

Full Length Research Paper

Extreme poverty and vulnerability experiences on urban highways in Ghana: assessing social protection policy responses

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Abstract

Extreme Poverty and vulnerability remain crucial developmental challenges that have in recent times attracted the attention of both government and non-governmental organizations as the world strives to actualize the Millennium Development Goals (MDG's) by 2015. However, even with radical social policy measures, many developing countries continue to grapple with urban highway poverty and vulnerability manifesting in the forms of 'streetism', child labour and people with various forms of disability whose daily survival strategy has been highway beggary. This study was conducted in Southern Ghana with the principal streets of Kumasi, the second largest city of Ghana as the case study to ascertain the extent to which existing social protection programmes are impacting extreme poverty and vulnerability pervasive on city highways of Ghana. Both qualitative and quantitative techniques including focus group discussions, in-depth interviews, frequencies, percentages and cross tabulations were methods used for collecting and analyzing relevant data from the study area. The study found that susceptibility to diseases, low level of education, robbery, sexual abuse and accidents are major risks strongly associated with the extremely poor and vulnerable groups living on urban highways. Significantly too, low level of awareness, perception gaps and lack of political will, make social protection programmes suffer from inadequate targeting of the poor and vulnerable groups living on urban highways in Ghana.

Keywords: Poverty, vulnerability, street children, disability, education, health, social protection, Ghana

INTRODUCTION

In the last few years, interest has been growing among development policy makers on the topic of social protection and the need to cover the extremely poor. National governments and donors to these countries are increasingly recognizing the value of social protection initiatives in ensuring progress towards the Millennium Development Goals (MDGs) (Nicola et al., 2009). Up until the dawn of the 21st Century, social protection programmes had been the major concern of few wealthy nations who developed complex institutional mechanisms to provide assistance to the destitute and to protect their

citizens from vulnerability. In spite of increasing susceptibility to wide and diverse scope of vulnerability to poverty and poor health in several developing countries, little attention was paid to effective social protection measures to promote social justice. Nonetheless, as a result of the effects of globalization, changes in development practice and international laws on human rights, deepening vulnerability, poverty and social exclusion, institutional overlaps and policy principles as well as the adverse impact of the recent economic crisis on vulnerability, the need for social protection to promote social justice and remove inequalities has gained an enormous recognition at both national and international development conferences. Governments of developing countries and donors to these countries are increasingly

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recognizing the value of social protection initiatives in ensuring progress towards the actualization of the MDGs.

It is now understood that assisting individuals, households and communities in dealing with diverse risks and vulnerability is needed for accelerated poverty reduction, sustained economic growth, human development and social justice. Recent perspectives on social protection focus on risk and vulnerability to poverty and attempt to integrate a wide range of interventions to prevent risk, reduce vulnerability, and ameliorate the impact of risk realization. Poverty continues to be the most serious developmental challenge to many Nations. Almost one billion people today are estimated to be living in conditions of extreme poverty, with their daily lives characterized by widespread deprivation related to lack of adequate nutritious food and clean water, inadequate clothing and shelter, and with little opportunities available to live a life with dignity and basic security (Bard and Banik, 2010). However, poverty alleviation strategies are not reaching the poorest and the most vulnerable. Most developing countries are currently not on target to achieve the MDGs (HDR, 2005). Estimates of poverty by the World Bank show that 1.4 billion people were living below the international poverty line of US\$1.25 a day as of 2005.

With the introduction of the globally accepted Millennium Development Goals (MDGs), several countries in sub-Saharan Africa have instituted policies and programmes geared towards helping to release majority of its populace who live in conditions of poor health, sanitation and extreme poverty with inadequate access to food, clean water and healthcare provision. However, some of the MDGs, especially those to do with the poorest, are off track and in Africa some indicators are actually going backwards. The number of people living on less than \$1.25 a day in Africa is projected to rise from 314 million to 366 million by 2015. One in five children die before their fifth birthday, and while infant mortality is falling, overall, the gap between rich and poor countries is widening. Sub-Saharan Africa accounts for 44% of all child deaths and 100 million children are not in school. There are approximately 43 million orphans but this figure is expected to rise as the number of deaths from HIV/AIDS is projected to increase significantly over the next 10 years (DFID, 2005, HDR, 2005). It is important to mention that understanding of social protection programmes have moved beyond the provision of income to the poor and vulnerable groups in society to the strengthening of social cohesion, human development, livelihoods promotion, institutional development and the protection of rights and entitlements. In Bangladesh, Brazil and South Africa, social protection measures provided to women have had positive impact on school attendance especially for girls (Sampson *et al.*, 2004). Increasing resources in the hands of women improves women's empowerment and

child survival, nutritional status and school attendance (UNICEF, 2007).

