

Assessing the Effects of the Livelihood Empowerment Against Poverty (Leap) Program Among Beneficiary Households in the Sagnarigu Municipal

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Abstract

This study examined the effects of the Livelihood Empowerment Against Poverty (LEAP) Program as a Social Protection Strategy in reducing poverty among beneficiary households in the Sagnarigu Municipality of the Northern Region of Ghana, using Percentage analysis and focusing on household poverty indicators such as education, health, food consumption patterns, and petty trade. Beneficiary households were the treatment group, with non-beneficiary households being the control group. A multi-stage sampling technique was used to generate the required primary data. First, 4 beneficiary communities were selected from 6 project target beneficiary communities. Then, a simple random sampling technique was employed to select beneficiaries from each beneficiary community. The results showed that LEAP had a more positive impact on beneficiaries than on non-beneficiaries across all indicators used for comparison. It is recommended that the government allocate a greater share of its budgetary support to the program to increase payments to beneficiaries.

Keywords: Non-Governmental Organisations, Livelihood Empowerment Against Poverty (Leap) Program, Beneficiary Households, Human Rights, Advocacy, Effectiveness, Challenges, Legal Framework, Policy Reform.

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1.0 INTRODUCTION

1.1 Background to the study

Poverty remains one of the most critical social issues of concern worldwide. The United Nations defined extreme poverty as "a condition characterised by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to services". Poverty is linked to many developmental problems, such as poor sanitation, limited access to basic services, and high population density; all of these problems arise from poverty (International Poverty Centre, 2006). The 2012 World Bank population report estimated that 12.7% of the world's population lives on less than \$1.90 a day (World Bank, 2016). As of 2013, Africa, the second-largest continent in the world, was considered the poorest, with a population of 1.033 billion (World Population Review, 2013). The World Bank and other international organisations are concerned with the relationship between poverty and social programs (Holzmann & Jorgensen, 1999; Holzmann et al., 2003). Ghana, as a middle-income country with a relatively stable economy, is still battling with socio-economic and developmental problems. Poverty level in Ghana reduced from 31.9% in 2005/6 to 24.2% in 2012/13 (Ghana Statistical Service report). Upon the reduction of the poverty level from 31.9% to 24.2%, poverty remains one of the most challenging social issues, more especially among the three regions of the North, with 40% of indigent persons in these regions.

According to the Ghana Poverty and Inequality 2016 report, the poverty levels in the three northern regions are: Northern Region, 50.4%; Upper East Region, 44.4%; and Upper West Region, 70.7%. Most people in these areas generate their income mainly through farming. Several measures have been developed in Ghana over the years towards eradicating poverty. The prevailing social protection strategy, for which LEAP is a significant component, follows a history of similar government interventions. Social interventions in Ghana have changed over the years, at different times during the country's political history, catering to the interests of stakeholders at the time, often with the support of international donors, according to the International Labour Organisation (ILO) (1989). Apart from the 1983/4 food crisis, which saw a massive influx of food aid, the failures of Structural Adjustment Programs (SAPs), a policy prescription by the World Bank to developing countries to boost their economic development, led to the establishment of a social protection scheme; the Programme of Action to Mitigate the Social Cost of Adjustment (PAMSCAD) in 1987/8. The PAMSCAD served as a safety net for people affected by SAP policies of redeployment, free-market policies, trade liberalisation, and currency devaluation, among others. It was centred primarily on community initiatives, employment generation, education, assistance to redeployed personnel, and basic needs for vulnerable groups.

The programme encountered several difficulties, leading to its failure to provide adequate safety nets for the vulnerable. PAMSCAD was challenged by incompetence in programme design and implementation capacity (ILO, 1989). PAMSCAD was soon to be replaced by the Ghana Vision 2020 in the 1990s. It was meant to provide a comprehensive, sustainable, and cost-effective social support system, especially for the disadvantaged and vulnerable (Government of Ghana, 1997: 78). Like previous interventions, it failed due to poor management and inadequate budgetary allocations. According to the Department for International Development (DFID), Social protection is defined as a subset of public action that helps address risk, vulnerability and chronic poverty. Social protection programs were introduced to alleviate poverty; cash transfers have become more popular for this purpose. The cash transfer seeks to provide grants to impoverished people. It is essential to achieving sustainable development since citizens must be cushioned against hardship, enabling them to participate in their socio-economic life. The mode of alleviating poverty increased in Latin American countries and has become very popular in Africa as well (Davis et al., 2012).

Ghana, being one of the African countries, is also combating poverty through various means, including the National Social Protection Strategy (NSPS) of which Livelihood Empowerment Against Poverty (LEAP) is a component, which seeks to provide some assistance to the extremely poor under different sectors of the Government of Ghana (Ministry of Gender, Children and Social Protection 2013). The main objective was to reduce poverty in accordance with Millennium Development Goal 1, aiming to halve extreme poverty by 2015. It was also intended to provide a substantial mechanism for protecting persons living in situations of extreme poverty and vulnerability.

The Livelihood Empowerment Against Poverty (LEAP) program is a significant component of the Government of Ghana's social protection strategy to ensure a minimum standard of living for people experiencing poverty. The program was initiated in March 2008 to provide cash transfer to extremely vulnerable households that belong to the following categories: orphans and vulnerable children (OVC), the elderly, sixty-five years and above without support, persons with severe disabilities without productive capacity and pregnant women and children under one year. The three main objectives of LEAP are as follows: Reduction of extreme poverty, hunger and starvation among the extreme poor population in Ghana; Increase access and participation in education in extreme poor OVC Aged 15years and below; Empowering caregivers to gain skills and other resources that will take them out of extreme poverty and break the generational poverty cycle (Department of Social Welfare, 2009)

1.2 Statement of the Problem

Since independence, successive governments have deployed different policies aimed at eradicating poverty in Ghana. Some of which include: Operation Feed Yourself, Ghana Poverty Reduction Strategy (GPRS-I), Growth and Poverty Reduction Strategy (GPRS-II), and others. Despite the policies formulated and implemented by various governments, poverty remains a national social canker to be addressed, especially among people living in the three northern regions. For instance, the Ghana Statistical Service Non-Monetary Poverty in Ghana Report

(2013) stated that the northern part of the country has the highest multidimensional poverty index (MPI): the Northern Region (80.9%), Upper East (80.8%), and Upper West (77.6%). As a result of the above, the Government of Ghana introduced the LEAP program. This social cash transfer program aims to alleviate extreme poverty among the country's poor and vulnerable.

The program is also meant to enrol beneficiaries under the national health insurance to access free health care and increase school enrollment among vulnerable households. The program is primarily funded by the Government of Ghana and other donor agencies, including the World Bank, the U.K. Department for International Development (DFID), the United Nations International Children's Emergency Fund (UNICEF), and HelpAge Ghana. The Department of Social Welfare is executing it under the Ministry of Gender, Children and Social Protection. To be a beneficiary of the program, one must belong to the following: Orphans and Vulnerable Children (OVC), the elderly aged 65 years and above without support, persons with severe disabilities without productive capacity, and pregnant women and children under one year (leap.gov.gh).

