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(IJHSS) **Effects of Livelihood Empowerment against Poverty  
(Leap) on Beneficiaries in Kwaebibirem Municipality.**



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## Effects of Livelihood Empowerment against Poverty (Leap) on Beneficiaries in Kwaebibirem Municipality.

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### ABSTRACT

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**Background:** Ghana has assented to many international conventions and has passed national legislation that obliges the government to find practical expressions to cater to civil and political rights and its citizens' economic, social, and cultural rights. To meet these legal requirements, the Government of Ghana has drafted and is implementing a National Social Protection Strategy to protect its vulnerable populace. A major element of this strategy is the Livelihood Empowerment Against Poverty (LEAP). LEAP is a direct cash transfer programme, which targets about a quarter of Ghana's populace hit with extreme poverty due to their state of being vulnerable, old age or orphans. The study was conducted in the Kwaebibirem Municipality of the Eastern Region to unearth Livelihood Empowerment against Poverty (LEAP)'s effect on the beneficiaries and the shortcomings since its implementation.

**Methodology:** This study employed the mixed-method research approach. A purposive sampling technique was used to select 40 respondents. Data were obtained from all sources.

**Findings:** The study revealed that the cash transfer system, despite its challenges, tends to have more positive effects on the beneficiaries. Findings reveal general operational challenges such as depoliticization, delays in cash disbursement for payment and sensitization.

**Unique Contribution to Theory, Practice and Policy:** The study recommends that the Ministry of Gender and Social Protection decentralize LEAP activities.

**Keywords:** *Leap, Livelihood Empowerment, Poverty Alleviation, Social Protection Interventions*

## Background

Many developing nations have over the years had two major trends that have considerably influenced the political reality, one being poverty reduction. According to the Oxford Policy Management Dictionary (2024), poverty is the state of being poor or lacking something; in other words, it is a state of one who lacks a usual or socially acceptable amount of money or material possessions. Until the early 1990s, stabilization and Structural Adjustment Programs had influenced some development policies. According to Agbaam et al. (2014), these stabilization and structural adjustment measures, recognized as the Washington Consensus, have increasingly been credited as a major contributor to worsening poverty and inequality in some countries. The broad debate about the design and execution of poverty reduction strategies by global researchers and policymakers led to the evolution of social protection programs. UN Office of the High Commissioner for Human Rights (OHCHR, 2008), defined Social Protection as the concern with preventing, managing and overcoming situations that adversely affect people's well-being in society, Social protection is made up of programs and policies designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing individuals' exposure to risks as well as enhancing their capacity to manage pending economic and social risks such as sickness, unemployment, old age and disability.

Poverty is much more widespread in developing countries like Ghana, but even the developed countries undertake Social Protection programs or poverty reduction measures the same as the developing countries. Such Social Protection programs in Ghana include Livelihood Empowerment Against Poverty (LEAP). The Livelihood Empowerment Against Poverty (LEAP) program is the flagship program of Ghana's National Social Policy Strategy designed to reduce poverty and provide a better life for the Ghanaian population. According to Essuman & Bosumtwi-Sam, (2013), Livelihood Empowerment Against Poverty (LEAP) is a social cash transfer program in Ghana that provides cash and health insurance to extremely or very poor people, particularly in households with orphans or vulnerable children, the elderly and people with extreme disability unable to work. Apart from providing cash, LEAP promotes an integrated social development approach aimed at linking beneficiaries with complementary services such as free health insurance through the National Health Insurance scheme which began in 2004-05. This was facilitated through a memorandum of understanding (MOU) between the Ministry of Gender Children and Social Protection and the Health Ministry to provide free access to the National Health Insurance Scheme. There was evidence of the linkage of LEAP to micro-credit through the Ministry of Women and Children's Affairs (Essuman & Bosumtwi-Sam, 2013).