Since independence in 1957, Ghana has made tremendous strides towards the wellness of her citizens. Notwithstanding that, a good proportion of Ghanaians still wallow in poverty and vulnerability. Significant number of children, young people and the physically challenged expected to be in school remain on city highways as beggars and street children. In Ghana, social protection strategies and policies have taken the form of social assistance such as the Livelihood Empowerment Against Poverty (LEAP); social insurance schemes such as the National Health Insurance Scheme; and social welfare services in response to extreme poverty and vulnerability as well as child protection problems such as child labour, child trafficking, disability and vulnerability to sexual abuse. Despite all these interventions in place, substantial proportion of Ghanaians still live in poverty and are vulnerable to social, economic and environmental risks while others especially children feel insecure. This paper unravels an increasing manifestation of extreme poverty and vulnerability on urban highways of Ghana as an important policy issue. It examines the risks bedevilling street children and people with varying forms of disability who live on urban highways as beggars and hawkers for their livelihood. The paper assesses through participatory approaches the social protection policy responses and impact on the extremely poor and vulnerable groups living and working on urban highways of Ghana.

METHODOLOGY AND STUDY AREA

The case study approach was used in this study which enabled an appreciable level of investigation. The type of data used in this study included personal data of the street children, women and people with disability on the street. This covered their socio-demographic and economic characteristics and their level of awareness of existing social protection programmes in the study area. Data were also collected on the impact and challenges of existing social protection programmes from the Department of Social Welfare and the Kumasi Metropolitan Administration. Both primary and secondary sources of data were used for this study. The study area was Kumasi, the second largest city in Ghana, with street children and people with various forms of disability living on the principal streets of the city as the focus group. In all 128 respondents including 94 street children, 24 people with disability living on the streets, five officials from the Kumasi Metropolitan Administration and five officials from the Department of Social Welfare, Kumasi were selected as key informants for data collection using a purposive sampling technique.

Data Collection techniques employed in this study

comprised in-depth interviews, questionnaires, observation and focus group discussions. The questionnaires and interview exercises were used to elicit data from the key informants, street children and people with disability concerning their reasons for living on the streets and the risks involved. Focus Group discussion was used to elicit information on the differential vulnerabilities and harassment faced by the street children while going about their various activities on the street. Both qualitative and quantitative tools of data analyses were employed to summarize and analyse the volume of information that was obtained from the field. Quantitative techniques employed included percentages, frequencies and cross tabulation of variables. Focus group discussions and in-depth interview data from the vulnerable groups were transcribed and supported with a review of related literature to justify the research propositions.

Social protection and social justice: review of related literature

Over the last decade, the concept and practice of social protection in many countries have advanced at an astonishing pace. The understanding and definitions of social protection vary between broad and narrow perspectives. Some definitions have focused on the nature of the problem to be addressed while others have focused on policy response and instruments between those which take a conceptual as opposed to pragmatic approaches. However, almost all address vulnerability and risk, levels of absolute deprivation deemed unacceptable, hence, becoming a form of response which is both social and political in character (Conway et al., 2000; Cichon et al., 2004; Sebates-Wheeler and Haddad, 2005). According to Barrientos et al. (2005) the concept of social protection as perceived in social policy in developing countries has a number of common basic features. These features invariably focus on poverty prevention and reduction; acknowledge the variety and heterogeneity of hazards, risk and stress affecting individuals, households and communities. This explains that social protection pays particular attention to the multidimensional nature of poverty.

The United Nations Organization defines social protection as 'a set of public and private policies and programmes undertaken by societies in response to various contingencies to offset the absence or substantial reduction of income from work, provide assistance to families with children as well as provide people with basic health care and housing' (United Nations, 2000). It is underpinned by shared fundamental values concerning acceptable levels and security of access to income, livelihood, employment, health and education services, nutrition and shelter. This is close to the traditional definition from most industrialized countries. The Social

Protection Strategy Paper from the World Bank, on the other hand, moves beyond 'traditional' social protection in defining a 'social risk management' framework adding macroeconomic stability and financial market development to typical social protection programmes. It thus goes beyond just providing income support and should deal with both absolute deprivation and vulnerabilities of the poorest and the need of the non-poor for security in the face of shocks as well as the difficulties in different life cycles for example pregnancy and child bearing, marriage, death and funeral.

According to Holzmann and Jorgensen (2002), social protection is seen as policy intervention to assist individuals, households and communities to better manage risk, and to provide support to the critically poor. This conception is supported by Conway et al. (2000) who see social protection basically as policy framework describing public actions taken in response to high levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given society. Such programmes focus on addressing the challenges of the extremely vulnerable who have limited choices in society in order to better their livelihoods. The International Labour Organization (ILO) (1997) sees social protection as grounded on basic rights. Social protection is defined by the ILO as the set of public measures that a society provides for its members to protect them against economic and social distress that would be caused by the absence or a substantial reduction of income from work as a result of various contingencies (sickness, maternity, employment injury, unemployment, invalidity, old age, and death of a breadwinner). The ILO contends that social transfers of such nature account for a substantial part of income, depending on the level of economic development of any particular nation. Based on this, societies redistribute between 5% in developing countries and 35% in OECD industrialized countries of Gross Domestic Product through formal social protection systems. The dichotomy with respect to the above poses the question as to whether policy makers in developing nations have turned their attention to social protection programmes for poverty and vulnerability reduction.

