

Understanding Vulnerability and Exclusion in Ghana

Research Report

November 2022



REPUBLIC OF GHANA

MINISTRY OF GENDER, CHILDREN AND SOCIAL PROTECTION



ACKNOWLEDGEMENTS

About the authors:

ODI Global: Moizza B Sarwar (Research Fellow with the Equity and Social Policy programme)
@MoizzabSarwar

ODI Global: Rebecca Holmes (Research Associate with the Equity and Social Policy programme)
@Rebecca1HG

MERL Consultant: David Korboe (independent social development practitioner and MERL consultant based in Ghana)

Research, Evaluation and Learning Team at Participatory Development Associates (PDA): Alexander Afram (Programmes Coordinator) @AlexanderAfram

University of Bremen: Heiner Salomon (doctoral candidate in comparative social protection analysis)
@HeinerSalomon

This report would not have been possible without the work of the 16 individuals who worked with local partners and community members to recruit participants and to collect data for this research in Ghana: Joyce Abugre, Alhassan Abdul Basit, Victoria Awuni, Adam Yakubu, Charles Selorm Deku, Ellen Sedegah, Eric Armah Quaye, Joan Etornam Goh, Ernest Adu Owusu, Hilda Agyekum, Moses Akuaku Okronipah and Diana Essel.

The authors would also like to thank all the peer reviewers who provided invaluable feedback to strengthen this report: Professor Abdul-Gafaru Abdulai (University of Ghana), Martin Evans (ODI), Christiana Gbedemah (UNICEF Ghana) and members of the Technical Steering Committee led by the Ministry of Gender, Children and Social Protection, and the chair Dr Rita Owusu-Amankwah. The study could not have been completed without support from the fantastic team of Adina Sadiq (Project Manager) and Aaron Griffiths (Editor). The authors would like to thank Jennifer Yablonski (UNICEF) for her invaluable steer on the project in its early stages, Susan Mensah (FCDO) for being part of the technical steering committee and providing technical inputs and Reuben Hukporti (FCDO) for providing programme management support during the process.

About this publication:

The underlying research of this report and the publication itself is funded by FCDO.

ABBREVIATIONS

CBO	Community based organisations
DACF	District Assemblies' Common Fund
DLT	District League Table
FGD	focus group discussion
GoG	Government of Ghana
GPRS	Growth and Poverty Reduction Strategy
IPV	intimate partner violence
LEAP	Livelihood Empowerment Against Poverty
MCE	Municipal Chief Executive
NDPC	National Development Planning Commission
NGO	Non-governmental organisation
NHIS	National Health Insurance Scheme
IDI	in-depth interview
KII	key informant interview
MoGCSP	Ministry of Gender, Children and Social Protection
NSPP	National Social Protection Policy
ODI	Overseas Development Institute
PDA	Participatory Development Associates
PSIA	Poverty and Social Impact Assessment
PWD	person with a disability

Contents

ACKNOWLEDGEMENTS	2
EXECUTIVE SUMMARY	6
Table 1: Drivers of vulnerability and exclusion	7
Box 1: Key groups of Ghanaians impacted by multiple dimensions of vulnerability and exclusion	7
I. INTRODUCTION	10
I.1 Rationale for this study and research questions.....	10
I.2 Structure of the report	10
I.3 Theoretical conceptualisation of vulnerability and its drivers.....	10
Table 2: Multidimensional drivers of vulnerability	12
I.4 Theoretical conceptualisation of exclusion and its drivers.....	12
Table 3: Drivers of exclusion	14
2: Methodology and overview of research sites	15
2.1 Methodological approach.....	15
2.1.1 Literature Review	15
2.1.2 Primary data collection	15
2.1.3 FGDs.....	15
Table 4: FGDs in each district.....	16
2.1.4 IDIs	16
Table 5: IDI profile per district	17
2.1.5 KIIs.....	17
Table 6: KIIs - national and district level state	17
2.1.6 Ethics clearance.....	17
2.1.7 Secondary quantitative analysis	18
2.1.8 Limitations of the study.....	18
3: Setting the context: findings from the literature review and V&E workshop	19
Table 7: Key cross-government policy and reports reviewed.....	19
3.1. Conceptualisation of vulnerability and its drivers in Ghana	19
Table 8: Example of definitions of vulnerability in government documents	20
3.2. Conceptualisation of exclusion and its drivers in Ghana	21
Table 9: Example of definitions of exclusion in government documents.....	22
4: Findings from primary data	23
4.1 Vulnerability	23
4.1.1 Experiences and manifestations of vulnerability	23
Table 10: Common types of shocks reported, by district.....	24
4.1.2 Coping mechanisms of vulnerability	25
Social Support networks	26