The implementing agency is the Department of Social Welfare under the auspices of the Ministry of Women, Gender and Social Protection. The main objectives of (LEAP) are to alleviate short-term poverty and to promote the development of human education, experience and abilities. This conditional and social cash transfer program by the government of Ghana is prominently featured



in many annual budgets and development policies in third-world countries. Some national governments in developing countries have on their own or collaboratively with donor and development assistance begun to embrace the idea of offering social protection packages, particularly in the form of social cash transfers for the deprived and the weak in society (Foli, 2015). With this, the Government of Ghana funded program receives support from the World Bank and the UK's Department of International Development.

Other donors invested in the Programme like UNICEF, ILO and the Government of Brazil (Anas 2015), It was implemented by mid-2009 and in 2010. It covered 45,000 households (Agbenyo et al., 2017), and by 2012, LEAP was providing cash payments every two months to 70,000 households across Ghana; these figures, which vary according to household size, are equal to about 10 percent of baseline household consumption. From May 2010 to May 2012, the programme had some hitches which made payments sometimes irregular during the period. A triple payment was made to settle arrears due to the gap in payments in 2011 and in February 2012. The amount of the cash transfers made tripled in the same year. It remains amazing why Ghana (both southern and northern zones) is struck by a very highly immeasurable rate of poverty amid naturally endowed, abundant natural resources; cocoa, oil palm, timber, rubber, gold, diamond, bauxite, tin and just recently the blessing of oil in commercial quantities to the country.

About a quarter of Ghanaians are poor whilst under a tenth of the Ghanaian populace is in extreme poverty which is much more prevalent in rural communities and more chronic in its regional distribution (GSS, 2019). Several policy interventions like, the Capitation Grant, School Feeding program, National Health Insurance Scheme, etc., in the past and present by the government of Ghana to tackle the pervasive incidence of poverty in Ghana sought to bridge the gap of disparity between the poor and the rich.

### **Statement of Problem**

Ghana's effort at reducing poverty and inequality over the last couple of decades after the introduction of the LEAP program as a means of ending chronic or short-term poverty which is sponsored or funded has prominently been featured in many annual budgets and development policies in developed countries or donors continues to persist with profound manifestations in the lives of low-income earners and weak groups in Ghana, This research study therefore sought to ascertain the effects of the Livelihood Empowerment Against Poverty (LEAP) program on the lives of the beneficiaries in Kwaebibirem Municipality.

### **Research Questions**

1. What are the effects of the LEAP program on the livelihood of beneficiaries?
2. What are the challenges of the LEAP program in the Kwaebibirem Municipality?
3. What are the remedies to eradicate the weaknesses in LEAP?

### **LITERATURE REVIEW**

### **Concept of Social Protection**

Social Protection as defined by Oxford Policy Management (2024), is the set of policies and programs designed to reduce poverty and vulnerability by diminishing people's exposure to economic and social risks, enhancing their capacity to protect themselves from these risks and reducing the impact of shocks that occur. Social protection is concerned with preventing, managing and overcoming situations that adversely affect people's well-being (Foli et al., 2014). It consists of policies and programs designed to reduce deficiency by promoting an efficient labor market that reduces people's exposure to risks and enhances their capacity to manage economic and social risks, such as exclusion, unemployment, sickness, disability and old age (Foli 2015). It is a range of actions carried out by the state and other parties in response to vulnerability and poverty which seeks to guarantee relief in impoverishment for the vulnerable in society, having security in the face of burdens and eventualities, successful health care and working in safety is what Social Protection is about (ILO, 2013). In addition, social protection is a right and a powerful instrument for poverty reduction and social cohesion. Social Protection promotes sustainable economies and social development, and countries with social protection systems have been better able to cope with the Global Economic crisis (Fuseini et al., 2019). Social protection programmes help the poor and vulnerable manage crises and shocks, find jobs, invest in the health and education of their children and cover the growing population (Babbie, 2014).