The World Bank (1997) divides social protection into social insurance programmes such as unemployment benefits and pensions, which aim to support people who for the reasons of age, the business cycle or other circumstances outside the wage economy cannot work; and social assistance programmes which aim to help the poorest in society, those who are barely unable to support themselves. In a conceptual development, the World Bank (2003) placed all social protection measures in a wider context of social risk management which includes mechanisms at the individual, community or national levels that avoid, reduce and mitigate the risk of falling into poverty or suffering a substantial loss of income. A cross analysis of social protection by the World Bank and the International Labour Organization shows

some disparities in terms of its focus. The World Bank focuses on risk management aimed at reducing the income disparities through social transfers whilst the ILO stresses transfers as an investment in development. Therefore the ILO goes beyond relatively narrow focus of minimizing the risks of falling into poverty or losing substantial portion of the individuals' income.

The Department for International Development (2005) has noted that, Social protection does not only tackle income poverty but also provides effective support for broader developmental objectives, including better nutrition, health and education outcomes. Social protection programmes do not only help people to cope with risks and alleviate social injustice but also afford the vulnerable and the poor the opportunity to develop their full potential for self development and contribute enormously to societal or national development. Evidence from existing schemes across the world suggests that social transfers could have a direct impact on poverty and help pro poor growth. When integrated within a wider national social protection system, social transfers could be an effective alternative to traditional humanitarian assistance (DFID, 2005; OECD, 2009).

An estimate of poverty with and without social protection programmes in the Kyrgyz Republic shows that among social protection beneficiaries, extreme poverty headcount would have increased by 24%; the gap by 42% and the severity of poverty by 57%, if the beneficiaries had not had access to social protection. Total poverty would have increased as well, with 10% for the headcount, 22% for the gap and 31% for poverty severity (World Bank, 2003).

Social protection is now well grounded in development theories. The World Summit for Social Development stresses the importance of equity, participation, empowerment and solidarity, emphasizing a more inclusive approach to social protection. Social justice presupposes that inequalities in natural advantages are corrected through collective redistributive measures. More precisely, social justice must be evaluated in terms of capabilities; that is, real freedom for different individuals to choose a specific type of life. Social justice therefore lies in the logic of equality of opportunity which respects the vision of well-being for everyone (Euzeby, 2004). Euzeby (2004) further maintains that social protection serves as mechanisms for the redistribution of income based on the values of solidarity, social justice and respect for human dignity. This suggests that, the more a society improves equality of opportunity, especially to the extremely poor and vulnerable in society, the fairer it may be considered to be since the extremely poor need to be protected from being pushed further into deeper poverty. This means that social protection has the role of ensuring that the most vulnerable and excluded in society benefit from economic progress of reducing or removing inequalities related to

the negative factors which limit the capabilities of persons affected.

The 1945 Universal Declaration of Human Rights in Article 22 declares that 'everyone, as a member of society, has the right to social security.' This right has been largely realized in the developed world through social intervention mechanisms provided to the poor. However, in the developing world, the principle underpinning social protection is still one of charity rather than entitlement – humanitarianism, not human rights' (Devereux, 2002). There are different and often mutually reinforcing dimensions to social protection, e.g. rights promotion, human development, economic growth, democracy and security. United Nations Research Institute for Social Development (UNRISD) identifies universal social protection and equity as the central goal of social policy (UNRISD, 2006; Wiman *et al.*, 2007).

Poverty and vulnerability: the situation in Ghana

Poverty is a complex problem in many developing countries. Addressing poverty effectively requires a multidimensional and coherent approach. Poverty as a phenomenon in Ghana is more endemic in the rural areas and abounds in the northern part compared to the south. About four of every ten Ghanaians still lived in poverty (Ghana Statistical Service, 2000). Many of them work in the agricultural sector, mostly as food crop farmers. Others are engaged in micro and small enterprises, or finding a survival income as daily casual labour. Today, two-thirds of the working population outside agriculture is active in the informal economy. Many are persistently poor, particularly women (ILO, 2004). However, poverty rates in Ghana are falling. Poverty rate fell from approximately 52% in 1991/92 to 28.5% in 2005/06 while extreme poverty fell from 36.5% to 18.2% during the same period (GSS, 2008). Hence, living standards for many have improved substantially. What role do social protection interventions play in poverty and vulnerability reduction?