These criteria in selecting the beneficiaries have excluded certain social groups, which are equally vulnerable to poverty, such as the widows with no reliable employment and a formal pension. This is problematic. Since the introduction of the LEAP program nine years ago, the critical question remains whether cash transfers are the surest way to increase school enrollment among beneficiary children. It would have been better to provide the children with school materials, such as uniforms, books, and sandals, to avoid abusing the intended purpose of the money.

Despite the introduction of the LEAP project three years ago in the Municipal, there is limited information analysing its impact on poor and vulnerable households. The study, therefore, aims to fill this research gap by providing sufficient information on the program's effects on beneficiaries in the municipality.

1.3 Justification

Various governments and stakeholders committed to alleviating poverty have made many commitments, but poverty remains pervasive in northern Ghana (source). The introduction of LEAP as a poverty reduction programme since 2008 has been a wonder to the majority of people, with many wondering whether it is really working. This study sought to explore the efficacy of the LEAP programme in reducing poverty in Sagnarigu, as 18,477 people are still considered poor in the municipality, according to the Feed the Future Ghana District Profile series 2017 report. The study is justified because it will help assess the steps various Ghanaian governments have taken in the past to reduce poverty and vulnerability, primarily through social intervention programs such as the Livelihood Empowerment Against Poverty. It will also assess the success, challenges and the general view of the people about the LEAP program in the Sagnarigu Municipal. The study will also add to the body of knowledge on social poverty interventions, which researchers undertaking similar research stand to benefit.

2.0 MATERIALS AND METHODS

This chapter examines studies and related work by others. It covers the concept of poverty, poverty trends in Ghana, the causes of poverty, and social protection policies, including the Livelihood Empowerment Against Poverty (LEAP) program.

2.1 Concept of Poverty

General poverty is a state in which an individual lacks a certain amount of material possessions or money needed to meet his/her basic needs. It has several dimensions, including social, economic, and political elements. Poverty can be measured in absolute or relative terms. Absolute poverty refers to a situation in which a person is unable to provide themselves with the minimum income needed to meet basic needs within a specific time period. Relative poverty analyses the different income levels of people in relation to the lower and upper groups of a population. An individual is said to be poor when he/she lacks the financial and other resources needed to meet basic needs of life (UNDP, 2006). In simple terms, poverty is pronounced deprivation in wellbeing (World Bank, 2000).

An estimated 1 billion people worldwide live on just US\$1.258 per day or less, and roughly one in every four individuals in less developed countries still live below the World Bank's accepted

standard of US\$2.25 a day (World Bank, 2011). Poverty is a property of an individual's situation rather than a characteristic or pattern of behaviour (Saisana, 2014). According to Townsend (1987), when families and individuals in a society fail to obtain the required resources to meet their basic needs, such as diets, take part in activities, and their living conditions, together with amenities that are customary to societies, they belong to, are curtailed, then they are in Poverty. This perception of poverty is similar in tone to that adopted by the European Commission in 1984.

According to Donnison (1982), rapid technological change creates new forms of poverty as some people cannot keep pace. John Veit-Wilson (1999) provides a definition of poverty that captures human needs, with a focus on psychological and social aspects. He focuses on material and non-material resources needed to attain the production, maintenance, and reproduction of wholly sovereign and participating adult humans in the societies to which they belong. The definition of poverty adopted has broad implications for any policy aimed at combating it.

2.2 Poverty Trends in Ghana.

This section used the three central Ghana Living Standard Survey (GLSS) reports that examine poverty trends in Ghana, namely GLSS4 (1998/1999), GLSS5 (2005/2006), and GLSS6 (2012/2013). About 6.4 million people in Ghana are poor (GLSS6, 2013, as cited by GSS). The trends show that the poverty rate decreased from about 51.7% in 1992 to about 16.7% in 2013 nationwide. Apart from the Upper West and Northern regions, the remaining eight regions have poverty rates below the national average. Greater Accra recorded the lowest poverty rate of about 12% (GSS, 2013). Demographically, the rural population of Ghana accounts for 78% of those in poverty, with rural Savannah the highest contributor (40%); about 44.4%, 50.4% and 70.7% of the populations of the Upper East, Northern and Upper West regions, respectively, are poor. Generally, the Northern region is the highest contributor (20.8%) to national poverty (GSS, 2013).

In terms of extreme poverty incidence, Upper West has the highest (45.1%), followed by Northern (22.8%) and Upper East (21.3%). Despite the decline in poverty incidence, inequality has increased among both rural and urban dwellers, from 37.8% in 2006 to 40% in 2013 in rural areas, and from 38.3% to 38.8% in urban areas. The Gini coefficient has increased from 41.9% in 2006 to 42.3% in 2013, indicating that Ghanaians are not benefiting equally from the growth process.

2.3 Causes of Poverty

There are various notions and descriptions of the causes of poverty. The debate among theorists and policymakers about the causes of poverty is mainly divided between those who support cultural/behavioural explanations and those who argue that poverty and the existence of vulnerable groups emanate from the structural/economic system (Jordan, 2004). The cultural theorist assumes that poverty can emerge from negative attitudes and behaviours within a conventional society, making people less productive. Thus, individuals in society create, uphold, and pass on social and behavioural deficiencies to the next generation (Rodgers, 2000), as cited in Jordan (2004). The cultural theorist argues that the vulnerable group's poor condition results from their attitude, which creates a self-reinforcing backdrop that limits people's access to economic resources.

Scholars of the structural perspective argue that most poverty can be traced to institutional structures that favour specific groups in society at the expense of others, based on gender, class, religion, political or racial identity (Jordan, 2004). This opinion on the causes of poverty is clearer than the cultural perspective. This is because it tries to analyse institutional weakness and structural arrangements as causes of vulnerability in developing countries. Aside from the cultural and structural perspectives on the causes of poverty, Bradshaw (2007) outlined specific causes. These include: individual deficiencies; cultural belief systems that support subcultures of poverty and vulnerability; and cumulative, cyclical interdependencies.

Individual deficiencies as a cause of poverty result from a lack of requisite skills and intellect; with hard work, individuals can improve their choices, thereby reducing poverty (Bradshaw, 2007). The cultural belief system as a cause of poverty holds that the continuous transmission of customs, beliefs, and values from generation to generation, as interpreted by individuals, can lead to poverty (Serumaga-Zake et al., 2012). The individuals are not necessarily responsible for their predicament because of the dysfunctional subculture or culture they are

part of. This aligns with Oscar Lewis's work, which states that once poverty persists, it tends to reinforce itself. For instance, by the time slum children are about six or seven years old, they have typically absorbed the basic attitudes, norms, customs, beliefs, practices, and values of their subculture (Ryan, 1976, p. 120), as cited in Bradshaw (2007).