### **History of Social Protection**

Social Protection, has been used in the European Welfare State and other parts of the developed world to address temporal poverty and maintain a certain living standard (Karakara et al., 2022). Trajan (Marcus Ulpius Traianus, 53 CE-117CE), a Roman Emperor, instituted a state-provided social protection that aimed at the expansion of a program for free grain to include more poor citizens and the institution of public funds to support poor children in the empire. The first broad system of Social Protection known as Social Insurance was created by the Government of Germany under the auspices of Chancellor von Otto Bismarck between 1883 and 1889, though as far back as the 1850s, local governments were helped by several German states to set up sickness fund to which workmen could be compelled to contribute. Germans' sickness insurance managed by aid funds began in 1883, Employment injury insurance operated by employment trade associations came in 1884 and Invalidity and age insurance were administered by the provinces, followed in 1889. In the 20th century, organized welfare was not common because it was during that time, that there were remarkable welfare systems that were established for the working classes in both Germany and Great Britain, looking at social insurance in Germany, it was financed by contributions from the working class. It was compulsory for the wage earners for whom it was designed: employees, skilled and unskilled alike, young and elderly, male and female, regardless of their state of health.

The insurance principle gave expression to the solidarity of the workers contributing regularly to support colleagues and workmates in their time of need and to the interest of both sides of the industry in financing a scheme whose results would be beneficial not only to the workforce but also to the management. The example of Germany was followed in Europe and Africa, and by the 1930s social insurance had spread to Latin America, the United States and Canada. The United States followed several years later, during the Great Depression with emergency relief for those struck the hardest. Following the achievement of national independence and at different times after the end of the Second World War, social insurance was introduced in many countries in Africa, Asia and the Caribbean area by the International Labor Organization (ILO).

### **Theoretical Framework**

The theoretical approach that underpins this study is the right-based approach. Social Security or Social Protection as a whole was made part of human rights issues during the Declaration of Human Rights in 1949. Human rights are rights inherent to all human beings, irrespective of our nationality, sex, place of residence, ethnic origin, color, language, religion, or any other status. (UN Office of High Commission for Human Rights, 2008). According to the United Nations, Human rights are rights essential to all humans, regardless of age, race, sex, nationality, ethnicity, language, religion or any other status. Amnesty International UK, defines Human rights as the fundamental rights and freedoms that belong to every single one of us, anywhere in the world. The human rights-grounded approach is an abstract framework for the process of human development that is normatively grounded on international human rights standards and it is operationally directed to promoting and protecting human rights (International Covenant on Civil and Political Rights, 1996). According to (the Overseas Development Institute, 1978), the human rights-based approach is grounded on empowering individuals to know and claim their rights and increasing the ability and accountability of individuals and statutory institutions mandated to protect and fulfill rights. It seeks to address inequalities that are at the heart of the problems (Sackey 2019).

### **Evolution of the Social Cash Transfer Program**

Social Cash Transfer program is noted as one of the vital components of poverty reduction strategies, its attractiveness is centered on the objectives it yields in alleviating short-term poverty and long-term human capital building. Prevailing literature on social cash transfer suggests that social cash transfers are capable of changing pro-poor growth in diverse ways by presenting an effective risk management tool serving as a supportive instrument in terms of human capital development and by empowering poor households to ensure poverty alleviation.

Some developing countries in Latin America and other parts of the world where cash transfer programs are widely implemented have made such provisions explicitly clear and have enshrined them in their constitutions by including rights to social protection, for instance, Bolsa Familia in

Brazil, has successfully established social entitlements systems which have considerably reduced the incidence of poverty and inequality over the last decade (Karakara et al., 2022). Brazil's Bolsa Familia, which was launched in 1995 is recognized as the world's largest conditional cash transfer program which has yielded very positive results in terms of targeting and its effects on poverty and inequality (World Food Programme, 2020). It was a flagship initiative of President Lula (during his 21 years of leadership) as part of his umbrella social strategy "Zero Hunger", established in line with his campaign slogan that every Brazilian should be entitled to at least three meals a day, it provides cash transfers for needy people with a monthly amount of about 3 US dollars. The rationale behind the initiation of this policy was not different from that of other countries in the Latin American zone which aimed at the combination of short-term goals of poverty alleviation via cash transfers with the long-term objectives of ending intergenerational poverty traps, through the conditionalities on health and education. It provides two different kinds of benefits: a basic transfer, completely unconditional and given to extremely poor families; and a transfer that varies according to the number of children in the family up to the age of 17 which caters to the poor and extremely poor families which is conditional on human capital investments such as school attendance, immunization of children and pre-natal check-ups. (Babbie, 2014). These two ideas have been put together in a proposal for a cash transfer that would encourage individuals, households and families to make sure that their children go to school (Agbenyo et al., 2017).