Vulnerability as a concept has gained increasing understanding in recent debates on livelihoods, poverty and development even though there is not much empirical research on the concept. Vulnerability is more dynamic and gives support to the process of change. Chambers (1989) defines vulnerability as defenselessness, insecurity and exposure to risk, shocks and stress. Vulnerability in his view is not only exposure to risk but also the difficulty in coping with that risk. He further makes a distinction between external side of risks and shocks and the internal side which is defenselessness, which suggests lack of the means to cope with shocks.

The character and intensity of vulnerability in Ghana reflect distinct sources and patterns of inequality. In

Ghana, there are spatial variations in terms of vulnerability which are associated with persistent rural-urban divide. Risks and vulnerability resulting from natural disasters or unreliable patterns of rainfall vary greatly. The northern part is more severely affected. Regional patterns of vulnerability in Ghana are also reflected in levels of food insecurity whereby peasants in the poorer regions concentrated in the northern part of the country are more food insecure (Heselberg and Yaro, 2006; FAO, 2009). Also regional differences in income levels are prominent. Per capita income in Ghana is four times greater in Accra (South) compared to Upper West and Upper East regions in the North (GSS, 2008). A critical analysis of these spatial inequalities shows that, in Ghana, vulnerability abounds in the northern regions. This has led to increasing internal migration particularly from the North to the relatively more convenient urban regions of Kumasi and Accra (Southern Ghana) in search of non-existing jobs. Majority of the migrants are the youth who end up doing jobs which require little capital to start such as hawking and head 'portering'. These people face extremely poor working and living conditions with little or no access to healthcare or sanitation facilities. They are also exposed to different forms of harassment: verbal, physical and sexual. Kwankye et al. (2007) and Quaicoe (2005) confirm that majority of these migrants are vulnerable to such risks as rape and HIV/AIDS and the older porters are often seen carrying their children on their back under the sunny weather conditions.

Amuzu et al. (2010) have emphasized that, vulnerability in terms of lack of opportunities and deprivation in Ghana transcends spatial inequalities to also include gender disparities. The incidence and severity of poverty in Ghana are higher among women compared to men. Women in Ghana are specifically less literate, face heavier time burden and usually have less productive resources. The Ghana Poverty Reduction Strategy I and II show that food crop farmers of whom 55-60% is women are worst affected by poverty (NDPC, 2003; 1996) and more importantly majority of the female headed households 61% and 53% respectively for urban and rural, fall within the poverty quintile of the population. This indicates that poverty largely has a woman's face in Ghana. According to Schardorf (2006), feminization of poverty in Ghana increased from 25.7% in 1960 to over 33% in 2003 (Schardorf, 2006 cited in Amuzu et al., 2010). Thus, significant number of Ghanaians continues to suffer from the burden of poverty and vulnerability despite the gradual decline in the incidence of poverty particularly among urban households in Ghana.

STUDY RESULTS AND DISCUSSION

This section of the paper focuses on the presentation and discussion of data obtained from the selected study area.

The section looks at the nature of extreme poverty and vulnerability on urban highways of Kumasi, the second largest City in Ghana and impact of social protection programmes on vulnerable groups.

Nature of extreme poverty and vulnerability on urban highways

Ghana is hailed as one of the countries south of the Sahara on track towards achieving the MDGs. However, as one drives through the city highways of Accra, the capital of Ghana and Kumasi the second largest city of Ghana which was the study area, one observes manifestations of extreme city highway poverty and vulnerability. City highway poverty in Ghana takes the forms of high incidence of child labour, high number of people with disability whose livelihood source is highway beggary and young girls and female head porters and hawkers living on city highways. As researchers, it was imperative to pause and ask some research questions to ascertain the risks besetting the vulnerable on the city highways of Kumasi and the extent to which existing social protection programmes seek to address the highway poverty and vulnerability in Ghana.

The study revealed that street children, female head porters and hawkers and people with various forms of disability living on the highways of Kumasi face various forms of risk and harassment. Aside the precariously harsh weather conditions on the street, fatigue, injury and sometimes death of children and hawkers from road accidents, diseases such as malaria and headache, sexual abuse of young girls living on streets as well as theft cases emerged as dominant risks the extremely poor and vulnerable living on the streets encounter. It was observed that most of the children and the people with disability leave the streets at night to their various houses to pass the night and return to the streets during the day to sell or beg if they were to eat and cope with socio-economic disparities. However, for a significant number of the female head potters and hawkers, homelessness has made the open streets their places of abode. About 49.1% of the physically challenged interviewed indicated that unfavourable weather was a major problem. The extremely hot sunny condition that they are exposed to causes severe headache and heart burns. It was discovered that, the target group become helpless and unable to escape when the rains set off and in an invent of vehicles veering of the street.

