their occupational lives. The difference is in the ownership of the activities. While before becoming caregivers, they engaged in these activities as ‘caretakers’, after becoming caregivers receiving regular income support, they mostly engage in these activities as owners.

There are two main underlining factors as reported. First, some caregivers use the money as a start-up capital for their own activities. A respondent said, “*...the bi-monthly LEAP grant that they receive has empowered them to engage in economic activities which they themselves can finance*”. He continued, “*Some of them are able to use the money to buy inputs like weedicides, fertilizers, and seedlings. Some also invest in petty trading or livestock rearing*” [Community Focal Person II].

The second underlying factor is that caregivers are occasionally given education which is also termed as beneficiary forum on how to make viable use of the money. A respondent commented that:

Although the money is relatively small, however, through the education given to them by the agricultural extension officers and the district officer for business advisory centre (BAC) they are able to invest the little they get. The money they receive is either used to start farming or trading [District Social Welfare Officer & Community Development Officer I].

4.2.5 Changes in assets ownership

Table 4.4 compares the assets owned by caregivers now and the time they were not taking care of LEAP beneficiaries.

From the Table, it is realised that besides poultry, cattle and gas stove (for which ownership was high before LEAP compared to now there was a recorded increase in ownership of assets after becoming beneficiaries of the LEAP. This increase is associated with the LEAP because it is assumed that the LEAP is the only significant addition to the earning of the caregivers.

Table 4.4: Comparison of assets owned before and after becoming LEAP caregiver in percentage

Assets	Before LEAP			After LEAP		
	Responses		% of	Responses		% of
	Number	%	Cases	Number	%	Cases
House	49	4%	21%	69	5%	30%
Bicycle	9	1%	4%	20	1%	9%
Goats	40	3%	17%	40	3%	17%
Poultry	40	3%	17%	39	3%	17%
Cattle	20	2%	9%	9	1%	4%
Cash Saving	39	3%	17%	80	5%	35%
Tree Crops	39	3%	17%	50	3%	22%
Food Crops	39	3%	17%	49	3%	21%
Furniture	29	2%	13%	40	3%	17%
Utensils	185	15%	80%	194	13%	84%
Clothing	185	15%	80%	203	13%	88%
Mobile Phone	86	7%	37%	175	11%	75%
Coal Pot	136	11%	59%	136	9%	59%
Gas Stove	39	3%	17%	29	2%	13%
Electric Iron	10	1%	4%	57	4%	25%
TV	58	5%	25%	59	4%	25%
Fridge	9	1%	4%	38	2%	16%
Health Insurance	143	12%	62%	222	14%	96%
Other	29	2%	13%	40	2%	17%
Total	1204	100%	521%	1549	100%	667%

Source: *Field data, 2018*

In order to find out if improvement in the assets is as a result of joining the LEAP is significant, a hypothesis was formulated.

The hypothesis states that:

There will be a significant improvement in assets of LEAP caregivers.

A paired sample T-Test was used to test the difference in the means. Ownership of assets was observed for the same sample for the period prior to and after becoming caregivers of LEAP beneficiaries. Besides, there was an independent variable (i.e. enrolment as LEAP caregiver) which was measured at two different time periods thus, before and after LEAP enrolment and a dependent variable which is ownership of assets. The data and results of the paired sample T-Test are shown in Table 4.5.

Table 4.5: Group statistics and results of Paired Sample T-Test on Risk Social

Ownership of asset	Mean	SD	T	Df	P
Before LEAP	.20	.134			
After LEAP	.23	.152			
Total	.42	.682	-3.063	160	.003
<i>N=250</i>					

Source: Field data, 2018

Results from Table 4.5 indicates a significant difference in assets owned prior to becoming a caregiver of a LEAP beneficiary (M=.20, SD=.134) and after being a beneficiary (M=.23, SD =.152) conditions, $t(160) = -3.063$, $p = .003$. The null hypothesis that there is no significant difference in assets owned prior to becoming caregiver of a beneficiary and after becoming a caregiver therefore is rejected. This means caregivers of LEAP beneficiaries now have more assets.

These results and conclusions are supported by results from the interviewing the staff of the Social Welfare Department and the Community Focal Persons. When asked if they have observed some changes in the assets of caregivers, all of them answered in the affirmative. It was realized that these changes ranged from acquisition of personal belongings like clothing, to establishment of businesses and farms, and buying of household appliances like Television set, radio set etc.