### **Rise of Livelihood Empowerment Against Poverty in Ghana**

The Government of Ghana at Independence in 1957 provided free health care services which were solely financed from tax revenues. This move by the government of Ghana made it unsustainable because of its bipolar focus on financing other sectors of the economy. Different nominal fees and a cash-and-carry system were introduced which provided medical treatment solely by direct payment. Above and beyond the governmental system, existed the traditional systems of Social Protection which centered on helping and giving support to the extended family. This was known as the rural extended family care where they were responsible for taking care of the old and invalid members of the family. The elderly people took care of the children and they expected the younger ones to take care of them when at their old age. The adults in the society were responsible for financing the material needs of the children and the elderly members of the family. With the rise of modern society and expanding globalization and urbanization, the extended family system has weakened because of the migration of younger family members into the cities there is a lack of support for the traditional Social Protection Scheme (Ghana Statistical Service, 2019). The family is no longer capable of supporting members with disabilities or old age of the family on their own.

Informal and traditional forms of Social Protection which are based on the extended family system or religious networks are normally the most vulnerable people have to rely on. Due to this new form of Social Protection Schemes emerged.

Guided by the Directive Principles of State Policy in Chapter Five of the 1992 Constitution of Ghana, the government has a major responsibility to ensure effective and consistent social protection delivery through financing from public sources. Efforts have been made by the government since 2007 to enhance the coordination of major social protection interventions within a strategic framework. This thus called for the development of a policy, an idea which was given further impetus when cabinet, in June 2014, approved the strategic oversight and monitoring roles of the Ministry of Gender, Children and Social Protection and mandated the Ministry to lead the development of a National Policy on Social Protection. The government of Ghana recognizing that the growth and mainstream development interventions were not sufficient to alleviate the huge number of people living in the country came up with the National Social Protection Strategy and the Ghana Growth and Poverty Reduction Strategy to improve the situation of the vulnerable groups.

The National Social Protection Strategy represents the Government of Ghana's vision of creating an all-inclusive and socially empowered society through the provision of sustainable mechanisms for the protection of individuals who living in extreme poverty and are vulnerable in society. The National Social Protection Programme was founded upon the principle that "every Ghanaian who mater is capable of contributing his or her quota to national development". (Ghana Statistical Service, 2019). The National Social Protection Programme commenced its work in 2007/2008. These two strategies were centered on reducing poverty to achieve the first Millennium Development Goal 1 and now Sustainable Development Goal 1 of the UN which includes; the establishment of a new social grant scheme to provide a basic and secure income for most vulnerable households, better poverty targeting of existing social protection programs, package of complementary inputs (Ghana Statistical Service 2014).

### **LEAP in the Kwaebibirem Municipality**

The Kwacbibirem Municipality has benefited from numerous social programs such as; the Ghana School Feeding Program (GSFP), Free Maternal Health Care, Capitation Grant, Livelihood Empowerment Against Poverty, The Livelihood Empowerment Poverty program which aims at alleviating short-term vulnerability was introduced into the municipality in September 2009. About 26 communities were targeted contributing to about a quarter of its populace being registered on the program. 110 households benefitted before 2010, 180 households in 2012, an increase to 634 households in 2014, and a steady decrease to 879 households before 2018. This program paid to households with 1, 2, 3, 4 (or more); (which included people with disabilities and extremely poor persons), 64 GHS, 76 GHS, 88 GHS and 106 GHS respectively.