Despite the hostile conditions under which the children live and work on the street, 30.9% of the respondents indicated they do not face any problem whilst going about their activities. Majority of these children were in the category of those who come to the street during the day to either sell or beg for alms and return to their homes at night. On the hand, 65 of the children interviewed, representing 69.1% complained of various forms of



Figure 1. Street girl and her baby resting by the street



Figure 2. Some children selling on the street

difficulties whilst engaging in their economic activities. Children who sell on the streets complained of theft cases from customers and passengers in vehicles who purchase their items and drive off without paying for the items. Those who live and sleep on the street also reported of theft cases when they sleep at night. Theft cases, diseases and accommodation problems were major incidents that emerged among homeless children who live and sleep permanently on the streets of Kumasi.

It was observed that most of the children living permanently on the street sleep either in front of shops, commercial kiosks or in abandoned wooden structures. Because these places are not available for the children during the day for them to rest off fatigue, it is common to see most of them especially the head porters and hawkers and the people with disability relaxing under bridges and trees during the day as shown in Figure 1.

In a focus group discussion with the children, a 15 year old girl shared her ordeal,

'I don't have any place to sleep. I sleep in a vehicle with a driver's mate and sometimes he forces to have sex with me'.

Respondents who had suffered from physical and sexual abuse formed 11.7% of the total respondents, all of them

being females, car accident cases constituted 5.3%. Risks associated with theft cases, diseases and homelessness affected significant percent of the total respondents who live and sleep on the streets of Kumasi. The focus group discussion with the children on the street revealed further that, very little attention has been given to their situation because often the public regard them as thieves, recalcitrant, disrespectful and good for nothing children whose parents have neglected them. Against this background, children on the streets as well as female hawkers and porters face verbal and physical abuse from their clients rather than protection. Figure 2 shows some children selling on the street to make ends meet.

Vulnerability to sexual abuse accounted for 11.7% of the responses. All the responses were from the female head porters. The reason given was that, they have no place to sleep at night after hard day's work. Majority of the female children emphasized that they sleep in kiosks (small road-side wooden structures) with their male counterparts who harass them sexually at night. This has led to unwanted pregnancies and children who are more likely to continue street living if they were to survive their fifth birthday. The children are also exposed to delinquent behaviours. They are vulnerable to the conditions of life pertaining to the new environment when they migrate from their home regions. From the focus group discus-

sions it was clear that some of the street children were 'pick pockets' (petty theft). Others are introduced to drinking of alcohol and smoking. Earlier studies have proven that migrant children from rural areas to cities to work end up on the streets, becoming victims to delinquent behaviour and gang activities (Korboe, 1997; Anarfi and Antwi, 1995). Most children apparently join gangs, prostitution, fighting, gambling, drugs and other social vices.

Implications of Urban Highway Poverty and Vulnerability on Health and Education

The study revealed that, children, people with disability and the female hawkers and porters living and working on the streets of the study area suffer some common health problems. Headache, malaria, diarrhoea, skin diseases, dry cough, bodily pains, stomach ulcer, heart burns and abdominal pains were the health problems found to be common. The health consequences of 'street living' were based on respondents' self-reported cases obtained through focus group discussions with the target groups. Headache and malaria cases emerged as the most prevalent diseases among people living on the streets of the study area. This may be due to the heavy loads they carry, unsanitary living and sleeping conditions, harsh weather and environmental conditions within which they find themselves. Respondents who complained of abdominal pains associated it with the periodic sexual harassment from their male counterparts. A female respondent in a focus group discussion who complained of abdominal pain expressed her ordeal,

'Recently I was raped by four guys, that has made me feel this pain.'

The results indicate that, children living on the streets have poor living conditions in terms of access to food, clean water, sanitation and accommodation which have resulted in high cases of malaria and skin diseases.

Pertaining to the education status of the respondents, the study observed that about 38% of the children work to support themselves in school, majority of whom were at different levels of Junior High School. However, a significant number of street children had dropped out of school or had never received any form of formal education due to parental neglect or household poverty in spite of the capitation grant policy of government that makes basic education almost free. This was the situation particularly among the children and female head porters and hawkers who were migrants from northern Ghana to find a living on the streets of Kumasi, the study area. The implication is that, the harsh conditions within which the poor and vulnerable children find themselves on city highways deny them any opportunity to access

and utilize education and health facilities for improved living condition. This situation which denies the children and people with disability security and justice is more likely to push them into deeper depth of chronic poverty and vulnerability.

An important research question that emerged was, 'do social protection programmes aimed at redistributive justice for extreme poverty and vulnerability reduction exist for the poor children and other vulnerable groups who live and sleep on urban highways of Ghana? What impact are they making on highway poverty if they do? Responses were sought from staff of local government administration as well as the Department of Social Welfare in the study area. Significantly too, the study ascertained from the street children and other vulnerable groups living on the street whether they had benefited from any form of social protection programme from government and other non-state organizations.