Religious institutions	26
Additional economic activities	26
Local leaders and government support	26
4.1.3 Drivers of vulnerability	26
Social drivers of vulnerability	27
Economic drivers	29
Political drivers	30
4.2 Exclusion	30
4.2.1 Experiences and manifestation of exclusion in Ghana	30
Group-level exclusion	31
Geographical exclusion	35
Implications of exclusion at the individual level	39
Exclusion of eligible individuals from social protection programmes	39
4.2.2 Coping mechanisms of exclusion	42
Mechanisms of coping	42
Differences in coping strategies	42
4.2.3 Perceived drivers of exclusion across dimensions	43
Poverty	43
Lack of political and wealthy connections	44
Gendered roles	45
Location	46
Social norms	46
Other drivers	47
5: Considerations for definitions of vulnerability and exclusion in Ghana	48
5.1 Vulnerability	48
5.2 Exclusion	49
5.3 A holistic look at vulnerability and exclusion in Ghana	50
Figure 1: Drivers of vulnerability and exclusion	51
6: Social protection programmes and their relationship to vulnerability and exclusion	53
6.1 The policy landscape	53
6.1.1 Public services interaction with social protection	54
6.2. Evidence on the role of social protection services in reducing vulnerability and exclusion in Ghana	54
6.2.1 Exclusion from social protection interventions	54
6.2.2 Impacts of social protection on dimensions of vulnerability and exclusion	55
Disaggregated impacts of social protection in Ghana	55
Impacts on the drivers of vulnerability and exclusion	56
7: Policy and programme recommendations.....	58
References	62
APPENDIX 1: Details of literature review strategy	65
APPENDIX 2: Description of research sites	66
APPENDIX 3: Recruitment and respondent characteristics.....	71

EXECUTIVE SUMMARY

This report aims to assess the distinct experiences of vulnerability and exclusion in three illustrative areas of Ghana and to identify the multidimensional drivers of the two phenomena. The aim of the report is to support the development of a definition of vulnerability and exclusion for the context of Ghana, and to support the Ministry of Gender, Children and Social Protection (MoGCSP) in locating entry points for covering gaps identified in reaching out to those identified as vulnerable and excluded. Data for the study was collected from focus group discussions (FGDs), in-depth interviews (IDIs) and key informant interviews (KIIs) in Gushegu, Central Tongu, Ga East and Gomoa East and triangulated with literature reviews and discussions in workshops.

We started by examining the policy discourse in Ghana through a content analysis of key policy documents related to social protection as well as workshop discussion with stakeholders from the government and development partners. We found that vulnerability was often used interchangeably with poverty and defined in varying ways across key documents. For example, the 2015 National Social Protection Policy (NSPP) discussed vulnerability purely in terms of categories of populations that need to be targeted by social protection programmes, while in the Poverty and Social Impact Assessment (PSIA) (2004) and the Growth and Poverty Reduction Strategy (GPRS II) (2006-2009) vulnerability was seen as a manifestation of poverty and exclusion from rights and entitlements. Exclusion is less central in the policy discourse than vulnerability and discussion of the topic highlights social processes (e.g., stigma and discrimination) rather than outcomes and/or drivers. Across discussions on both vulnerability and exclusion in Ghana, there was acknowledgement that both phenomena occur in multiple spheres - social, economic, political and environmental - and Ghana lacked an overarching framework of common and fundamental drivers.

Findings from our primary data revealed how Ghanaians experienced vulnerability and exclusion as well as their perception of the drivers and differences between them.

Vulnerability: Respondents suggested that the most vulnerable are those unable to physically support themselves (through disability, sickness, old age), those without any power or voice to help themselves, those with no one to turn to in times of need (i.e., no support network) and those who are unable to meet food requirements. Respondents were acutely aware of the precariousness of vulnerability, that situations change, and that everyone is at risk of being more vulnerable in the future. Respondents report that they, and people in their communities, are at risk of multiple shocks and stresses. These may be sudden and one-off events (such as the death of a family member, or the cost of a wedding) or they may be continuous and longer-term detrimental experiences (such as discrimination against Fulani, or unemployment). Many respondents stated that they do not have any coping strategies to resort to and/or that they feel inadequately prepared to manage future shocks if they were to occur. The most common and reportedly most effective coping strategies are social support networks (friends, family) and religious institutions, and additional economic activities. Respondents also said that they turn to their local MPs and government support - including Livelihood Empowerment Against Poverty (LEAP) and the National Health Insurance Scheme (NHIS) - but this is not widespread nor always effective.

Table 1: Drivers of vulnerability and exclusion

Drivers of vulnerability	Drivers of exclusion
<ul style="list-style-type: none"> • Social and physical identities (gender, age, disability, ethnicity, and refugee status, etc) • Income poverty • Political drivers (linkages to political networks and ethnic affiliations, and the key role of government) 	<ul style="list-style-type: none"> • Income poverty • Lack of political and wealthy connection • Gendered social roles • Lack of access to key public services (water, drainage, health facilities, electricity, and schooling) • Location (rural and remote area or excluded neighbourhood within an area) • Social norms (community and national)

Exclusion: Respondents in FGDs and IDIs conceptualised exclusion at the group/individual level and at the community level and as occurring across different dimensions - social, economic, political and sometimes environmental. In terms of excluded groups, they identified the following: women (especially older women), pastoralists (the Fulani), external and internal migrants (people of Nigerian descent, *kayayei*¹ and *galamsey*² migrants), people living with disabilities (mental and physical), the poor, alcoholics, drug users, and children who are orphans. Exclusion of communities was linked to geographic location and the distribution of public infrastructure and services and was seen to have political and economic dimensions.

Exclusion from the key social protection programmes - NHIS, LEAP and the District Assemblies' Common Fund (DACF) for people with disabilities - was described both for individuals and groups and framed largely as political exclusion that had an impact on economic and social well-being. Experiences across the three programmes varied in terms of ease of access and transparency in registration. A key factor of exclusion in all programmes was the lack of clear information on how programme recipients (i.e., beneficiaries) were selected or on the specifics of who should benefit. The most common coping mechanisms described in relation to exclusion were reliance on local networks and acceptance and/or patience.