The geographical cause of poverty acknowledges that individuals, institutional structures, and cultural setups in certain areas lack the resources needed to ensure their welfare and raise income levels; hence, they lack the authority to maintain redistribution of income and other vital resources (Bradshaw, 2007). In Ghana, for instance, this view could be accounted for by the prevalence of poverty in the Northern parts of the country, due to the vulnerability of the people and the continued existence of harmful cultural practices within weak traditional institutions. The spatial concentration of poverty and the emergence of vulnerable groups are explained by economic agglomeration theory. As explained by Bradshaw *et al* (1998), as cited in Bradshaw (2007). The agglomeration theory of poverty shows how the proximity of similar firms and industries attracts supportive services and market opportunities, which, in turn, attracts more firms and industries.

The final cause of poverty, according to Bradshaw (2007), is Cumulative and Cyclical Interdependencies. The theory looks at individual conditions and the resources available in the community. It argues that individuals who lack sufficient resources to contribute to the production process will find it very difficult to survive. The various causes of poverty call for appropriate policy interventions to minimise it. Thus, social intervention programmes such as LEAP, School Feeding Programme, etc., should take into account the various causes of poverty, especially in targeting the beneficiaries. Any social intervention that ignores these is unlikely to achieve the expected result of lifting the poor out of poverty.

2.4 Social Protection Policies in Ghana

Social protection is defined as a set of policies and programmes designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risk, and enhancing their capacity to protect themselves against hazards and interruptions or losses of income (Asian Development Bank, 2001). In other words, Social Protection involve interventions by government, private, voluntary organisations to enhance the capacity of the extreme poor and vulnerable persons in society by assisting them to manage both economic and environmental shocks in the face of disabilities, sickness and old age that would otherwise have affected their income levels and other opportunities. (Joyce Abrebrese, 2011; UNDP, 2006).

Over the years, Ghana has witnessed traditional social protection arrangements across different cultures (such as extended family systems and religious networks), as well as the development of public social protection policies and programmes. These are: employment creation for youth, minimum wage and regulations, planting for food and jobs, and one village, one dam, and one district, one factory, which are aimed at generating income to protect the poor and vulnerable in the country. The traditional system of social protection is beginning to disappear due to globalisation, as younger family members continue to migrate to cities. The traditional social protection scheme is gradually paving the way for the nuclear family system, which does not support the old and the vulnerable, making way for new forms of social protection.

2.4.1 Forms of Social Protection Policies in Ghana

All intervention policies aim to reduce poverty and inequality among the most vulnerable groups in the face of unexpected economic and environmental shocks.

Table 1: Chronology of social protection in Ghana

Strategy/Law And Date	Subject Matter
The Social Security Act of 1965	Provides Fund Scheme, lump sum payment for old age, invalidity and survivor's benefit
The Social Security Law of 1991	Converts the Provident Fund Scheme into a Pension Scheme (SSNIT)

Ghana Poverty Reduction Strategy I. 2002- 2005	Implemented to help achieve the Millennium Development Goals.
National Health Insurance Authority (NHIA) (2003).	Introduced to provide health insurance support.
The Ghana School Feeding Program (GSFP) 2005	Provides a meal for school children
Ghana Poverty Reduction Strategy II. 2006- 2009.	Focused on making Ghana a middle-income country.
National Social Protection Strategy (NSPS) (2007).	A policy document in which many social protection programmes are developed.
The Livelihood Empowerment Against Poverty (LEAP) 2008.	Provides social cash transfers and free health insurance membership for vulnerable persons

Source: Joyce Abrebrese (2011).

2.5 The Livelihood Empowerment Against Poverty Program (LEAP)

According to the Ghana Living Standards Survey (GLSS), the poverty profile of Ghana indicates that an estimated 40% of Ghanaians are poor. This refers to people who can meet their basic food needs but cannot afford supplementary necessities. Furthermore, an additional 14.7% of the people are afflicted by extreme poverty and are thus not capable of catering for basic human needs, including their nutritional requirements and suffer from poverty across generations (Ministry of Manpower, Youth and Employment, 2007). This phenomenon requires a social intervention to move the poor and vulnerable in Ghana out of poverty. It was implemented in mid-2009, and by 2010, it had covered 81 districts with 45,000 households. When LEAP started, 28.5% of Ghanaians were poor, whereas 18.2% were abysmal, and selected beneficiary households were to receive cash transfers between GH¢8.00 and GH¢15.00 at the time of its implementation. The LEAP aims to enable the poor to improve their ability to access government interventions and to 'leap out of poverty' (Ministry of Manpower, Youth Employment, 2007; Debrah, 2013).

According to the Minister for Gender, Children and Social Protection, Honourable Otiko Afisah Djaba, in 2018, the programme covered 216 districts and 213,044 beneficiary households nationwide. The number of eligible household members determines the amount received.

The amount received by the household membership is shown below.

Eligible members in the household	Amount received (GH ¢)
One	64
Two	76
Three	88
Four or more	106

Source: Leap.gov.gh

3.0 METHODOLOGY

This chapter illustrates the methodology adopted for the study. It provides a precise description of the methods used. It explains the theoretical framework, the sampling procedures

adopted to achieve the study's objectives, the data collection procedures, the analytical method, and a brief profile of the study area.

3.1 Theoretical Framework

The study was based on Amartya Sen's theory of entitlement. The theory is grounded in the assumption that Hunger and Vulnerability do not emanate from a lack of food in a region or country, but rather that famine results when people lose their entitlements, that is, the means of acquiring food and other necessities (Sen, 1981). The importance of implementing the Livelihood Empowerment Against Poverty program is to empower the poor and vulnerable to withstand economic and social shocks. The program, aimed at transferring cash to people experiencing poverty and other vulnerable groups, will help empower them to own property, thereby reducing poverty and vulnerability. This aligns with the assessment that social protection programs help empower people experiencing poverty by improving risk management and ensuring greater returns (Sabates, Wheeler, and Haddad, 2005). The program supports beneficiaries in obtaining free registration for the national health insurance scheme, increasing school enrolment for their children and others, thus reinforcing Sen's entitlement approach. According to Amartya Sen (1986), entitlement failures come in two forms: pull failure and response failure. A pull failure occurs when people lose their income sources, leaving them unable to buy food and other necessities. On the other hand, response failure occurs when there is a lack of food supply. The rationale for introducing the LEAP program is not only to address short-term vulnerability but also to empower poor households to own productive resources that can enhance their entitlements.

Sampling and Sampling Procedure

The study's target population comprised beneficiary and non-beneficiary households in the study area enrolled in the LEAP programme. According to the Social Welfare Department of the Sagnarigu Municipal, there are 6 beneficiary communities with 687 individual beneficiary households. However, for this study, 20 beneficiaries and 20 non-beneficiaries were included. To obtain the required sample, multiple probability-based procedures were adopted. Probability sampling affords all elements in the population an equal chance of being selected (Leedy & Ormrod, 2005). In the first stage, a list of all communities under the LEAP social grant programme was obtained from the Social Welfare Department in the Sagnarigu Municipal. Using simple random sampling, four communities were selected from the six communities. Due to limited time for the study, simple random sampling was appropriate, as all the communities were accessible.