When asked further the kind of changes, a respondent for instant said “*although majority of them just spend the money on feeding, some few of them are able to manage to buy some basic necessities like cloths to improve on their lives*” [Community Focal Person I]. This was confirmed by another Social Welfare worker when she said “*caregivers now dress better, some too have television and/or radio sets*” [District Social Welfare Officer & Community Development Officer II].

However, it was said that for some of them, “*they now own small businesses and others now have farms on their own instead of previously working on the farms of other people for financial or kind gains*” [Community Focal Person I].

4.3 Changes in livelihoods expenditure pattern of caregivers

The study further examined the changes in the livelihoods of the caregivers. Specifically, the livelihood expenditure pattern before and after becoming a caregiver was examined. Table 4.6 compares the livelihood expenditure pattern of caregivers now and the time they were not taking care of LEAP beneficiaries.

Table 4.6: Comparison Weekly Expenditure Pattern before and after becoming LEAP caregiver

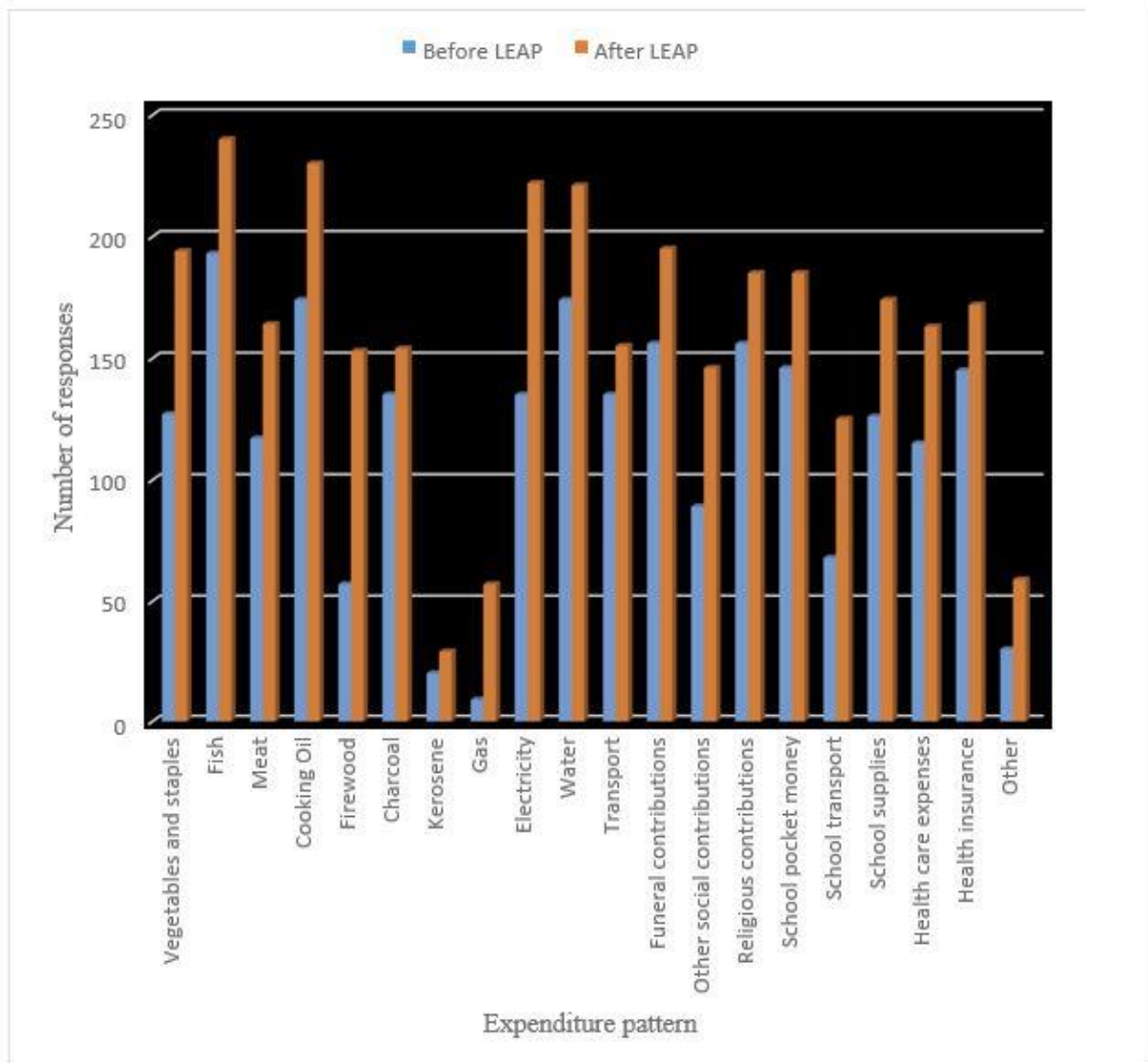
Pattern of expenditure	Before LEAP			Before LEAP		
	Responses		% of	Responses		% of
	No	%		No	%	
Vegetables and staples	127	6%	66%	194	6%	89%
Fish	193	8%	100%	240	7%	100%
Meat	117	5%	61%	164	5%	68%
Cooking Oil	174	8%	90%	230	7%	96%
Firewood	57	3%	30%	153	5%	64%
Charcoal	135	6%	70%	154	5%	64%
Kerosene	20	1%	10%	29	1%	12%
Gas	9	1%	5%	57	2%	24%
Electricity	135	6%	70%	222	7%	93%
Water	174	8%	90%	221	7%	92%
Transport	135	6%	70%	155	5%	65%
Funeral contributions	156	7%	81%	195	6%	81%
Other social contributions	89	4%	46%	146	5%	61%
Religious contributions	156	7%	89%	185	6%	77%
School pocket money	146	6%	76%	185	6%	77%
School transport	68	3%	35%	125	4%	52%
School supplies	126	6%	65%	174	5%	73%
Health care expenses	115	5%	60%	163	5%	68%
Health insurance	145	6%	75%	172	5%	72%
Other	30	1%	16%	59	2%	25%
Total	2307	100%	1195%	3223	100%	1342%