Box 1: Key groups of Ghanaians impacted by multiple dimensions of vulnerability and exclusion

Box 1: Key groups of Ghanaians impacted by multiple dimensions of vulnerability and exclusion

1. Girls and women, especially those who are orphans, those who are elderly, and those who work in *galamsey* or as *kayayei*
2. Low-income individual and households in both rural and urban areas
3. People living with a disability
4. Fulani men and women
5. People of Nigerian descent and Yoruba descent
6. Internal migrant workers
7. People living in areas without public services (water, drainage, roads)

1 A female porter or bearer.

2 Illegal gold mining.

The key drivers for vulnerability and exclusion in Ghana operate cyclically - drivers for one reinforcing and increasing the likelihood of the other - highlighting the multidimensional and compounding nature of individual experience (see Figure 1).

Social networks in the form of local political connections and family wealth are seen as substantial drivers of - and important coping mechanisms for - vulnerability and exclusion.

Poverty - lack of income and assets, of skills, of information - is seen as both a driver as well as an outcome of both vulnerability and exclusion. People indicated that this is a cause of both exclusion and vulnerability to shocks.

The inadequacy of political leadership in responding to constituent needs and concerns was seen to be critical to creating the conditions in which hazards turn into shocks (e.g., poor public infrastructure) and exclusion (e.g., marginalisation from decision-making structures).

Gender norms and attitudes lead to both vulnerability and exclusion, with women bearing the brunt of discriminatory attitudes (e.g., accusations of witchcraft). Their limited financial independence and status in the community renders women particularly vulnerable to shocks and stresses.

Discriminatory social norms and attitudes towards other people, such as those living with HIV and AIDS, Fulani, refugees or persons with disability, also drive vulnerability and exclusion. Discriminatory attitudes and behaviours mediate access to schooling, financial services and assets (such as credit, land) and community resources, marginalising certain people and increasing their vulnerability.

Despite the high levels of vulnerability and exclusion in the communities, respondents also show extreme resilience - both practical and emotional - in the face of enduring difficult circumstances.

Social protection by itself will not be sufficient to reverse vulnerability and exclusion completely since key drivers of individual and household prosperity such as full employment and public services require engagement with broader processes around political, economic and social inequality. However, there are levers available to the state, its institutions and citizens that have demonstrable potential to alter the course of poverty and alienation. For programmes such as the NHIS, LEAP and DACF, primary and secondary data present the following considerations:

1. Delivering cash/capital benefits in a timely fashion (applicable to LEAP and DACF).
2. Expanding access to include those who are eligible and/or clear communication of why eligibility has not resulted in enrolment (applicable to LEAP and DACF).
3. Establishing mechanisms for people to provide feedback on programme performance and for troubleshooting delivery (LEAP, NHIS and DACF).
4. Updating and reviewing registers of people eligible for the various forms of social protection to ensure timely support.
5. Giving clear guidance on costs and benefits of NHIS enrolment to be published in relevant local languages at participating healthcare facilities to ensure transparency for recipients.
6. Training for service delivery staff in LEAP, NHIS and DACF to counter social norms of discrimination based on gender and social or professional identity.
7. Cultivating peer support groups to assist people to meet each other (LEAP, NHIS and DACF).

Beyond specific programmes, the larger landscape of social protection in Ghana would benefit from:

1. Passing the Social Protection Bill to sustainably establish a fiscal space for social protection spending on an annual basis.
2. Enshrining social protection programmes in law.
3. Providing citizens with clear measures of legal recourse to seek enforcement of rights related to social protection programmes.

4. Investing in maintenance as well as construction of key public infrastructure, in particular: water supply, public sanitation and drainage, electricity and systems of feeder clinics and hospitals as well as primary and secondary schools.
5. Conducting nationwide public campaigns to counter discriminatory social norms based on gender, age, social or professional identity.

I. INTRODUCTION

I.1 Rationale for this study and research questions

This report is the output of a project which set out to analyse the primary drivers of vulnerability and exclusion in Ghana, examine coping mechanisms used by vulnerable groups, assess the access and responsiveness of social protection programmes and key social services in addressing vulnerabilities, and provide recommendations and policy options to address existing gaps. The aim is to support the development of a definition of vulnerability and exclusion for the context of Ghana, and to support the MoGCSP in locating entry points for reaching out to those identified as vulnerable and excluded in this study.

Five research questions drove the study:

1. What is a suitable working definition of vulnerability and exclusion for the Ghana context which will promote a consistent understanding across state and non-state stakeholders and thus enable improved coordination across different departments and sectors?
2. What are the key drivers and manifestations of vulnerability and exclusion that exist or appear to be emerging in Ghana?
3. What are existing capabilities and coping strategies adopted by excluded and vulnerable populations, and what are their strengths and weaknesses?
4. Which government programmes/services address identified drivers of vulnerability and exclusion? To what degree are these programmes/services accessible and adequate? Is coordination adequate across ministries for these programmes and what are the key gaps in provision?
5. What non-government actors are providing the same services in similar areas?

A significant caveat to the focus of the study is the recognition that social protection cannot address key issues such as the provision of full employment or functioning public services and infrastructure. However, it can in the short run ameliorate the impacts of unemployment or support people in accessing scant public services.