Having selected the four communities, the study employed a sampling frame in the second stage. This involved obtaining the number of all beneficiary households eligible for the LEAP social grant in each community from the Social Welfare Department. Since both beneficiaries and non-beneficiaries constituted the target population and the selected communities are relatively homogeneous in poverty characteristics, proportionate samples of 5 beneficiaries and 5 non-beneficiaries were randomly drawn in each of the four communities, resulting in a total of 20 beneficiaries and 20 non-beneficiaries.

Table 2: Names of Selected Communities with their Respective Samples

Name	Beneficiaries (Number)	Non-Beneficiaries (Number)	Total
Dugshegu	5	5	10
Ngrun	5	5	10
Sanga	5	5	10
Buakpamo	5	5	10
Total	20	20	40

Source: Field data, November, 2025

3.3 Data Collection Procedure

The study used both quantitative and qualitative approaches for data collection (a mixed-methods approach). Creswell defined the mixed-methods approach as the combination of

quantitative and qualitative methods to study human behaviour and societal problems (Creswell, 2013). This approach helped compare the living standards of beneficiaries and non-beneficiaries using some household poverty indicators. This is because both groups fall below the poverty line and fall under one of the LEAP programme categories. The study used structured questionnaires, interviews, and secondary data for data collection.

3.3.1 Structured Questionnaire

A questionnaire is a vital instrument for collecting research data. In this study, a structured questionnaire with both open and closed-ended questions was used to collect relevant information from both beneficiaries and non-beneficiaries. The data were centred on the socio-economic and demographic features of respondents and on programme-impact areas within the household, such as education, health, food consumption patterns, and the institutional challenges facing the LEAP programme in the case study area.

3.3.2 Interviews

Qualitative interviewing is referred to as “flexible, iterative and continuous rather than being prepared in advance or locked in stone” (Rubin & Rubin in Babbie & Mouton, 2008:289). To facilitate data collection for the study, officials from the Department of Social Welfare and LEAP community monitoring team members were interviewed using a semi-structured checklist of questions. The significance of these interviews is to provide the opportunity to obtain more information on the programme's impact on beneficiaries' welfare and to gain a detailed understanding of the institutional challenges facing the LEAP programme.

3.3.3 Secondary data

Secondary data for the study were collected through a review of relevant literature, primarily from academic sources such as journals, books, articles, and internet sources, as well as relevant programme documentation from the national, regional, and municipal offices of the LEAP programme.

3.4 Data Analysis

According to Majesky (2008), data analysis involves reducing the data to a manageable proportion and identifying patterns and themes. In this study, both quantitative and qualitative approaches were used to analyse the data. The study adopted comparative analysis to compare beneficiaries and non-beneficiaries. The comparative analysis aimed to explain similarities and differences between the two groups regarding the Predetermined household poverty indicators. In this sense, it is easier to understand the impact of the LEAP social grant on household poverty, since both groups share a standard poverty profile, with the only difference being the administration of the LEAP grant to the beneficiary group. Descriptive statistics, such as Percentages and frequencies, were used to analyse the quantitative data, which were presented in tables and pie charts. In contrast, the qualitative data were analysed thematically and relationally, and presented as narratives.

3.5 Area of Study

3.5.1 Profile of Sagnarigu Municipal

This section presents a brief review of the study area, namely Sagnarigu Municipal in the Northern Region of Ghana. It looks at the location and size of the Municipal, the Climatic Conditions, Population Size and Growth Rates, Age-Sex Structure, Ethnicity and Religious Affiliation, Rural/Urban Split, Poverty Levels, and the Major Economic Activities in the Municipal.

3.5.2 Location and Size of the Sagnarigu Municipal

The Sagnarigu Municipal, with its capital at Sagnarigu, is one of the newly upgraded Municipalities in the Northern Region in the first quarter of 2018. The Municipal was inaugurated on 15th March, 2018. One of the reasons for the creation of the Municipal was to redirect developmental projects to the communities north and west of the Metropolis, now Sagnarigu, which were relatively less developed than the urban areas in the Tamale Metropolis. As of the 2010 population and housing census, the Sagnarigu Municipal had 79 communities, comprising

20 urban, 6 peri-urban, and 53 rural areas according to the Ghana Statistical Service (GSS). The Municipal covers a total land area of 200.4 km² and shares boundaries with the Savelugu-Nanton Municipality to the north, Tamale Metropolis to the south and east, Tolon District to the west, and Kumbungu District to the north-west. Geographically, the district lies between latitudes 9°16' and 9° 34' North and longitudes 0° 36' and 0° 57' West. The figure below shows the map of Sagnarigu Municipal.



Figure 1: Map of Sagnarigu Municipal

3.5.3 Population and Age Structure

According to the 2010 Population and Housing Census, the population distribution of the Sagnarigu Municipal was 148,099, with males constituting 50.6% (74,886) and females 49.4% (73,213). The young population, comprising 48.8% of the total population, is aged 0-19 years. The aged (65+) constitute only 4.1% of the municipality's total population. The age group 0-4 has the highest proportion at 14.1%, with those 95+ recording the lowest at 0.1%. The sex ratio, which represents the number of males to 100 females for the Municipal, is 102.3. The male population in the Municipal is greater than the female population among 0-24-year-olds, but from age 25 and above, females outnumber males. This shows that at birth, there are more males than females, and as the population ages, there are more females than males (GSS, 2010 Population and Housing Census).

3.5.4 Religious Affiliation

The table below illustrates the religious affiliation of the population in the Sagnarigu Municipal. The most dominant religion in the Municipal is Islam, with 83.5 % of the population being Muslims, followed by Christians who represent 15.6 %. Catholics are the most dominant Christians, accounting for 7.2 % of the population, with Pentecostal/Charismatic and Protestant (Anglican, Lutheran) adherents accounting for 3.5 % and 3.1 % respectively. Almost 2% of the population belongs to other Christian religions, and only 0.4% of them are worshippers of the Traditional Religion.