Source: *Field data, 2018*

The Table does not show a change in the different items the caregivers spend on weekly basis as all the items respondents used to spend on every week before becoming caregivers are the

same items they spend on now that they are caregivers. However, from the Table, there was a recorded increase in every item since respondents becoming caregivers of LEAP beneficiaries. The comparison is further made in Figure 4.4.

Figure 4.4: Bar chart showing comparisons of WEP before and after LEAP



Source: Field data, 2018

From Figure 4.4, expenditure for all items was higher in all cases after becoming a caregiver than in periods prior to becoming a caregiver. This is an indication that although caregivers may not get the luxury of buying different items than they used to, they are now able to buy

more of the same kind of items they used to buy. The increase in the quantity of weekly expenditure can be attributed to the LEAP grant, since it is the only significant addition to the earnings of the caregivers.

In order to test whether this improvement in WEP is not due to chance, a hypothesis was formulated to test the significance level of the improvement.

The hypothesis states that:

Becoming a caregiver of a LEAP beneficiary will lead to significant increase in the expenditure pattern of the caregiver.

The hypothesis was analysed with a paired sample T-Test for the following reasons: (a) WEP was observed for the same sample for the period prior to and after becoming caregivers of LEAP beneficiaries. (b) Besides, there was an independent variable which (i.e. a caregiver) which was measured at two different time periods against a dependent variable (i.e. WEP). The data and results of the paired sample T-Test are shown in Table 4.7.

Table 4.7: Group statistics and results of Paired Sample T-Test on Risk

WEEP	Mean	SD	T	df	p
Before LEAP	.46	.298			
After LEAP	.64	.209			
Total	1.10	.507	247	-10.807	.000
<i>N=250</i>					

Source: Field data, 2018

Results from the table indicates a significant difference in WEP prior to becoming a caregiver of a LEAP beneficiary (M= .46, SD = .298) and after being a beneficiary (M= .64, SD = .209) conditions, $t(-10.807) = 249$, $p = .000$. Therefore, the null hypothesis that there is no significant increase in expenditure pattern after becoming caregiver of a LEAP beneficiary cannot be accepted. This means caregivers of LEAP beneficiaries now spend more than they used to.

4.4 Social capital networks (SCN) of LEAP caregivers

From the caretakers, they are predominantly members of churches or members of subgroups within their various churches. Many others said they relied on their next door neighbours apart from the church as other sources of networks. Others mentioned that they belonged to old worker unions, and ethnic based unions. All the caregivers who claimed to currently have a network reported that their network systems had not changed since joining the LEAP fraternity. This is probably because, in all cases they reported *“it does not require any qualification or contribution to be part”* [Community Focal Person I I] of those networks. But they admitted that while they are members, they occasionally make contributions.