I.2 Structure of the report

The report is structured as follows. The remainder of this section provides an overview of the global literature on the conceptualisation of vulnerability and exclusion and their drivers. This informed the development of the methodology underpinning this research, which is detailed in Section 2, which also includes an overview of the ethical clearance process, research sites and respondent characteristics. Section 3 surveys how vulnerability and exclusion is understood in Ghana based on a review of existing literature, to set the context for the findings from our primary data. Section 4 delves into a detailed set of findings from the primary data on both vulnerability and exclusion before moving towards a discussion of what the findings mean for how we understand and define vulnerability and exclusion in Ghana. In section 5 we examine the role of social protection on dealing with vulnerability and exclusion both from the perspective of the respondents as well as secondary research. Section 6 outlines the implications of the study for social protection programming in Ghana, and section 7 presents recommendations.

I.3 Theoretical conceptualisation of vulnerability and its drivers

Over time, vulnerability as a concept has been criticised as ill-defined and interchangeable with other concepts - such as income poverty, multidimensional poverty, single and multidimensional exclusion, risk, vulnerable groups or vulnerable regions - which has limited its utility in the social protection space (Birkmann, 2007; Birkmann et al., 2013; Morgan and Yablonski, 2011). Different frameworks have

variously located the concept as a feature of individuals, as a feature of a group or region (as noted above), as a feature of households, or of a particular stage in the life cycle (most commonly in childhood or old age) (Holzman et al., 2003). These concepts are not mutually exclusive (as we show below), but discussions have not always engaged sufficiently with the relationships and overlaps between them.

Nevertheless, a consensus has emerged identifying vulnerability in relation to two core components (Philip and Rayhan, 2004; Chambers, 2006; Sabates-Wheeler and Devereux, 2008):

- The risk of facing shocks (across multiple dimensions - social, political, economic, environmental)
- The ability to cope with shocks (as measured by access to political, physical, economic, social, and environmental resources)

In other words, vulnerability is understood to emerge from the combination of exposure to risks - at individual, household, or community level - and the capacity to cope with a shock (Sabates-Wheeler and Devereux, 2008) without depleting their ability to cope with a future one.

Consequently, vulnerability is a dynamic (rather than purely static) variable since risk is mediated by several factors - social, political, economic (macro and micro), and environmental - that shift and change over time (Devereux et al., 2006; Holzmann, 2001). Additionally, there is now a growing body of evidence that highlights how risk is transferred across generations (e.g., intergenerational poverty or inability to afford housing in an environmentally secure area) (Bird, 2013). The distinction between recognising vulnerability to be dynamic rather than static is key for a policy response to future risk as well as current risk. Vulnerability as a concept thus also needs to be forward-looking (Alwang et al., 2001; Dercon, 2001; Wheeler and Haddad, 2005), such that 'to fully understand vulnerability it is not enough to simply take a one-period view; we need know what happens in the next period' (Wheeler and Haddad, 2005: 5).

As risk changes over time, so does the second component of vulnerability - the ability to cope and manage. The capacity of an individual/household/community/region to successfully manage a shock is determined by pre-existing and often historical factors such as access to political, economic, social, and environmental resources. Capacity also depends on how a response to one shock affects the ability to prepare for the next, e.g., how households' response to income loss due to the pandemic affects their ability to cope with a subsequent shock such as a flood or family ill-health.

Vulnerability status therefore can be determined by the degree to which there is misalignment between the capacity to manage a shock - in the short and long run - and the likelihood of a shock occurring. Risk and the ability to cope both change over time, and the vulnerability profiles of people or regions are unlikely to remain identical from one period to the other. Wheeler and Haddad (2005) posited that thinking of vulnerability across time is important for three reasons:

1. The ability to manage future risk may well be compromised by current risk management (as mentioned above).
2. Exposure to shocks may change over time increasing in certain areas and decreasing in others (e.g., climate change may expose those living near glaciers to higher risk in the coming years than they had faced previously).
3. The severity of a shock can vary in magnitude as can the ability to cope (e.g., having a high ability to cope with a flood for a week is different from being prepared to cope with a flood that lasts for many weeks).

The movement from a static to a dynamic view of vulnerability is key in highlighting the multiple drivers of vulnerability in each context. Both risk and capacity to respond are shaped by features in the social, political, economic, and environmental landscape of the context in question. While responding to an immediate shock disposes policymakers to analyse vulnerability as emerging from one key driver (e.g.,

economic in the case of a financial recession in the country), a forward-looking view requires policy responses to move away from focusing on narrow sets of risk or need (Babajanian et al., 2012). A dynamic view requires a social protection response, as part of a wider social policy package of interventions, to also move into addressing intersecting drivers of vulnerability so that a planned intervention can address the holistic ability of an individual, community, household or region to cope with current and future risks, in combination with access to other relevant programmes and services. Individuals and households with lower ability to cope (because of limited access to multidimensional resources) often find themselves working, living, studying and sleeping in contexts that are high-risk - e.g., low-income households are likely to be employed in the informal sector where protection in work is low, as is protection against job loss. Similarly, orphaned children are more likely to be sleeping on the street where they are exposed to the risk of abuse both economic and physical.

Indeed, common critiques of the early use of the two-component model of vulnerability have highlighted that social protection has often paid attention to addressing only acute vulnerability, or only its economic causes (Hickey and Bracking, 2005; Morgan and Yablonski, 2011), rather than the multidimensional underpinnings of risk and capacity to cope. Hickey and Bracking (2005) note that vulnerability is ‘inherently political in nature’ and technocratic approaches to addressing vulnerability are unlikely to bring about transformative social protection. Transformative social protection would thus go beyond addressing acute conditions faced by vulnerable people to also address pre-existing sources of vulnerability. ‘Strategies to deal with problems of social vulnerability require a transformative element, where “transformative” refers to the need to pursue policies that relate to power imbalances in society that encourage, create and sustain vulnerabilities’ (Devereux and Sabates-Wheeler, 2004: 9).