### **Evidence of the Effects of Social Cash Transfers on the Beneficiaries**

In about 90 percent of the LEAP households enrolled, at least one member is enrolled in the national health insurance system. This included a 34 percent increase among children under six years old, and a 16 percent increase among children from six to 17 years old from when it started.



The program slightly increased preventive care for children. Households that were under (LEAP) were more likely to report sickness in children, although they were less likely to report sickness among older children. These transfers enabled these household members to pay for medicines for the elderly and infirm. Other research findings postulate that cash transfer programs have contributed massively to improving nutritional levels by reducing hunger and food insecurity in many deprived communities. The impact of cash transfers on reducing hunger has been most prominent in Third World countries enveloped with chronic poverty. In these areas, there is the likelihood that the beneficiaries prioritize spending on improving the quantity and/or quality of food consumed if there is an increase in cash transfers.

### **Methodology**

Both primary and secondary data sources were utilized. Relevant information was sourced from reports, articles, journals, textbooks, and other relevant literature. A total of 40 respondents were purposively selected for the study. A cross-section of 30 beneficiaries (18 females, 12 males), 5 Focal persons, members (4 males and 1 females) within the Municipality and 5 staff members (3 females and 2 males) of the Municipal Community Development and Social Welfare were engaged. To ease the processes involved in collecting information and the sources, an interview was carried out with the aid of an interview guide. Information was derived from the Municipal Head and the staff of the office of the Department of Community Development and Social Welfare. In addition, questionnaires were administered to beneficiary CLIC members and the staff of the MCDSW. The question items comprised both open-ended and close-ended questions. Data collected from secondary and primary sources were coded. This was the initial data analysis phase. Data gathered with the questionnaire were entered into an SPSS software, and descriptive statistics precisely, frequency distribution table was used to analyse them. Qualitative interview data were on the other hand analysed thematically and textually. The outcome of the interview was explained using quotations and text analysis. With this, it paved the way for the researcher to make comparisons. Thus, recommendations were also made based on the research findings.

### **Findings**

Out of the thirty (30) respondents, eighteen (18) were females and seventeen (12) were males, representing 60 % and 40 % respectively. Two (2) different sets of questionnaires were administered to three (3) segments of respondents, they were the beneficiaries, the CLIC/ Focal persons & staff of the Municipal Social Welfare office. The data collected from these different respondents considered only the age distribution of the beneficiaries since this work was mainly centered on them. Out of the thirty (30) Beneficiaries, 6 fell between the age ranges; thirty-two (32) to forty-two (42), forty - three (43) to fifty-three (53) respectively, eight (8) fell between the age ranges fifty - four (54) to sixty-four (64) and ten (10) fell between the age ranges sixty-five (65) to hundred (100).

This research gave priority to considering eight (8) respondents (beneficiaries) between the age ranges fifty - four (54) to sixty-four (64) because most of them are severely disabled or otherwise People with disabilities and ten (10) members above sixty – five (65) years because they are seen without productive capacity. The study also considered the marital status of the beneficiaries. Out of the 30 respondents (beneficiaries), five (5) were married, seven (7) had divorced, eight (8) were single (some single parents) and widows were ten (10), representing 16.67%, 26.67%, 23.33% and 33.33 % respectively.

Out of the 30 households or family sizes of the respondents (beneficiaries); 10 households fell between the range of family sizes 1 to 5 representing 33.33% of the total respondents, 12 households fell between the range of family sizes 6 to 11 representing 40% of the total respondents and eight 8 households fell between the range of family sizes 12 to 17 representing 26.67% of the total respondents respectively.

The study also considered the number of dependents on the respondents (beneficiaries). These people are those who rely solely on one another for support. The number of dependents grouped ranges from 1 -5, 6- 11, 12 -17. Out of the 30 respondents, sixteen 16 households recorded the range of 1-5 people depending on them for their survival representing 53.33 % of the total respondents, 8 fell between the ranges 6- 11 representing 26.67% of the total respondents and 6 beneficiaries fell between the ranges 12 -17 representing 20 % of the total respondents.