On the contrary, observers like the District Social Welfare Officers (DSWO) and the CFPs suggested that social capital networks of LEAP caregivers had improved. According to them, caregivers are now able to take part in social and religious events like’s funerals, marriage ceremonies, and church related activities. In their view, these activities usually go with financial obligations in the form of donations and offerings. With their economic fortunes improved, caregivers are now able to fulfil such obligations. Besides, they are able to buy presentable clothing’s to dress for such occasions. A DSWO said *“they can now attend social gatherings such as funerals, marriage ceremonies and church service because they have money for donation and offering”* [District Social Welfare Officer & Community Development Officer III]. Besides being able to contribute, another respondent said *“they can afford to buy new dresses to dress for occasions. So they are able to attend”* [District Social Welfare Officer & Community Development Officer I]. The reason for their ability to buy new dresses, contribute at events and offer at church is given by a respondent when she said *“through the proceeds from their economic activities like petty trading and farming, they are able to dress to be presentable and afford other costs of events”* [District Social Welfare Officer & Community Development Officer II]. In short, because of their ‘presentability’, and ability to

provide financial donations at events and churches, a respondent said “they feel they belonged”. That means they will not shy from new relations that will eventually increase their social capital.

Benefits in kind

Describing the kind of support that is usually received, a respondents said,

“...there are a lot of benefits the caregivers get from being associated with people. When they ARE sick or bereaved, it is the people they know that come around to provide them with company. For instance, in the event that a caregiver is sick, the church elders visit and pray for her” [Community Focal Person I].

According to another respondent, benefits cover a wide range of goods and services: *“Benefits of networks include exchange of ideas. They receive some help in kind. For example, some people have relations who advise them, and help them in times of need. Some also rely on people to run errands for them sometimes”*. He continued, *“some are able to get support in the form of used clothing both for their dependents and for themselves* [Community Focal Person II]”.

Benefits in cash

A few respondents admitted that there are occasions when they receive benefits in the form of cash from these networks. A respondent said: *“aside people advising me, some of them usually give me money. At times they expect me to pay back, at times too they give it to me as a gift”* [Community Focal Person I]. Even churches and/or the organizations within the churches, sometimes offer financial support. Explaining this a respondent said: *“when I am sick my church does well, anytime they visit me they give me money in addition to the foodstuffs and provisions”* [District Social Welfare Officer & Community Development Officer III].

4.5 Discussion

The results presented above are discussed in this section. Results are discussed by comparing them to the literature to identify where the literature supports and where it does not support current results. In either of the cases, efforts are made to provide explanations.

4.5.1 Occupation of caregivers

The findings revealed that, apart from a few caregivers the majority of them engage in viable economic activities that give them extra income besides the LEAP grant. It was realised that, in terms of the specific activities, there was not much difference in their activities before they were engaged as caregivers and after their engagement. Whether before or after, they mostly engage in farming and trading related activities. Before their role as caregivers, they were engaged in these activities on behalf of others as caretakers, carters, weeding contractor, farm-handers, babysitting offered local laundry services etc.

Studies by Jiao et al., (2017), Martin & Lorenzen (2016), Brown, Stephens, Ouma, Murithi, & Barrett, (2006) and Ellis, (2000), support that the best way to alleviate poverty is through diversification strategies. Example a study by Jiao et al., (2017) in Cambodia supports that most (70%) families engage in up to five household livelihood activities as a strategy in responds to changing pressures, incentives and available opportunities. The purpose according to Jiao et al. (2017) just as identified in the current is to have alternative livelihood strategies for the poor.

4.5.2 Assets of caregivers

The findings on changes in assets are however not supported by findings of a recent study by Jinhai et al. (2018) in which they concluded that LEAP beneficiaries do not have other preferable productive livelihood assets that are needed to expand their livelihood options and take advantage of available opportunities. Despite being paid the same amount, caregivers at

some communities were found to be able to fall on the LEAP grant to establish some form of businesses that give them alternative incomes. The difference in the two studies might have occurred as a result of differences in the characteristics of the communities involved in the studies. Jinhai et al. study was conducted in municipalities (i.e. Mampong and Asante-Akim Central) which are also Natural Tourism Communities. It is thus clear the regular visit of foreigners and other factors will make cost of living in such communities higher than communities in which the current study was conducted. The purchasing power of the LEAP grant in the communities where the current study was conducted will thus likely be higher than communities where cost of living is relatively higher. It can be concluded therefore that ability of caregivers and beneficiaries to be able to invest part of the LEAP grant in other economic ventures will depend on the cost and standard of living in areas where beneficiaries reside. Perhaps, that is why even in the current study, officials at the District Assembly mentioned that people living in rural areas tend to make the most economic gains from the LEAP grant. Thus migration has become an important livelihood diversification tool.