Table 3: Population by religion and sex

BOTH SEXES			MALE		FEMALE	
RELIGION	NUMBER	%	NUMBER	%	NUMBER	%
Total	148,099	100 %	74,886	100 %	73,213	100%
No religion	263	0.2 %	138	0.2 %	125	0.2 %
Catholic	10,685	7.2 %	5,088	6.8 %	5,597	7.6 %
Protestants		3.1%	2,288	3.1 %	2,359	3.2 %

(Anglican, Lutheran, etc.) 4,647						
Pentecostal/C harismatic 5,248		3.5 %	2,532	3.4 %	2,716	3.7 %
Other Christian	2,644	1.8 %	1,294	1.7 %	1,350	1.8 %
Islam	123,613	83.5 %	62,999	84.1 %	60,614	82.8 %
Traditionalist	602	0.4 %	338	0.5 %	264	0.4 %
Other	397	0.3 %	209	0.3 %	188	0.3 %

Source: Ghana Statistical Service, 2021 Population and Housing Census

5.5.5 Occupation and Economic Activity

About 59.0 % of the population aged 15 years and older are economically active, while 41.0% are not. Of the economically active population, 92.1% are employed, while 7.9% are unemployed. For those who are economically inactive, a larger percentage are students (58.2%), 22.3% perform household duties, and 2.1% are disabled or too sick to work. Five out of ten (54.6%) unemployed are seeking work for the first time. Of the employed population, about 27.0 % are engaged in service and sales work, 22.0 % in craft and related trade work, 21.5 % in skilled agricultural, forestry, and fishery work, and 16.0 % in managerial, professional, and technical work. (Ghana Statistical Service, 2010 Population and Housing Census.

4.5.6 Poverty level

According to the Feed the Future Ghana district profile series 2017, the poverty prevalence in the Sagnarigu Municipal is 11.3%, and 18,477 people are considered poor. Also, 7.9% of households are living with moderate or severe conditions. As a result, the municipality was enrolled in the LEAP programme in 2015 to help eradicate poverty and hunger. Currently, 6 communities are benefiting from the programme.

4.0 RESULTS AND DISCUSSIONS

This chapter presents the demographic features of the LEAP beneficiaries (treatment group) and the LEAP non-beneficiaries (control group). These include age, sex, religion, marital status, household size, level of education, the various categories of LEAP beneficiaries, accessibility to healthcare, ability to cater for wards in school, consumption patterns, occupational activities, and the amount paid to each beneficiary.

4.1 Demographic characteristics of respondents

The study sample consisted of 20 households in the treatment (LEAP) group and 20 households in the control group, who were non-beneficiaries.

4.1.1 Gender Distribution of Respondents

This sub-section discusses the gender distribution of respondents.

Table 4.1: Gender of Beneficiaries and Non-Beneficiaries

	Beneficiaries			Non beneficiaries		
Gender	Male	Female	Total	Male	Female	total
Frequency	8	12	20	9	11	20
Percentage (%)	40	60	100	45	55	100

Source: Field data, November, 2025

From Table 4.1 above, the number of male beneficiaries is 8, and that of females is 12, constituting 40% and 60%, respectively. This means there are more female beneficiaries than male beneficiaries. In the case of non-beneficiaries, the number of females is greater than the

number of males. Generally, based on the conditions of the LEAP program, it can be deduced that females are more vulnerable to poverty than males. Support with literature

4.1.2 Age distribution of respondents

The sub-section discusses the age distribution of respondents.

Table 4.2: Age of Beneficiaries and Non- Beneficiaries

Age range	Beneficiaries (Freq)	Percentage (%)	Non-beneficiaries (Freq)	Percentage (%)
10-19	0	0	0	0
20-29	0	0	2	10
30-39	4	20	3	15
40-49	4	20	6	30
50-59	2	10	4	20
60-69	7	35	3	15
70-79	3	15	2	10
Total	20	100	20	100

Source: Field data, November, 2025

From Table 4.2 above, beneficiaries aged 60-69 constitute the most significant proportion of the sample population across the four (4) communities, at 35%, while beneficiaries aged 50-59 constitute the smallest group, at 10%. However, the largest population of non-beneficiaries is between the ages of 40-49, at 30%, while the age group 10-19 has the lowest percentage.

4.1.3 Marital Status of Respondents

The subsection discusses the respondents' marital status.

Table 4.3: Marital Status of Beneficiaries and Non-Beneficiaries

Marital Status	Beneficiaries (Frequency)	Percentage (%)	Non-beneficiaries (Frequency)	Percentage (%)
Single	0	0	1	5
Married	17	85	18	90
Widowed	2	10	1	5
Divorce	1	5	0	0
Total	20	100	20	100

Source: Field data, November, 2025

From Table 4.3, 85% of the beneficiaries are married; none are single; 10% are widowed; and 5% are divorced. Among the non-beneficiaries, 90% are married, 5% are widowed, 5% are singles, and none are divorced. Given the high Percentage of married individuals among both beneficiaries and non-beneficiaries, it can be concluded that people in married groups are responsible for caring for others (children), thereby increasing their likelihood of being vulnerable to poverty.

35

4.1.4 Distribution of respondents by Religion

This subsection discusses respondents' religious affiliations.

Table 4.4: Religious Distribution of Beneficiaries and Non –Beneficiaries

Religion	Beneficiaries (Frequency)	Percentage (%)	Non-beneficiaries (Frequency)	Percentage (%)
Islamic	18	90	17	85
Christianity	2	10	2	10
Traditional	0	0	1	5
Total	20	100	20	100

Source: Field data, November, 2025

As seen in Table 4.4, there is a strong Islamic presence in the community, with 18 and 17 respondents representing 90% and 85% of beneficiaries and non-beneficiaries, respectively, who are Muslim. The other religions recorded a low number, with 2 respondents each representing 10%, respectively, belonging to the Christian religion and 1 respondent representing 5% of the non-beneficiaries was a traditionalist.

36

4.1.5 Occupation of respondents

This sub-section discusses the distribution of respondents by occupation.

Table 4.5: Occupation of Respondents

Occupation	Beneficiaries (Freq)	%	Non-beneficiaries (Freq)	%
Farmer	13	65	15	75
Trader	3	15	1	5
Unemployed	3	15	3	15
Artisan	1	5	1	5
Retired	0	0	0	0
Total	20	100	20	100

Source: Field data, November, 2025

From Table 4.5, it can be observed that both beneficiaries and non-beneficiaries are predominantly farmers, indicating that farming is the principal source of livelihood in the study communities. A smaller proportion of respondents engage in trading and artisanal work, while a few are unemployed. The presence of beneficiaries in petty trading reflects efforts to supplement household income through small-scale economic activities.

4.1.6 Level of Education of Respondent

This sub-section presents the distribution of respondents by level of Education.

Table 4.6: Level of Education of Respondent

Level of Education	Beneficiaries (Freq)	%	Non-beneficiaries (Freq)	%
No education	17	85	14	70
Primary	2	10	2	10
JHS	0	0	2	10
SHS	0	0	2	10
Non-formal	1	5	0	0
Total	20	100	20	100

Source: Field data, November, 2025

The level of education among respondents is generally low for both beneficiaries and non-beneficiaries. As shown in Table 4.6, 85% of beneficiaries have no formal education, while 10% have primary education and 5% have some form of non-formal education. Among non-beneficiaries, 70% have no formal education, with the remaining respondents distributed across primary (10%), JHS (10%), and SHS (10%) levels. The data suggest that educational attainment in the study communities is generally low, which may affect employment opportunities and income levels.