Forms of social protection in Ghana

In Ghana, there has been growing policy momentum around social protection issues over the past decade, motivated by concerns to reduce poverty and vulnerability. The country's poverty reduction strategies have put a strong emphasis on vulnerability reduction. In 2007, a National Social Protection Strategy (NSPS) was drafted. Meanwhile, a range of social protection programmes has been rolled out, many with a specific focus on the excluded in society (Nicola et al., 2009). Key social protection programmes take the forms of social assistance, social insurance scheme and social welfare measures in response to child protection problems such as child labour, child trafficking and sexual abuse. Social assistance programmes in Ghana include notably the School Feeding Programme, Education Capitation Grant (ECG) and the Livelihood Empowerment against Poverty (LEAP) cash transfer programme.

The Livelihood Empowerment against Poverty (LEAP) programme was initiated in March 2008 to provide cash transfers to extremely vulnerable households, including those with orphans and vulnerable children. The programme is intended to empower and help target groups to cater for their basic needs, prepare them to access existing government interventions, provide a 'spring board' to help them to 'leap' out of the malaise to extreme poverty, and ultimately empower them to contribute to the socio-economic development of the country. The LEAP is to provide conditional cash transfers to the extremely poor with no alternative means of meeting their subsistence needs. The case for targeting these groups is made on cost-effectiveness and equity grounds. With a limited public budget for social transfers, it seems fair to allocate these transfers to those who need them most. To this end, unconditional grants

are to be provided to individuals with no productive capacity e.g. the elderly poor and persons with severe disabilities (Department of Social Welfare, 2008).

The LEAP has a complex, multi-layered targeting design involving indicators for district and community poverty, as well as human capital and service availability. There are five categories of beneficiaries, who are identified as being among the most vulnerable including pregnant and lactating women, impoverished elderly people, severely disabled as well as fisher folks and subsistence food crop farmers. As of May 2009, LEAP had benefited approximately 26,200 households, with 131,000 individual beneficiaries in 74 districts out of 170 districts nationwide (Amuzu et al., 2010; Nicola et al., 2009). Department of Social Welfare in the Ministry of Employment and Social Welfare (MESW), which manages the programme, aims to scale up gradually to reach 165,000 households within five years. To reach the targeted groups, LEAP uses a mixture of targeting methods, including proxy means testing and community-based selection. Districts are selected based on four criteria: poverty incidence; HIV/AIDS prevalence; rates of child labour; and access to social services (Department of Social Welfare, 2008). With regard to targeting caregivers of orphans and vulnerable children (OVC), people living with disabilities and the elderly, LEAP programme design has a strong focus on addressing the care burden of women and also highlights the particular vulnerabilities faced by elderly women. However, as recent government surveys and donor reports have highlighted, much still needs to be done to tackle extreme poverty and vulnerability.

Social insurance scheme aimed at ensuring redistributive justice and security for the benefit of poor and vulnerable in Ghana has been implemented through the National Health Insurance Scheme (NHIS). In 2004, the National Health Insurance Scheme (NHIS) replaced out-of-pocket fees at point of service use as a more equitable and pro poor health financing policy. As of December 2006, 38% of the approximately 22 million population then had registered with the NHIS. Twenty-one percent (21%) had been issued with identification cards as beneficiaries and were effectively protected from out-of-pocket fees at point of service use by the NHIS (NHIC, 2007). Government's policy objective in setting up a NHIS is stated in the national health insurance policy framework for Ghana (Ministry of Health 2002, 2004) as, '.... to ensure equitable and universal access for all residents of Ghana to an acceptable quality package of essential healthcare. The policy objective is, within the next five years, every resident of Ghana shall belong to a health insurance scheme that adequately covers him or her against the need to pay out of pocket at the point of service use in order to obtain access to a defined package of acceptable quality of health service.'

After almost a decade of implementation of the NHIS, a significant number of poor Ghanaians is still relying on

unorthodox health facilities and self medication because of inability to pay the premium for registration to be covered under the NHIS despite its prospects for improved access to good health care.

Social Welfare Programmes include programmes to prevent and respond to child protection problems such as child labour, trafficking and sexual exploitation. Nicola et al. (2009) have identified some of these programmes in operation in Ghana as ILO/IPEC (International Programme on the Elimination of Child Labour) Time-bound Child Labour Programme. This aims to eliminate the worst forms of child labour in the country through capacity building and awareness creation for employers, inspectors and parents; poverty reduction programmes for parents; and rehabilitation and reintegration support for children withdrawn from child labour. The programme is focused on the areas of the country where child labour is endemic including cocoa plantations, quarries and mines (Nicola et al., 2009). How have social protection interventions impacted the quality of lives of street children in the study area?