Again, Jinhai et al. (2018) did not make mention of the District Assembly or any other party organising training for beneficiaries on the effective use of the money. However, in the current study, it is confirmed by respondents that they are able to invest the amount into economic activities like farming and trading because of *“the education given to them by the agricultural extension officers and business advisory centre”* on regular basis.

In Ghana a study by Yeboah et al. (2016) suggest that people hold favorable views of CCT, but that there is little support for giving money to the poor as a long-term poverty-alleviation strategy. However, with the explanation given, it is suggested that money can still be given to the poor as a long-term poverty-alleviation if we consider the economic conditions of the communities’ and give beneficiaries’ regular training on how to effectively use the money.

4.5.3 Expenditure patterns of caregivers

When the expenditure pattern before and after becoming a caregiver was examined, no change was found in the different items the caregivers spend on weekly basis. . From the quantitative data gathered, either before or after LEAP, the items they spend on are consummables, social contributions, education and health. However, through the interviews, it was realised they are able to invest some of the amount. In terms of the consumption, social contributions, education and health expenditures, the items they used to spend on before becoming caregivers are the same items they spend on now. However, a change in the quantity of their expenditure was recorded (i.e. an increase in the quantity of each of the items) since becoming caregivers of LEAP beneficiaries. The results of the Paired Sample T-Test indicated that this change is significant.

These results are supported by literature. In a comprehensive assessment of the impacts of the LEAP conducted by the Carolina Population Center, it was found that the LEAP had positively impacted education, non-consumptions expenditure, farming etc. (Handa et al., 2013). Although in terms of food consumption, no impact was found by these very authors. Another study by Callistus (2013) concluded that the LEAP has positively impacted consumption in addition to healthcare utilization and the school enrolment rate for children aged 6-13 years in beneficiary households.

While Handa et al., (2013) assessed the impact on holistic variables (like consumption expenditures and non-consumption expenditures) the current study assessed the individual variables that come together to form these holistic variables. And although assessed in their individual units, it was realised that whether consumption or non-consumption related, health or education related, expenditure for the various individual unit of items has increased significantly after becoming caregivers.

4.5.4 Social capital networks (SCNs) of caregivers

One set of respondents (i.e. the caregivers) think the LEAP has not had any impact on their SCNs. They think the networks and groups they had before are the same ones they have now. However, another set of respondents (Social Welfare Workers and CFPs) thinks the social capital networks of LEAP caregivers have improved. According to them, care givers can now attend social events and mingle with others. This is due to the improvement in their financial status which makes them able to buy cloths and dress presentable as well as contribute/donate/offer at such events when the need be. This particular claim by the caregivers is supported by Handa et al, (2013). In their comprehensive review of the impacts of the LEAP, they concluded that the LEAP appears to be strengthening social networks.

4.5.4.1 Benefits from SCNs

With the social capital networks which according to the Social Welfare Officers and CFPs have improved, several benefits are gained by the caregivers. Some of these gains are in a form of cash while others are in kind. The cash benefits take the form of donations from churches, personal loans to be paid back and cash gifts. The benefits in kind take the form of advice, keeping them company in times of sickness and bereavement, receiving gifts like food stuffs and used clothing. Once, established that social capital networks have widened, it is clear that these benefits might have gone up although the study did not directly assess the quantity and quality of the benefits.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

As part of the efforts to alleviate extreme poverty in Ghana, the government designed the National Social Protection Strategy (NSPS) launched in 2008, with a cash transfer component known as the Livelihood Empowerment Against Poverty (LEAP). Almost after two decades of implementing the LEAP, various research results on the impact of the programme are not conclusive. Besides, some aspects of the impacts seem to not to have been assessed at all. To fill this gap, the current study was conducted to: to examine changes in the occupations and assets among LEAP caregivers in both rural and urban communities in the Asutifi North District and to study the links between livelihood activities and the nature of social capital networks of leap caregivers. This chapter provides the summary of the entire study. Specifically, the chapter consists of the summary of the methods, summary of the key findings, conclusions and recommendations.