4.1.6 Categories of Beneficiaries

This sub-section discusses respondents by beneficiary categories. Based on the LEAP program's conditions, four categories of people are considered, as indicated in Figure 4.1 above. People aged 65 and above, representing 35%, constituted the most significant proportion of beneficiaries in the sample from the four communities. The study, however, found that 8 people,

representing 13.3% of the total beneficiaries sampled, did not belong to any of the program's specified categories. This means that these people were in the programme either through favouritism or an oversight by the District LEAP Implementation Committee (DLIC), thereby denying opportunities to persons who may have qualified.

4.2 Perception of Beneficiaries about the LEAP Programme

This section aims to assess the LEAP beneficiaries' perceptions of its effectiveness and sustainability. The twenty (20) beneficiaries sampled from the four communities said that the program is invaluable, hence the need for its sustainability. They noted that it has helped improve their living standards by providing easy access to necessities such as health care, food, and clothing. All four communities sampled were enrolled in the programme in 2015, with payments made over two months. Payment is made via E-zwitch with a fixed amount. Beneficiaries, however, complained that the amount received from each payment is not adequate to sustain them until the next payment period.

Table 4.7: Amount Paid to Beneficiaries

Amount (GHC)	Beneficiaries (Freq)	Percentage (%)
106	9	45
88	5	25
76	5	25
64	1	5
Total	20	100

Source: Field data, November, 2025

From Table 4.7 above, beneficiaries who receive GHC106 constitute the most significant proportion of the sample, representing 45% (9 households). This is followed by households receiving GHC88 and GHC76, each accounting for 25% of beneficiaries (5 households each). The least amount received is GHC64, representing 5% (1 household). The variation in the amounts paid is determined by the number of eligible members within a household. Households with four or more eligible members receive GHC106; those with three members receive GHC88; households with two eligible members receive GHC76; and households with one eligible member receive GHC64. This distribution suggests that households with 4 or more eligible members constitute the largest beneficiary category.

4.3 The Impact of Direct Cash Transfer on the Livelihood of Beneficiaries

This section of the study constitutes the essential part of the chapter. It focuses on comparative analyses of the living standards of both sample beneficiaries and non-beneficiaries using selected indicators. This comparison assesses how LEAP has reduced poverty among beneficiaries by comparing beneficiaries to non-beneficiaries to determine whether there is a significant difference between the two groups using the same indicators. The assessment was done by comparing the performance of these two groups within the indicators in Percentage terms. This is indicated in the table below.

Table 4.8: Outcome Indicators for Comparison

Outcome Indicators	Beneficiaries (60)		Non-Beneficiaries (40)	
	Easy	Difficult	Easy	Difficult
Ability To Cater For A Ward In School	14 (70%)	6 (30%)	7 (35%)	13 (65%)
Easy Access To Affordable Health Care	19 (95%)	1 (5%)	5 (25%)	15 (75%)
Ability To Engage In Petty Trading	5 (25%)	15 (75%)	4 (20%)	16 (80%)

Source: Field data, November, 2025

From Table 4.8 above, 70% (14) of the beneficiaries find it easy to cater for their wards at school, compared to 35% (7) of the non-beneficiaries. On the other hand, 30% (6) of the beneficiaries find it challenging to cater for their wards in school, whilst 65% (13) of the non-beneficiaries find it difficult. Based on the sample collected from the beneficiaries, the majority

indicated that the money they receive has enabled them to buy sandals, school uniforms, books, and pocket money for school, as compared to their previous situation. This is likely to increase school enrolment among beneficiaries more than non-beneficiaries. This long-term approach seeks to reduce vulnerability to poverty, the assumption being that with good education, children will gain good-paying jobs which will, in the long run, serve as a means of providing for their families (Rawlings & Rubio 2005, p. 33).

Regarding affordable access to health care, LEAP provides all beneficiaries with free health care through free registration and renewal of health insurance cards, unlike non-beneficiaries, who must pay for their hospital bills whenever they are sick. As indicated in Table 4.8, 95% (19) of the beneficiaries have easy access to affordable health care, compared with 25% (5) of non-beneficiaries. This aligns with the argument that obstacles should be removed to allow people to realise their potential, thereby promoting freedom (Laderchi et al., 2003). These obstacles can be prevented if people stay healthy.

Therefore, in addition to nutritious food, they should have access to health facilities when needed. This is precisely what LEAP seeks to do through free health insurance registration for beneficiaries. 75% (15) of the non-beneficiaries who are having difficulties accessing affordable health care are either due to the absence of health insurance cards or difficulties in getting money for renewal, since this group has the same characteristics as the beneficiaries. Regarding the ability to engage in small-scale business, 5 beneficiaries representing 25% use the LEAP cash transfer to engage in small-scale businesses, as against 4 non-beneficiaries representing 20% who engage in small-scale businesses with their personal income. The businesses engaged by the respondents include food vending, animal selling, and shea butter processing, among others. These serve as a livelihood strategy against economic shocks (such as hunger and illness).



4.1: LEAP beneficiary engaging in petty trading at Sanga

4.3.1 Consumption patterns of beneficiaries

This subsection discusses beneficiaries' consumption patterns.

Table 4.8: Consumption pattern of respondents

OUTCOME INDICATOR	NUMBER OF TIMES	BENEFICIARIES	NON- BENEFICIARIES
	Once	0 (0%)	1 (5%)
Number of meals per day	Twice	13 (65%)	13 (65%)
	Thrice	7 (35%)	6 (35%)

Source: Field data, November, 2025

From Table 4.8, 65% of the beneficiaries can afford meals twice a day, and 35% can afford three square meals daily, as compared to 65% and 35% respectively for the non-beneficiaries. The higher percentage of beneficiaries who reported having three square meals is because most of those sampled said they use some of the money to buy food for their families, especially during the lean season. Since LEAP influenced food provision, household members (respondents) said this affects children's education, as they can provide a meal for children before they go to school and sometimes give them some feeding money for school. Studies have shown that children, especially infants, who consume healthy, nutritious food have better cognitive skills than those who do not (Brown and Pollit 1966, Levinger 1992). Not only cognitive skills, but nutrition also influences children's attendance at school (Leslie, J., and D. Jamison, 1990). This means that children's school attendance is likely to be higher among beneficiaries than among non-beneficiaries due to the LEAP cash transfer.

4.3.2 The Effects of Complimentary Services of LEAP on Beneficiaries

As part of the LEAP cash received by beneficiaries, members are also entitled to free registration with the National Health Insurance Service (NHIS). Per the sample collected from the various communities, members of the LEAP programme made it clear that this service should be sustained because it helps them and all eligible household members access free health care, even when they do not have money at the time of illness. And also, monies, which would have been used for registering in the service as well as for renewing their cards and those of other members of their household, can now be used for other important things.