Table 2: Multidimensional drivers of vulnerability

Determinants of risk	Determinants of ability to cope
<ul style="list-style-type: none"> • Social (e.g., norms) • Political (e.g., legal protections) • Economic (e.g., stable and safe work) • Environmental (e.g., access to clean air) 	<ul style="list-style-type: none"> • Social (e.g., access to social capital) • Political (e.g., access to public services) • Economic (e.g., access to decent work) • Environmental (e.g., access to safe locations)

1.4 Theoretical conceptualisation of exclusion and its drivers

Like vulnerability, exclusion has at times been conflated with poverty, often with the purpose of moving it beyond purely monetary aspects of poverty³ (Laderchi et al., 2003) by emphasising multidimensional aspects of human deprivation and the processes by which these occur (de Haan, 2000). For example, the process of exclusion - unlike that of poverty - would recognise that a rich individual/households can be excluded and deprived because of identity characteristics such as religious or political affiliation or ethnicity.

³ Partly the conflation with poverty has to do with the origin of the term in France by a government that did not want to use the phrase poverty to describe those who were falling in the cracks of the existing social insurance system (Hills et al., 2002)

More recently, the value of the concept of exclusion has been highlighted to bring attention to:

- the processes by which individuals, households, communities, regions face deprivation of social, economic, political, and environmental rights (de Haan, 1999)

■ the role social markers such as identity can play in disadvantaging individuals in different settings (World Bank, 2013). The concept of exclusion has also expanded over time to include identity markers that were initially not considered to play a role in disadvantaging people e.g., HIV and AIDS status, migration status and nationality (Atrill et al., 2001)

Consequently, analysts consider exclusion to be both a manifestation of vulnerability (Sabates-Wheeler and Devereux, 2008) as well as leading towards vulnerability (Li, 2005). An example of the former is the economic, social and political exclusion of a group of people who have been displaced because of conflict or war; an example of the latter is discrimination against a religious minority, which can exclude them from decent work and in turn increase their vulnerability to economic shocks. Unsurprisingly then, exclusions which are ‘based on such group attributes can lead to lower social standing, often accompanied by lower outcomes in terms of income, human capital endowments, access to employment and services, and voice in both national and local decision making’ (World Bank, 2013).

Although discussion has largely centred on social exclusion, explication of the concept - as with the literature on vulnerability - has highlighted multiple drivers, with political, economic and social dimensions (Babajanian et al., 2014; World Bank, 2013; Kabeer, 2002; and Stewart, 2002), as highlighted in Table 3. The consequence of exclusion is the denial of full personhood and full citizenship to certain groups on the basis of who they are, where they live, or what they believe, (Kabeer, 2002), and by denying them access to societal resources (Schweiger, 2015). Also, like vulnerability, processes of exclusion can operate at the level of the individual, household, community and/or region.

Table 3: Drivers of exclusion

Drivers of exclusion	Definition
Social	
Limited social capital	Lack of social networks and social relations that offer material and emotional support and that are broad-based and inclusive
Discriminatory social and gender norms	Norms that prescribe gender roles in the labour market and care economy and affect access to productive resources, mobility and decision-making change
Imbalanced local power structures	Distribution of power among individuals, or among social groups in local communities, that determines command over resources and decisions
Economic	
Geographic and economic context	Geographic and climatic conditions that affect productive activities
Limited human capabilities	Lack of or limited knowledge, skills and capacity to engage in income generation, and awareness of health, nutrition and education issues
Lack of access to productive resources and capital	Limited ability to access productive assets and capital to engage in the labour market and generate adequate income
Political/institutional	
Exclusion from service provision	Lack of institutional arrangements that offer inclusive access to basic services such as education and health
Weak governance	Lack of transparency and accountability in the distribution of goods and services and relations between residents and local leaders
Limited voice and agency	Discriminatory policies, legislation

Adapted by authors from Babajanian et al. (2014), World Bank (2013)

These multiple dimensions of exclusion serve to highlight policies that addressing one driver of exclusion (e.g., increasing employment for a stigmatised population of people with HIV and AIDs) will not automatically remove exclusion from other dimensions (e.g., discrimination from frontline personnel in government basic services such as health). Secondly, they reinforce the idea that inclusion in social programmes that lead to stigma, shame, and participation on unequal terms (e.g., because based on charity rather than rights) does not counter vulnerability or exclusion (Hickey and Du Toit, 2013; Portes, 2014). Thus, it is likely that if social policy responses (of which social protection is a part) do not link to address multiple facets of exclusion, exclusion will have a cumulative impact across generations (Cain, 2009).

2: Methodology and overview of research sites

The review of literature on the conceptualisation of vulnerability and exclusion discussed above informed the design of the research. This took a three-pronged approach, including a review of literature, primary qualitative data collection and analysis, and secondary review of national quantitative survey data. Although the sample for the qualitative data was purposive and not representative, the mixed-method approach allowed us to triangulate the key findings emerging from the study.

2.1 Methodological approach

2.1.1 Literature Review

The review of literature was conducted in several steps. First, the global literature on the conceptualisation of vulnerability and exclusion was reviewed to help define the parameters of the research question. We conducted the literature review by identifying and reviewing through Google Scholar, academic journals and grey literature: (1) theoretical work on the concept of vulnerability and its core constituent parts; and (2) theoretical work on the concept of exclusion (across varied dimensions) as two separate topics (see Appendix 1 on details of the literature review strategy).