The characteristics of the respondents (Staff of the MDCDSW and CLIC members) prompted the researcher to also consider gender statuses. Out of the ten (10) respondents, four (4) were females, and six (6) were males. This represented 60% and 40% respectively. With the number of beneficiaries whom the LEAP Programme has affected their livelihood, they (beneficiaries, CLIC members and staff) disclosed that this Social Cash Transfer system has positively and negatively impacted their lives. It was identified that out of 40 respondents (including the staff and CLIC members), 25 said there has been one or more positive impacts on their life since their enrollment in the LEAP program representing 62,5% of the total respondents. 5 respondents said that there has not been any positive impact made rather they have been hit by negative impacts representing 12.5% of the total respondents. In addition, 10 respondents said that they have had both of the effects on their lives representing 25% of the total respondents. This shows that the LEAP has had greater effects on the beneficiaries' lives than doing great harm to them. This aligns with the assertion of Fuseini et al., (2019), who explain in a similar study in the Upper East Region of Ghana that LEAP has had both positive and negative effects on beneficiaries with the positives dominating. More so, ten (10) respondents (Staff and CLIC members) out of the 40 representing 25% of the total respondents I interviewed shared their view on the effects as mentioned above, one of the staff members of the Municipals' Department of Community Development and Social Welfare remarked:

*“Persons enrolled in the Social Grant benefit a lot from it hence having more positive impacts on them than negative. This clearly shows that the introduction of LEAP is on the verge of achieving its primary goal of reducing than alleviating poverty”.*

On the shortcomings of the LEAP programme in Kwaebibirem Municipality, the attempts of the government of Ghana to establish an efficient Social Cash Transfer to alleviate or reduce poverty in the Kwaebibirem Municipality and Ghana as a whole is applaudable, yet still faces several challenges. In finding out some of these challenges of the LAP programme in the study area, the views of respondents were sought. The LEAP programme according to 29 respondents was that it has the problem of a prolonged disbursement process of the cash grant from the government it takes about 3 months before the cash is disbursed. As a result of this situation, some beneficiaries had to look for other sources of income, especially engaging their young children in commercial activities to supplement their income. These respondents were not satisfied with the duration of the payments made every 2 months which technically translates to 6 times a year. They entreated the government to make amendments by paying on time, and payment should be made every month instead. The next challenge they encounter is the complex processes one has to go through in collecting the cash due to long queues at the various banks or collection points. This according to the caregivers makes them waste most of their time at the bank of which most of them cater for old age. The third challenge of the LEAP programme according to many respondents is the fact that the monthly cash transfers were too low making it difficult for beneficiaries' family to cover their basic needs and debts. This is consistent with the findings of Karakara et al., (2022), who argued in a similar study that the challenges of the LEAP programme especially cash disbursement or transfers greatly affect the efficiency and effectiveness of the programme.

According to respondents (beneficiaries, CLIC members and staff), as a result of the low monthly cash transfers, most of the beneficiaries still depend on other family members and community heads to be able to meet their basic needs. In addition, some respondents perceive corruption in enrolling people in the LEAP programme. Some respondents indicated that some beneficiaries are favored over others and that they classified as; "the whom you know attitude", With this, they said that some of those who befitted are neglected and families and friends are on the Social Transfer system. This confirms the position of Sackey (2019), who maintains that the perceived corrupt recruitment of some unqualified persons is adversely affecting the genuineness of the programme. An interview with (staff of the MDCDS) denied this claim:

*“There are caregivers (collectors of the money for beneficiaries) who are old, orphan or vulnerable and the beneficiaries whom the LEAP has captured. Some of the beneficiaries are weak and unable to go to the bank or payment centers to collect the money so the Caregivers go and*

*collect the money. So, people see them they start to complain, and so it is a normal thing."*