Table 4.8: Access to Health Care amongst Respondents

	Beneficiary household		Non-beneficiary household	
	Easy	Difficult	Easy	Difficult
Easy Access To Affordable Health Care Due to NHIS	19 (95%)	1 (5%)	5 (25%)	15 (75%)

Source: Field data, November, 2025

According to Table 4.8 above, due to national health insurance coverage as a complementary service, 95% of beneficiary households have easy access to health care, compared with 25% of non-beneficiary households. The LEAP programme aims to ensure that all beneficiary households have easy, affordable access to health care, in addition to the cash transfer. However, the study has revealed that 1 beneficiary household, representing 5%, has no health insurance card, making it difficult for that household to access affordable health care. Among the non-beneficiaries who do not receive the LEAP cash transfer, 5 (25%) can afford affordable, easy-to-access health care. This might be due to their ability to register and renew their health insurance cards, while 15 of them (75%) are finding it difficult to access affordable health care. This might be attributed to their inability to afford the cost of the health insurance card. This means that the complementary service has a significant impact on the health of beneficiaries as compared to the non-beneficiaries.

4.4 Challenges Faced By the LEAP and Beneficiaries in the Sagnarigu Municipal

Per the data collected, all the beneficiaries from the sampled communities noted that there is no challenge with the current mode of payment, which is the usage of E-zwitch, because bank officials bring the E-zwitch machines to the beneficiaries in their various communities for withdrawal ever since it was changed from the previous mode where beneficiaries used to go to the bank themselves for withdrawal. In addition, there is an introduction to the first and second

receivers on every E-zwitch card. This means that, in the beneficiary's (first receiver's) absence, the second receiver can act on the beneficiary's behalf for withdrawals. The beneficiaries said that there is no problem with the complementary service (NHIS). This includes the registration, use, and renewal of NHIS cards without any problems or difficulties. However, they said the NHIS cards do not cover specific diseases or drugs, making it difficult to access health care at times. They added that there is a cordial relationship between them and the LEAP officials in the municipality, especially during payment. The social welfare department in the Sagnarigu Municipal, of which LEAP is a component, has no means of transport, forcing officials to use their own motorbikes to reach beneficiaries in their various communities. This makes it challenging to reach beneficiaries, especially those far away, whenever their own means of transport break down.

5.0 CONCLUSIONS

Having discussed and examined the results in chapter four, this chapter presents the summary of the study's key findings, conclusions, and recommendations. The study's significant findings are primarily drawn from fieldwork analysis. Recommendations from the study are outlined to illustrate how the LEAP intervention can be strengthened and sustained to move the poor and vulnerable out of poverty.

5.1 Summary of Key Findings and Conclusion

The main aim of the study was to assess how the Livelihood Empowerment Against Poverty (LEAP) Program has impacted the lives of beneficiaries in the Sagnarigu Municipal through a comparative analysis of living standards between beneficiaries and non-beneficiaries. Using qualitative and quantitative approaches, the impact was assessed using four poverty indicators (access to health care, consumption patterns, ability to cater for wards in school, and ability to engage in petty trade). The key findings of the study are obtained from the following five subsections: Demographic characteristics of the LEAP beneficiaries and non-beneficiaries; the perception of beneficiaries about the LEAP intervention; the impact of the LEAP program in reducing poverty; the complementary services of the LEAP intervention; and the problems confronting the beneficiaries and the LEAP program.

The study found that of the 20 beneficiaries sampled, 8 were male and 12 were female, representing 40% and 60%, respectively. At the same time, of the 20 non-beneficiaries, 9 were male, and 11 were female, constituting 45% and 55%, respectively. Overall, 28 of the 40 respondents (70%) are farmers, confirming that subsistence farming is the principal source of livelihood in the communities sampled. Specifically, 65% of beneficiaries and 75% of non-beneficiaries are farmers. Other activities include trading (10% overall: 3 beneficiaries = 15% and 1 non-beneficiary = 5%), artisanal work (5% overall: 1 beneficiary = 5% and 1 non-beneficiary = 5%), and unemployment (15% overall: 3 beneficiaries = 15% and 3 non-beneficiaries = 15%).

Educational attainment is generally low. Combining the two groups, 31 of 40 respondents (77.5%) have no formal education, 1 respondent (2.5%) has non-formal education, and 8 respondents (20%) have formal education (primary, JHS, or SHS). Disaggregated: 85% of beneficiaries have no formal education (17/20), while 70% of non-beneficiaries have no formal education (14/20). Regarding beneficiary categories, people in the older age cohort make up a sizeable group in the beneficiary sample: 35% of beneficiaries fall into the 60–69 age bracket (7 of 20). The study also found that 8 beneficiaries (40% of the beneficiary sample) did not clearly fall under any of the program categories recorded, a finding that raises questions about targeting accuracy and requires verification by the District LEAP Implementation Committee.

On the objectives-based indicators used to compare living standards between beneficiaries and non-beneficiaries, the results show the following:

- **Access to health care (NHIS):** 95% of beneficiaries (19/20) have easy access to affordable health care through NHIS, compared with 25% of non-beneficiaries (5/20). Conversely, 5% of beneficiaries (1/20) and 75% of non-beneficiaries (15/20) find access difficult.
- **Consumption (meals per day):** 65% of beneficiaries (13/20) take two meals per day, and 35% (7/20) take three meals per day. For non-beneficiaries, the distribution recorded is

65% (13/20) taking two meals and 35% (6/20) taking three meals (the table records 6 respondents and 35% for thrice; this is the value used in the results).

- **Ability to cater for wards in school:** 70% of beneficiaries (14/20) reported it is easy to cater for their wards in school, versus 35% of non-beneficiaries (7/20). The corresponding “difficult” responses are 30% (6/20) for beneficiaries and 65% (13/20) for non-beneficiaries.
- **Ability to engage in petty trading:** 25% of beneficiaries (5/20) use LEAP cash to engage in small-scale businesses compared with 20% of non-beneficiaries (4/20) who engage in petty trading using personal income; the remainder are not engaged in petty trade (beneficiaries 75%, non-beneficiaries 80%).

On the cash transfer itself, the most common payment band among beneficiaries is GH¢106 (9 households; 45%), followed by GH¢88 (5 households; 25%) and GH¢76 (5 households; 25%); GH¢64 is the least common (1 household; 5%). Beneficiaries frequently reported that the amount and the two-month payment interval are inadequate to sustain household needs until the next payment. The study further found that beneficiaries perceive the LEAP complementary services (notably NHIS registration and renewal) as highly beneficial and should be sustained. Challenges include limitations in NHIS coverage (some drugs and conditions not covered) and logistical constraints at the social welfare office (lack of official transport).

5.2 Conclusion

The principal objective of the research was to assess the impact of the LEAP intervention in reducing poverty among beneficiaries in the Municipal. From the results discussed, it is evident that LEAP, as a social protection instrument, has contributed to reducing extreme poverty among targeted households. The programme appears particularly important for older persons, as 35% of beneficiaries are in the 60–69 age cohort. Access to medical care has been substantially increased for beneficiaries, with 95% reporting easy access through NHIS; this reduces out-of-pocket health spending and frees household resources for other livelihood activities.