Subsequently, a review of recent qualitative or mixed methods studies (in the past five years) was conducted through internet searches and snowballing on: (1) the impacts of LEAP, NHIS and DACF; (2) vulnerability in Ghana; and (3) exclusion in Ghana.

2.1.2 Primary data collection

We used three qualitative instruments - FGDs, IDIs and KIIs - to gather data on the lived experience of vulnerability and exclusion among people in different locations in Ghana. We conducted 30 FGDs, 44 IDIs and 20 KIIs.

FGDs were used to focus on recipients as well as eligible non-recipients of selected social protection services (see Appendix 3 on recruitment and overall respondent characteristics for FGDs and IDIs). IDIs were used to both dig deeper into the experiences of participants of FGDs, but also as an instrument to gather data on vulnerable and excluded populations highlighted in the preliminary literature review as falling through the cracks of the existing social policy system. KIIs allowed us to gather information on the larger policy and socio-economic landscape within which Ghanaians live.

2.1.3 FGDs

Given the focus in the project research questions - on the degree to which selected social protection programmes address vulnerabilities and exclusion of the eligible population and improve their coping strategies as well as the gaps in the existing social protection system and how people cope outside the system - our criteria for establishing FGDs focused on those who have access to the focused social protection programmes for this study and their impact as well as those without and their coping strategies. We chose the following social protection services in our study given their outreach to a wide cross-section of the population in Ghana (compared to other programmes such as contributory pensions):

1. Livelihood Empowerment Against Poverty (LEAP).
2. The District Assemblies' Common Fund (DACF) for people with disabilities.
3. National Health Insurance Scheme (NHIS) recipients in the exempt category.

Our FGDs thus had the following objectives depending on whether we interviewed recipients of programmes or non-recipients:

1. To understand people's own perceptions and experiences of vulnerability and non-vulnerability as well as inclusion and exclusion.

2. To capture people's experiences in accessing and using relevant social services if they are or have recently been recipients of these services and exploring what other social services they are using.
3. For service non-recipients, understanding the challenges that they have faced in accessing social services and why they have not utilised services.
4. Identifying ideas and suggestions from the community on how to improve service delivery in the future.

The interviews were semi-structured, focusing on the main project objectives on understanding vulnerabilities and exclusion in the Ghanaian context, and allowed room for specific follow-up questions.

Table 4: FGDs in each district

FDG 1	Women who are recipients of LEAP
FDG 2	Women who are not recipients despite eligibility for LEAP
FDG 3	Men who are recipients of LEAP
FDG 4	Men who are not recipients despite eligibility of LEAP
FDG 5	Carers of persons or persons with disability who use DACF
FDG 6	Carers of persons or persons with disability who are eligible for but do not use DACF
FDG 7	Female recipients (contributory and non-contributory) beneficiaries of NHIS (we included a cross-section of population including migrant female workers)
FDG 8	Females who are eligible (contributory and non-contributory) for but do not use NHIS (we included a cross-section of population including migrant female workers)
FDG 9	Male recipients (contributory and non-contributory) of NHIS (we included a cross-section of population including migrant male workers)
FDG 10	Males who are eligible (contributory and non-contributory) for but do not use NHIS (we included a cross-section of population including migrant male workers)

2.1.4 IDIs

IDIs are suitable for getting people to talk about their own experiences of exclusion, and our use of the instrument focused on capturing this in detail, in addition to eliciting people's experiences of service delivery and options for the future. We carried out in-depth interviews with different people from those participating in the FGDs. We recognised - where applicable - that an individual participant in the FGD may have a complex and intersecting experience that requires individual follow-up. The IDIs were conducted with populations we know to be particularly difficult to reach through FGDs, often because of social stigma or mobility constraints. IDIs were also used to reach out to people in remote areas. A vehicle belonging to Participatory Development Associates (PDA) was made available to convey those who were unable to travel on their own. For IDIs, we expanded the list of areas to include Gomoa East mid-way through the study to cover IDIs that were not present in some districts - mainly refugees in the Central Tongu district and persons engaged in illegal activities in the same district.

Table 5: IDI profile per district

Homeless persons (male and female)
Women accused of being witches/living in camps (only in Gushegu)
Persons without legal status/engaged in illegal activities (man and woman) (with the exception of Central Tongu)
People living with HIV and AIDs (male and female)
<i>Kayayei</i> (over the age of 18)
<i>Galamsey</i> workers (male and female)
Refugees (male and female) (with the exception of Central Tongu)
Fulani adults (male and female)
Person under threat of eviction (male and female)
Homeless persons (male and female)

2.1.5 KIIs

20 KIIs were carried out, guided by MoGCSP and UNICEF Ghana. District-level interviews were carried out in the three suggested districts - Gushegu, Central Tongu and Ga East.

Table 6: KIIs – national and district level state

Key informants from Department of Social Welfare
Key informants from Department of Children
Key informant from DACF
Key informants from MoGCSP
Key informant from Domestic Violence and Victims Support Unit
Key informant from a government run psychiatric care facility
Key informant faith-based umbrella group
Key informant at camps set up for women accused of being witches
Key informant organisations concerned with the elderly
Key informant from NHIS
Key informant interview with National Council for persons with Disabilities

KIIs aimed to uncover gaps in the vulnerability assessment and gather data on policymakers' and implementing ministries', departments' and agencies' understanding of vulnerability, the rationale behind existing eligibility criteria, bottlenecks to the effective implementation of current policies and coordination challenges.