He asserted furthermore, that the wrong allocation of some automatic benefits notably NHIS registration was mentioned as one of the key challenges of the LEAP program. Some respondents indicated that people who do not fall within the requirements of enjoying such benefits are been captured on the free NHIS registration hindering others who qualify from accessing it. In this situation, a respondent said to me;

*"If persons are captured in the enrollment list to be in a family, all 5 (including those of age, energetic, working to earn a living) are often beneficiaries of the free NHIS registration" This caused some of my respondents to classify it as unfair and unbalanced".* Next, the incompatibility of the E. Zwich card since its introduction into the system was notably mentioned as one of the key challenges of the LEAP programme. Some respondents said to me "

*Previously, cash was paid at hand so there was no problem with networking, thumb printing and electronic verification. All we experienced was that your name would be mentioned and your money would be counted into your hands.... that is all... but with the E- Zwich we have to stay there for longer periods before we are paid".*

This clearly shows dissatisfaction on the side of the beneficiaries. In an interview with Hillary; a staff of the MDCDSW, asserted that;

*"A Post Master was responsible for the payment of the money. They could be attacked by armed men which will cause a loss to the state. Besides, some Post Masters were not making the payments but they could sign and thumbprint for beneficiaries and they would have access to the cash".*

This depicts that there were a lot of loopholes in the system that the government needed to visit again. Another major shortcoming is the political interference from the politicians. An issue explored in the interviews was the political influences that have become a canker in the running of LEAP. The researcher asked programme officers in the Municipality whether in running the programme they had experienced political influence or pressure from the political authority in the district. He said;

*"Some district officers complained of political interference. They complained of politicians in the Municipality's attempt to use the programme to their advantage by influencing the selection of communities to favor their political interests. This poses problems for*



*the programme as this can result in the poor targeting of beneficiaries”.*

Administratively, cash allocation to the Social Welfare offices is too low for the sensitization of beneficiaries and potential beneficiaries. There also exists the problem of early disbursement of money from the Central Government to enable them to plan well for such programmes and to seek for its success. Likewise, Municipal vehicles are scarce for the department to undertake such programmes and sometimes are being denied hence leading to high transport fares on private buses and cars. This finding confirms the position of Foli (2014), who argues that the low budgetary allocation for the operations, that is for sensitization, transportation of the LEAP Programme, and late disbursement are negatively affecting the smooth running of the programme.

In an interview with Mrs. Janet (Head of the MDCDSW), she talked about this menace.

*"Before beneficiaries are being paid every two (2) months the assemble workers collaborate with the Focal persons and have to announce to beneficiaries that the payment time is due. Sometimes it takes part of our salary."*

## **Conclusion**

The evidence revealed in this paper on LEAP suggests that the programme is positively impacting the lives of the beneficiaries in the region as it has improved their food consumption and health and helped them educate their children (Agbaam et al., 2014). Based on the findings, the study concludes that the implementation of the LEAP programme has had a significant positive impact on education, health and food consumption in the Kwaebibirem municipality. This denotes that the LEAP programme despite some challenges, has positive effects on the people and should be maintained and improved. But to make the programme more beneficial, the administrative, beneficiaries & political shortcomings of the programme should be addressed proactively. These challenges are largely administrative and beneficiary-related related as revealed from the interviews.

## **Recommendations**

The Ministry of Gender and Social Protection has to decentralize the activities of LEAP. There is a need for resources to be made available to support monitoring and sustain interest in the programme. In addition, funds for sensitization and disbursement to various municipalities and districts come from the central government therefore any delays from the top equally affect the sensitization and disbursement of the programme. There is also a recommendation that the incompatibilities in the use of the E-card and mismatching identity or verification problems should be catered for by the Ministry of Gender Children and Social Protection. Moreover, the study also recommends transparency in the registration and distribution of cash transfers to reduce the perception of corruption and familiarity with "whom you know" in all social protection

programmes. Again, the depoliticization of the activities of LEAP is also crucial to the success of the programme. Lastly, there should also be a kind of non-formal education for the beneficiaries to sensitize them to manage funds better.

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