Impact of social protection programmes on urban highway poverty and vulnerability

The study revealed that there are many social intervention programmes for the extremely poor and vulnerable in the study area. In an interview with the Metropolitan Director of Social Welfare Department, Kumasi, it was discovered that social protection for street children in the Metropolis include the LEAP, educational programmes, vocational training programmes, financial support and counseling programmes. It was also found out that social protection for the physically challenged include the LEAP, Disability fund, provision of free wheel chairs for the physically challenged and free rehabilitation service.

Data elicited from the Department of Social Welfare further indicate that, almost all of these intervention programmes have been in existence for more than nine years except the LEAP which was implemented in March 2008 to provide cash transfers to extremely vulnerable households, including those with orphans and vulnerable children. It was also found out that these programmes take place daily to address the problems of the street children and the physically challenged. With regard to awareness of these programmes, there were some contrasting views from the street children and the physically challenged. While majority of the physically challenged were aware of the existence of these social protection programmes, with the street children the situation was different. Awareness rate was very low among the children. Almost all the children who were part of the focus group discussions were unaware of any social protection programme from which they could benefit. This might be because the programmes do not

Table 1. Respondent's benefitting from Social Protection Programmes in the study area

| Children | Frequency | Percent | Valid Percent | Cumulative Percent |
|------------------------------|------------------|----------------|----------------------|---------------------------|
| Those benefitting | 19 | 20.2 | 20.2 | 20.2 |
| Those not benefitting | 75 | 79.8 | 79.8 | 100.0 |
| Total | 94 | 100.0 | 100.0 | |

Source (Field Survey, 2011)

Table 2. Social protection beneficiaries among the physically challenged

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------|------------------|----------------|----------------------|---------------------------|
| Benefited | 0 | 0 | 0 | 0 |
| Not benefited | 24 | 100.0 | 100.0 | 100.0 |

Source (Field Survey, 2011)

directly target the children but rather their care-givers. Thus, in situations where the children care for themselves as found out from the target group, they do not benefit from the existing social protection programmes.

Contrasting views on the impact of the existing social protection programmes were realized from the staff of the Social Welfare Department of the study area on the one hand and the vulnerable groups on the other hand. Data from the Department of Social Welfare on the impact that existing social protection programmes have made on conditions of extreme poverty and vulnerability showed that, the street children and the physically challenged on the streets of Kumasi have benefited from the various social protection programmes. In an interview with the Metropolitan Director of Social Welfare, it was emphasized that both the street children and the physically challenged have benefited from capacity building programmes, cash transfers, medical care and provision of material needs. The interview further revealed that monetary assistance offered to the caregivers of the street children have helped the caregivers to provide the school needs of the children which have saved them from dropping out of school. Again, abandoned and orphan children on the streets have been put into homes and centres for protection and security.

It was further learnt that skill training and seed capital given to the vulnerable groups living and working on the streets of Kumasi have helped them establish their own small scale business ventures. In addition, capacity building and cash transfers provided to the physically challenged on the streets have enhanced their living conditions by equipping them with functional skills which have helped them in their social and economic life. However, the street children and the physically challenged in the study area sampled for this study rejected any claim of knowing and benefiting from existing social protection as indicated by the department of Social Welfare. The study showed that, majority of the vulnerable groups for whom the social protection

programmes are intended have not benefited from any social assistance programme as indicated in Tables 1 and 2.

Table 1 shows that majority of the street children have not benefited from any social protection programme. Almost 80% of the target respondents indicated that, they have not benefited from any social intervention programme which shows that only 19 of the children representing 20.2% have benefited from assistance programmes. With the 20.2% who have benefited, it was found out that, the assistance did not come from the Department of Social Welfare but rather from the Street Children Development Foundation, a local based Non-Governmental Organization (NGO). In an interview with the Director of Street Children Development Foundation(SCDF), It was discovered that the Foundation has registered over 3,000 street children under the National Health Insurance Scheme with the help of the Subin Health Insurance Scheme. These children have been issued identification cards subject to yearly renewal. Also, the foundation in 2006 established a micro-finance scheme when the street children constantly complained of theft cases. The study revealed that over 2000 street boys and girls mainly driver's mate and head porters save their monies with the micro-finance scheme at Kejetia in Kumasi.

Though some of the people with disability indicated their awareness of some of the social protection programmes, all of them had not benefited from any of the social protection programmes implemented by the Department of Social Welfare in the study area. Results on whether the physically challenged have benefited from any assistance programme are presented in Table 2.