5.1 Summary of methods

The study used mixed quantitative and qualitative approaches in the collection and analysis of data, as well as in discussing the results. A sample size of 250 (consisting of 245 caregivers 2 Social Welfare Officers and 3 Community Focal Persons) were selected from a population of about 700 people (consisting of 653 caregivers, ... Social Welfare Officers and ... Community Focal Persons). The sample size was selected from a total of fifteen communities using a combination of probability and non-probability techniques. Data was mainly from primary sources and was collected using a questionnaire and an in-depth interview guide. The questionnaire was analysed with both descriptive and inferential statistical instruments. Bar charts, pie charts, multiple response tables were used to display basic statistical analyses.

Results at this level were presented and interpreted using frequencies and percentages. Where the basic statistics indicates a particular trend and/or relation, a Paired Sample T-Test (an inferential statistical tool) was used to test significant level of this relation.

The qualitative data on the other hand was analysed using the thematic data analysis approach where responses collected through the interview were analysed through a thematic content analysis. Ethical issues relating to informed consent, respect of privacy, avoidance of harm and deception, were all addressed.

5.2 Summary of findings

With reference to the occupation of caregivers, it was realised that the main economic activities of caregivers are farming trading and cleaning related. The farming related activities included: caretaking, carting/conveying, weeding contract, farmhand businesses and others. The trading related activities included serving as shop/chop bar attendants, selling different kinds of items for and on behalf of others for commission although in some cases, etc. The household related activities included; local cleaning services, local laundry service (called ‘wankyewankye’), babysitting.

The findings further revealed that these activities (especially those that are farming and trading related) have not basically changed after becoming caregivers and respondents reported to engaging in same or similar activities. However, instead of engaging in such activities on behalf of others (for example as caretakers), they are now able to invest their own monies into such activities and own them.

In terms of ownership of assets, it was found that before becoming caregivers, the assets of respondents included: house, bicycle, goats, poultry, cattle, cash saving, tree crops, food crops, furniture, utensils, clothing, mobile phone, coal pot, gas stove, electric iron, television set and fridge. The quantitative analysis indicates that acquisition of different kinds of assets was not

recorded after becoming caregivers but a significant increase in the quantity of these assets was recorded. Then through the interviews, it was recorded that besides establishment of farms, caregivers have been able to establish some business which are also forms of assets.

The findings also show that the pattern of expenditure before and after LEAP have not change in structure but in value. That means caregivers still spend on the same items (which are basically social contributions, consumption, education and health) they used to spend, however, in almost all cases, the amount spent on each of the individual items increased.

Similarly, the findings indicated that, the social capital networks of caregivers have expanded and improved since the introduction of the LEAP. Specifically, it was mentioned that they are able to take part in social activities often that before as a result of their ability to dress well and contribute/donate/offer at such event when the need arises. As a result of the improved social networks, it was assumed that benefits in a form of cash (such as personal loans, cash gifts etc.) and kind (such as advices, material gifts, show of love etc.) have increased too.

5.3 Conclusions

From the study, it can be concluded that the LEAP has had a positive effect on the assets, occupations and social capital networks of caregivers. This conclusion is arrived at by the assumption that the only significant change in the source of income for caregivers is the LEAP. As a result, any improvement in the economic lives of caregiver can rightly be attributed to the LEAP. That means besides the numerous challenges of the programme the purpose is being realised because it is making several positive impacts on the society. Once we are made aware of the extent to which the programme can be used to change lives, it is incumbent on the government to commit more resources to expand the beneficiary base of the programme.

5.4 Limitations of the study

It would have been appropriate to carry out the study in two or more Districts. Again, it would have been suitable to involve the national LEAP programme manager, some key staff at LEAP management unit (LMU) and Deputy Director incharge of Community Care (CC) programme Head at the Regional Office of the study area. However due to financial and time constraints it was limited to only one District.

5.5 Recommendations

Greater resources should be devoted to providing micro credit and employable skills, as well as productive assets to caregivers to enable them to expand their economic opportunities.

Support should be given to caregivers to improve their occupations that have remained popular after cash transfer.

More rigorous and regular monitoring are required to ensure that caregivers do not spend all the money on themselves at the expense of their dependents.