2.1.6 Ethics clearance

The ethics clearance process was two-fold. We submitted the inception report prepared for this study, along with research instruments (topic guides, consent forms, information sheets as well as training and research protocol) to both the ODI Research and Ethics Committee and Ghana Health Service Ethics Review Committee. Once we received an ethics approval from both, the PDA team moved to establishing venues and reaching out to participants for the FGDs, IDIs and KIIs with assistance from the Department of Social Welfare and Community Development (DSWCD) and conducting an in-country training workshop for data gatherers identified by the national partners. We conducted a two-day training on the data tools to contextualise the skills and expertise of the data gatherers to the specific areas of inquiry and objectives of the research. The data team then undertook to pilot test the instruments for FGDs and IDIs on the third day. We reconvened on the fourth day of the training to consolidate and update the research

instruments based on insights from data gatherers. The data-gathering team consisted of 16 experienced field research staff (8 men and 8 women) drawn from PDA.

Consent and communication with participants were ensured by adhering to ODI research and ethics policy on engaging with vulnerable communities, which includes a full review of the project proposal and methodology to obtain clearance from ODI's Research Ethics Committee. This included inter alia ensuring that each respondent understood exactly what they were participating in and the purpose of the research; using minimal technical language, testing understanding where possible, by asking the vulnerable adult to explain back their notion of what was being asked, clearly communicating the freedom to refusal to participate or withdraw from research without any consequence. The locations for FGDs were specifically selected to minimise potential harm to participants arising from security or other health, and safety risks and were assessed through a risk assessment involving security checks with local experts.

All information provided by participants was anonymised during collection of data, transcription and in presenting the findings of this report. Researchers provided codes to individual participants and those in FGDs and no names were recorded or written on transcripts.

To select the FGD participants, PDA engaged directly with MoGCSP and its agency at the district-level DSWD. For those eligible for but not using social protection programmes under review, PDA researchers first sought information from the district social welfare officers as well as local community leaders regarding where and in which communities they were likely to be found. Once community names were suggested, researchers moved into those communities and engaged local community leaders to ascertain the availability of the target participants and where exactly they were to be found. Others were also selected through snowballing after speaking to community leaders and other residents.

2.1.7 Secondary quantitative analysis

Using the Ghana Living Standard Survey (GLSS 7) from 2016/17, the quantitative analysis accompanied and supported the qualitative analysis and provided background statistics. The GLSS7 survey was used to summarise recent work on absolute, relative and multidimensional poverty in Ghana to show the distribution of poverty by each different measurement across regions and across population groups through disaggregation by sex, sex of the household head, large age groups and disability. The analysis helped to identify correlates of (1) multidimensional poverty, (2) use of LEAP and (3) use of NHIS. We have included those findings where relevant to shed light, strengthen and/or contrast with the main findings of the qualitative work.

2.1.8 Limitations of the study

Our focus on three districts and communities within them for in-depth qualitative research means that while the data presented here is illustrative, it is by no means representative. Our focus on the people eligible for the NHIS exempt categories, for the LEAP programme and the DACF means that we also cannot represent the views of those who are ineligible for these services. Secondly, we acknowledge that the translation into English of FGD, IDI and KII transcripts from the many languages in which respondents were interviewed across communities carries the risk of missing nuance or otherwise not grasping indigenous language expressions of the concepts pertinent to this study.

Finally, we used the survey data to provide a general overview of monetary poverty and multi-dimensional deprivation and to provide information for the selection of research areas. We used the analysis of the GLSS 7 to understand access to NHIS and LEAP across the regions and provide us with information on differential access to NHIS and LEAP by sex, disability and monetary poverty.

3: Setting the context: findings from the literature review and V&E workshop

We adopted a threefold methodology to highlight how vulnerability and exclusion have been defined in Ghana:

1. We conducted a content analysis of recent and applicable key government documents (see Table 7) as highlighted by UNICEF Ghana and MoGCSP.
2. We conducted a brainstorm⁴ with the technical steering committee to elicit understandings of vulnerability and exclusion among practitioners in the social protection landscape in Ghana.
3. We conducted a review of literature in academic journals and in grey literature on discussions on vulnerability, exclusion and vulnerable and excluded populations in Ghana (published over the past ten years).

Table 7: Key cross-government policy and reports reviewed

1. GPRS II, 2006-2009⁵
2. Ghana Shared Growth and Development Agenda II, 2014-2017
3. Medium-Term National Development Policy Framework - An Agenda for Jobs: Creating Prosperity and Equal Opportunity for all, 2018-2021
4. NSPP, 2015
5. UN Special Rapporteur's report on his visit to Ghana, 2018
6. PSIA, 2004
7. Ghana National Household Registry report, 2020
8. National Gender Policy, 2015
9. Child and Family Welfare Policy, 2014
10. Justice for Children Policy, 2015

3.1. Conceptualisation of vulnerability and its drivers in Ghana

In line with early conceptualisations in global literature on the topic, most documents reviewed referred to vulnerability interchangeably with poverty, exclusion, risk and/or vulnerable groups or climate vulnerability.