Challenges besetting existing social protection programme implementation

Social protection is acknowledged to hold prospects in

addressing the plight of people living in conditions of extreme poverty, vulnerability and exclusion especially when social intervention mechanism aims at enhancing the capacity of the poor and vulnerable by assisting them to manage socio-economic risk, such as unemployment, sickness and old age. However, there are major barriers to extending social protection coverage to many of the poorest and most vulnerable Ghanaians who reside and find their livelihoods on city highways and need social protection programmes the most. The study has revealed that, lack of commitment of implementation agencies, non-existing systematic research data on vulnerable groups and inadequate financial resources to implement and monitor their effectiveness are the major challenges making existing social protection programme suffer from inadequate targeting of the very poor and vulnerable. This has affected the extent of coverage to many of the poorest and most vulnerable on the principal streets of the study area. It was discovered that, most of the intervention programmes are donor funded and the resources needed to expand coverage have been limited by delay in disbursement of funds. Lack of governmental commitment to the sustenance of social protection programmes for street children and the physically challenged in the study area hinders the prospects of the programmes to contain highway extreme poverty and vulnerability.

Inferred from an interview with the Metropolitan Director of the Department of Social Welfare, it was realized that frequent changes in government have affected the implementation of these programmes. There is lack of support from government in terms of cutting-edge policy to enforce laws for the protection of street children and the physically challenged. Hickey (2007) argues that, any effort to understand the extent to which the poorest benefit from social protection needs to consider the interrelationships between social protection and politics. These are manifested at three levels: systemic (e.g. political institutions), societal (e.g. public attitudes) and institutional (e.g. historically embedded 'rules of the game'). Hickey further suggests that there is a global politics to social protection that cuts across these interrelated dimensions, within which donors and related international policy discourses are particularly relevant (Hickey, 2007 cited in Nicola et. al, 2009). Further, lack of support from citizens for social protection programmes in the study area adversely affects the impact of social protection intervention in the study area. The study revealed that, interest on the part of citizens to protect vulnerable groups such as orphans, street children, the aged and people with disability keep waning in the study area due to modernization of culture and its concomitant repercussions on traditional social values. It was observed that, there appears to be a general public perception in the study area that, the poor need to either cope or pull themselves out of poverty through hard work without recourse on State's social interventions. Thus,

public sensitization on the need to provide support to those without productive work capacities, such as caregivers of orphans, vulnerable children (OVC) and the physically challenged is necessary (see UNICEF, 2009). Lack of logistics such as training materials, computers for records keeping and data processing, land to site buildings for training and workshop, vehicles and lack of requisite human resource to help in the implementation, monitoring and evaluation of social protection programmes in the study area also affect adversely the impact of the identified social protection programmes on the living conditions of their target groups.

CONCLUSION AND POLICY RECOMMENDATIONS

Ghana has made important strides forward in developing a comprehensive framework for social protection system that includes a strong focus on addressing child poverty and protecting children as well as the physically challenged. However, overall, the study has revealed that social protection is making little impact on addressing the needs of the vulnerable groups in Kumasi specifically street children and people with disabilities. There is the need for considerable scope to improve some key programme design and implementation practices so as to improve overall programme effectiveness and realise the programmes' potentials for supporting progress towards social justice and actualization of the Millennium Development Goals. A number of identifiable challenges has rendered social protection ineffective in tackling conditions of extreme poverty and vulnerability in Kumasi. This ranges from financial, political and institutional, societal to logistic problems. Based on the analysis of the relevant data obtained from the field, this paper concludes that Kumasi continues to witness growing incidence of highway poverty and vulnerability. However, existing social protection programmes have not adequately targeted these vulnerable groups whose livelihoods depend on street beggary and hawking.

The paper suggests a series of policy recommendations, which are intended to inform policy formulation as the government and other non-state actors move on to further strengthen and consolidate social protection system to benefit the vulnerable in Ghana. The recommendations are intended in particular to ensure that social protection reaches and benefits the poorest and vulnerable groups on the streets of Ghana. These include involvement of the vulnerable in programme design and strengthening the capacity of local decentralized government structures for social protection design and delivery.

There is the need for regular meetings between social workers and beneficiaries. This represents potentially useful approach for raising awareness and generating a community dialogue about the risks, economic and social vulnerabilities that the street children and the physically

challenged face on the street. This will ensure better design of social protection programmes for the vulnerable since their views would be captured in planning and design of such programmes. Substantial investment to strengthen the capacity of the government agencies responsible for the design and implementation of social protection programmes is also a necessity. Particular attention needs to be given to strengthening the capacity of department of social welfare and the Metropolitan, Municipal and District Assemblies responsible for community protection and development as well as a wide range of social welfare services. In this regard, the joint donor-government sector working group on social protection and vulnerability must play a valuable role. There is the need for government to be committed to addressing the needs of the vulnerable in Ghana. Strong financial commitment to social protection and monitoring mechanism, and a national plan for vulnerable groups which would not be interfered by changes in government is required if social protection would lead to social justice through extreme poverty and vulnerability eradication. This will ensure sustainability of programmes to benefit the lives of the vulnerable in Ghana.

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