Food consumption among beneficiaries has improved: 35% report three meals per day, and 65% report two meals per day, improvements respondents attribute in part to LEAP cash transfers. The cash transfer also supports small-scale enterprises for a minority of households (25% of beneficiaries engage in petty trading). Notably, 70% of beneficiaries report that they can cater for their wards in school, an outcome that supports longer-term poverty reduction through human capital investment.

The programme disproportionately targets women in this sample (60% of beneficiaries are female), consistent with poverty-alleviation strategies that prioritise women. On balance, given the improvements in health access, consumption, and schooling support observed among beneficiaries relative to non-beneficiaries, the LEAP intervention shows notable positive impacts on the livelihoods of recipients in the Sagnarigu Municipal.

5.3 Policy Recommendation

Based on the study's findings, several recommendations were proposed to enhance the effectiveness and sustainability of the LEAP programme in the Sagnarigu Municipal. The LEAP programme aims to improve the living standards of beneficiaries and their household members. However, the findings show that the amounts received by beneficiaries are tiny and do not sustain them until the next payment, thereby limiting the programme's intended impact. The study recommends that the government should increase the amount given to them by at least twice the current amount they receive. The payment time interval should also be at least monthly so that the impact on beneficiaries is well felt. Additionally, in targeting LEAP beneficiaries for the programme, the study recommends that the Ministry of Gender and Social Protection, which is the umbrella of LEAP, should consider widows who may not have any support as one of the conditions in the selection process, since this group is likely to be vulnerable at this period.

Per the study's findings, the department in charge of the LEAP programme in the Municipal finds it challenging to reach all the communities it serves due to inadequate transport. Therefore, it is recommended that the government provide them with vehicles and other logistical support to help the team reach out to all communities, both near and far, to discharge their duties. Also, the government should provide incentives or field allowances to programme staff to motivate them to deliver their best for the programme. The research also revealed that 13.3% of the beneficiaries do not belong to any category. The study therefore recommends that the District LEAP Implementation Committee should be fair in selecting people who actually meet the programme's conditions. Finally, the study recommends that the ministry consider providing beneficiaries with complementary skills training, such as soap-making, dress-making, baking, and other skills, as part of the programme's services. This will help them earn income for survival, even if the programme comes to a halt.

REFERENCES

- Abebrese, J. (2011). Social Protection in Ghana. An Overview of Existing Programmes and their Prospects and Challenges. Friedrich Ebert Stiftung.
- Bradshaw, Ted K. (2007). "Theories of poverty and anti-poverty programs in community development." *Community Development* 38(1), 7-25.
- Brown, J.L. and E. Pollitt (1996) 'Malnutrition, Poverty and Intellectual Development', *Scientific American* 274(2): 38-43.
- Davis, B. and Pozarny, P. (2012) qualitative research and analysis of the economic impacts of cash transfer programmes in sub-Saharan Africa (no.184).
- Debrah, E. (2013). Alleviating Poverty in Ghana: The Case of Livelihood Empowerment against Poverty (LEAP). *Africa Today*, Indiana University Press, 59(4), 40-67.
- Department of Social Welfare (2009). Livelihood Empowerment Against Poverty Annual Report, Department of Social Welfare, Accra, Ghana
- Department of Social Welfare (2008). Livelihood empowerment against poverty (LEAP): highlights of 2008 annual report. Accra: DSW.
- Domison, D., *The Politics of Poverty*, Oxford: Martin Robertson, 1982, p. 230
- Feed the Future Ghana, District Profile of Sagnarigu (2017)
- Ghana Living Standard Survey (2008). Ghana Living Standard Survey, Report of the Fifth Round (GLSS 5), Ghana Statistical Service, Accra.
- Ghana Statistical Service (2007), "Patterns and Trends of Poverty in Ghana: 1991-2006", Ghana Statistical Service, Accra.
- Government of Ghana (2007). "The National Social Protection Strategy: Investing in People", Ministry of Manpower, Youth and Employment, Accra.
- GSS, Population and Housing Census 2010, Sagnarigu District Assembly.
- Holzmann, R., L. Sherburne-Benz, E. Tesliuc and S.P. Unit (2003). *Social Risk Management: The World Bank Approach to Social Protection in a Globalising World*. Bank Washington, DC.
- International Labour Office (2006). *Social security for all: investing in global social and economic development. A consultation. Issues in Social Protection*,
- Discussion Paper 16, Social Security Department, ILO, Geneva.
- Jordan, G. (2004). *The Causes of Poverty: Cultural vs. Structural: Can There Be a Synthesis? Perspectives in Public Affairs*, 1, 18-34.
- Langmore, J. (2000) „Reducing Poverty: The Implications of the 1995 Copenhagen Agreement for research on poverty“ in D. Gordon and P. Townsend (Eds) *Breadline Europe: The measurement of poverty. The policy press*; Bristol, pp 35-47.
- Leedy, D. and Ormrod, J.E. (2005). *Practical research; planning and design*. Eight edition. Ohio; Merrill Prentice Hall.
- Leslie, J. and D. Jamison (1990) 'Health and Nutrition Considerations in Education Planning 1. Educational Consequences of Health Problems among School-Age Children, Food and Nutrition Bulletin 12(3): 191-203.
- Levinger, B. (1992) 'Nutrition, Health, and Learning', *School Nutrition and Health Network Monograph Series* 1.

- MMYE (2007). Manual of Operations: Livelihood Empowerment Against Poverty (LEAP) Social Grants Programme. Accra: Republic of Ghana.
- Otiko Afisah Dzaba, the current scope of the LEAP Program. (2018) <http://leap.gov.gh>
- Rawlings, L.B. and G.M. Rubio (2005) 'Evaluating the Impact of Conditional Cash Transfer Programs', The World Bank Research Observer 20(1): 29-55. Sen, A.K. (1976): "Famines as Failures of Exchange Entitlements", Economic and Political Weekly, Special Number, August.
- Townsend, P. (1987) Deprivation, Journal of Social Policy 16(2) 125-146.
- United Nations Development Programme (UNDP) (2012). 2010-2010 Ghana Millennium Development Goals Report, UNDP, Accra, Ghana.
- Veit- Wilson, J. (1999) "Poverty and adequacy of social security" chapter four in J Ditch (ed), Introduction to social security. Policies, benefits and poverty. Routledge, London. Pp 78- 109
- World Bank (2008), Country Brief: Ghana. Washington, DC: World Bank.
- World Bank Poverty Report (2016) Poverty and equity data Ghana <http://povertydata.worldbank.org/poverty/country/GHA> accessed on 25/04/2016
- World Population Review 'Africa population 2016' <http://worldpopulationreview.com/continent/africa-population/> accessed on 19/05/16