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14. Where do you produce your good?

15. What is your minor occupation?

16. At the time you were enrolled on LEAP what was your occupation?

17. Indicate if this is what you are still doing today (a) Same [] (b) Different []

18. If it is the same occupation indicate if anything has changed in the following areas

- a. Labour input
- b. Number of workers before
- c. Number of workers now
- d. Financial input
- e. Average working capital before
- f. Average working capital now
- g. Product output
- h. Output before
- i. Output now

19. Where do you sell your product?

20. How much money do you make from sales in a week?

21. If you have started another occupation, please indicate what it is

22. Please explain why you started another occupation

.....
.....

23. If you have a new occupation, provide the following information about your new occupation

- a. Year you started
- b. Labour input
- c. Number of workers
- d. Financial input
- e. Average working capital GHC
- f. Product output
- g. Output
- h. Where do you sell your products?
- i. Amount of money make within week?

24. Tick [√] which of the following items (assets) you owed before becoming a LEAP caregiver

- | | | | |
|---------------------------------|--------|---------------------|--------|
| a. House | [] | k. Furniture | [] |
| b. Bicycle | [] | l. Utensils | [] |
| c. Motor cycle | [] | m. Clothing | [] |
| d. Car | [] | n. Mobile phone | [] |
| e. Goats | [] | o. Coal pot | [] |
| f. Poultry | [] | p. Gas stove | [] |
| g. Cattle | [] | q. Electric iron | [] |
| h. Cash savings | [] | r. TV | [] |
| i. Tree crops | [] | s. Fridge | [] |
| j. Annual food crops | [] | t. Health insurance | [] |
| u. Other (please specify) | | | |

25. Tick [√] which of the following items (assets) you owe now that you are a LEAP caregiver

- | | | | |
|------------|--------|--------------|--------|
| a. House | [] | k. Furniture | [] |
| b. Bicycle | [] | l. Utensils | [] |

- | | | | |
|---------------------------|--------|---------------------|--------|
| c. Motor cycle | [] | m. Clothing | [] |
| d. Car | [] | n. Mobile phone | [] |
| e. Goats | [] | o. Coal pot | [] |
| f. Poultry | [] | p. Gas stove | [] |
| g. Cattle | [] | q. Electric iron | [] |
| h. Cash savings | [] | r. TV | [] |
| i. Tree crops | [] | s. Fridge | [] |
| j. Annual food crops | [] | t. Health insurance | [] |
| u. Other (please specify) | ..... |  |  |

Expenditure profile of caregiver of leap beneficiaries at the time of enrolment

26. Describe your average expenditure in a week at the time you became a caregiver by ticking which item you used to spend on and provide the amount.

- | Item | Tick [√] |
|---------------------------|-----------------|
| a. Vegetables and staples | [] |
| b. Fish | [] |
| c. Meat | [] |
| d. Cooking oil | [] |
| e. Firewood | [] |
| f. Charcoal | [] |
| g. Kerosene | [] |
| h. Gas | [] |
| i. Electricity | [] |
| j. Water | [] |
| k. Transport | [] |

- l. Funeral contributions []
- m. Other social contributions []
- n. Religious contributions []
- o. School pocket money []
- p. School transport []
- q. School supplies []
- r. Health care expenses []
- s. Health insurance []
- t. Other (Please list)

27. Describe your average expenditure now by ticking which item spend on and provide the amount.

- | Item | Tick [<input type="checkbox"/>] |
|---------------------------|--|
| a. Vegetables and staples | [] |
| b. Fish | [] |
| c. Meat | [] |
| d. Cooking oil | [] |
| e. Firewood | [] |
| f. Charcoal | [] |
| g. Kerosene | [] |
| h. Gas | [] |
| i. Electricity | [] |
| j. Water | [] |
| k. Transport | [] |
| l. Funeral contributions | [] |

- m. Other social contributions []
- n. Religious contributions []
- o. School pocket money []
- p. School transport []
- q. School supplies []
- r. Health care expenses []
- s. Health insurance []
- t. Other (Please list)

28. If the cash grant does not cover your expenditure where do you get the balance from?

.....

SOCIAL CAPITAL NETWORKS

29. What social networks did you belong to at the time you became a caregiver?

.....

30. Describe the benefits from each network

.....
.....
.....

31. What qualified you to be a network member?

.....

32. What social networks do you belong to now?

.....

33. Describe the benefits from each network

.....

.....

.....

34. What qualified you to be a network member?

.....

35. Explain how your role as a caregiver has helped to improve your membership of networks in the following ways

Reciprocity

.....

.....

Trust

.....

.....

36. What benefits do you get from networks that you don't get from LEAP

.....

.....

.....

37. Describe other kinds of support your dependents receive apart from LEAP and where these come from

.....

.....

APPENDIX TWO

UNIVERSITY OF GHANA

CENTRE FOR SOCIAL POLICY STUDIES TITLE OF STUDY

QUESTIONNAIRE FOR DISTRICT STAFF AND CFP - IN FULL

This study is being conducted in order to examine the pattern of livelihoods among caregivers of the LEAP me. Any information that will be gathered with this instrument shall be used for academic purposes ONLY. You are thus assured of confidentiality of the information. Counting on your cooperation.

REGION LOCALITY

DATE INTERVIEWER

TIME: START..... END

INSTITUTION

SECTION 1: DEMOGRAPHIC CHARACTERISTICS

- | | | |
|--|-------|-------|
| 1. Sex | M | F |
| 2. Age (in years) | ..... | ..... |
| 3. Place of residence | ..... | ..... |
| 4. Highest educational level | ..... | ..... |
| 5. Occupation | ..... | ..... |
| 6. Direct roles in leap implementation | ..... | ..... |

SECTION 2: LIVELIHOODS AND ASSETS

7. What were the main economic activities caregivers were doing before they were enrolled on LEAP?

.....
.....
.....

8. What are the main economic activities they are doing now?

.....
.....
.....

9. If there have been changes, what do you think has led to changes in their main economic activities?

.....
.....
.....

10. If there have been changes, what kinds of changes have occurred in their main economic activities?

.....
.....
.....

11. Why and how?

.....
.....
.....

12. Have you observed changes in assets of caregivers since they started taking care of LEAP beneficiaries?

13. If yes to 10 above:

a. Can you tell the changes you have observed?

.....
.....
.....

b. What do you think brought about these changes in their assets?

.....
.....
.....

14. What kinds of caregivers have made the most changes in their economic activities? E.g.

Men, women, age, livelihoods, rural, urban

.....
.....
.....

15. What kinds of caregivers have made the least changes in their economic activities? E.g.

Men, women, age, livelihoods, rural, urban etc.

.....
.....
.....

SECTION 3: SOCIAL NETWORKS

16. What kinds of changes have you observed in the social networks of leap caregivers?

.....
.....
.....

If any, what do you think has brought about the changes?

.....
.....
.....

17. In your view, whose social networks have changed the most? (e.g. Men, women, age, livelihoods, rural, urban]

.....
.....
.....

18. In your view whose social networks have changed the least? e.g. Men, women, age, livelihoods, rural, urban

.....
.....
.....

APPENDIX THREE

UNIVERSITY OF GHANA

CENTRE FOR SOCIAL POLICY STUDIES

INFORMED CONSENT INFORMATION AND FORM

Informed Consent Information

Dear respondent/participant,

I appreciate your decision to participate in this study. In this form, there is an outline of the objectives of the study. This study is a partial fulfilment of an M.A. Degree in SOCIAL POLICY at the CENTRE FOR SOCIAL POLICY STUDIES, University of Ghana. The aims of the study are to examine changes in the occupations and assets among caregivers of LEAP beneficiaries in both rural and urban communities in the Asutifi North District and to study the links between livelihood activities and the nature of social capital networks of caregivers of leap beneficiaries

The information that you will provide will be used to write a thesis in which arguments will be made on how to the LEAP has benefitted caregivers of beneficiaries. Your responses will thus be useful for both academic purposes and for policy concerns. NOTE that your participation in study is voluntary. As a result, you have the right to withdraw participating at any point of the study, in which case you will not owe explanation to anybody. You are also assured of anonymity of the information you will provide.

Informed Consent Form

I of House Number.....Confirm that I have read or it has been read to me in a language which I understand and I understand the purpose of the above study and have had the opportunity to ask questions that were answered to my satisfaction, I understand that, am free to withdraw from this study at any time without owing explanation to anybody because I understand my participation is voluntary; finally, I agree that the information I provide can be used for academic purpose ONLY but my identity should be hidden.

.....

Date

.....

Sign/thumbprint

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