Vulnerability was defined to different degrees in different government documents. In the NSPP, GPRS II and the PSIA (Table 8)⁶, the definition is in line with the understanding of vulnerability as composed of risk and the ability to cope with risk. In both the GPRS II and PSIA, the relationship between poverty and vulnerability is identified: in the GPRS II vulnerability is seen as a manifestation of poverty as well as exclusion from rights and entitlements; while the PSIA draws its definition directly from the work of Heitzman et al. (2002), in which poverty is seen to emerge from exposure to risk and limited capacity to manage this risk. The NSPP, meanwhile, discusses vulnerability in a way that is less distinct conceptually and focused purely on categories of populations that need to be the target of social protection programmes. Vulnerability here is implicitly linked to extreme poverty, but the relationship between vulnerability and poverty in Ghana is not specified (and thus is different from PSIA in that respect). The categories of populations are based on Devereaux and Sabates-Wheeler's (2004) work.

⁴ We focused on the following questions: What are the key features of vulnerability and exclusion? And who does this affect? Why are people vulnerable? Why are people excluded? The brainstorm workshop was conducted via the medium of Mural for two hours.

⁵ We chose GPRS II instead of GPRS I after discussion TSC for this work that GPRS II incorporated and built on GPRS I and was the most recent version of poverty strategy.

⁶ Although the PSIA falls outside the remit of our time period of investigation we included it in our review given its central role in the formation of LEAP, a key social protection programme in Ghana.

Table 8: Example of definitions of vulnerability in government documents

Document	Definition
NSPP (2015)	Highlights three main vulnerability categories drawn from Devereaux and Sabates-Wheeler (2004): <ul style="list-style-type: none"> • <i>The chronically poor</i>: such as the severely disabled; terminally ill; rural unemployed; urban unemployed; and subsistence small holders. • <i>The economically at risk</i>: including food crop farmers, persons on the street, refugees and internally displaced persons, orphans, informal sector workers, widows, older persons and migrants. • <i>The socially vulnerable</i>: comprising people living with HIV/AIDS, tuberculosis sufferers, victims of domestic violence, homeless persons, people living on the street, internally displaced persons and female headed households, among others.
GPRS II (2006)	Vulnerability is a state of deprivation based on poverty or lack of enjoyment of other rights and entitlements; it is therefore multi-dimensional. It leads to the exclusion of disadvantaged groups of men, women and children and persons with disability from active participation in the economic, political and social life of their society, leaving them vulnerable to exploitation and risks.
PSIA (2004)	Forward-looking in that vulnerability is defined as the probability of experiencing a loss in the future relative to some benchmark of welfare. A household can be said to be vulnerable to future loss of welfare and this vulnerability is caused by uncertain events. The degree of vulnerability depends on the characteristics of the risk and the household's ability to respond to the risk. Vulnerability depends on the time horizon, in that a household may be vulnerable to risks over the next month, year, etc., and responses to risk take place over time. The poor and near-poor tend to be poor because of their exposure to risks and limited access to assets (broadly defined) and limited abilities to respond to risks. Risk is central to defining concepts of vulnerability. It relates to events that possibly occur beyond the direct control of individuals or households that can damage wellbeing (Heitzman et al., 2002).

The NSPP echoes the trend in policy frameworks in Ghana and the results from the TSC workshop in primarily identifying vulnerability in the form of groups rather than drivers. In the documents, vulnerable groups are identified specifically as girls, women, people with disabilities, victims of domestic violence, people living with HIV and AIDS, orphans and vulnerable children, the elderly, unemployed men and women, out-of-school children, *kayayei* (in one document), children and adults in street situations, lepers and farmers.

Our literature review and group discussion highlighted the same groups for the most part, with two exceptions: women accused of being witches, and carers. Discussions in the workshop highlighted the role of carers for children and people with disabilities as well as carers for the elderly. Overall, in the material we reviewed there was a gap on addressing the role of women as unpaid carers for children.

The preliminary literature review acknowledged as vulnerable the populations highlighted above.⁷ However, the literature also highlighted the following groups requiring further policy attention and/or slipping through the cracks in existing social protection policies:

■ the Fulani population (Oppong, 2017; Bukari and Kuusaana, 2018)

■ men and women engaged in *galamsey* (Tuokuu et al., 2020; Kumah and Nyarko, 2018)

⁷ For example, Dadzie et al. 2020; Schieber et al., 2012; Deters et al., 2008; Osei-Boateng and Ampratwum, 2011; Kpessa-Whyte and Tsekpo, 2020.

- urban poor under threat of eviction in informal settlements in Accra (Afenah, 2009; Amnesty, 2018) and women engaged in *galamsey* (Tuokuu et al., 2020; Kumah and Nyarko, 2018)
- populations who do not have a legal status (Gyamerah, 2020)
- populations living with and struggling with mental health (Sipsma, 2013; Jack et al., 2013; Dixon, 2012).

Specific features of vulnerability were not clearly identified for each specific group. While migrant workers were described as a vulnerable group, it was unclear which of the features of vulnerability applied to them and what kind of migrant workers (internal or external, for example) were considered vulnerable. In particular, the profile of risk was unclear for these groups and thus it was unclear which elements of the profile were significant in deciding the social protection response. In the workshop, participants emphasised disaggregating some groups, particularly those with disability and children - e.g., distinguishing between children in street situations and migrant children.

Overall, the material reviewed says little about how distinctions between groups rather than common drivers alone would be valuable in designing a social protection response. In particular, little was said about identifying linkages between the different groups and reflecting on common causes that lead to the emergence of different vulnerable groups. For example, a poor woman may also be more likely to be an informal migrant worker because she is excluded from the labour market and underpaid because of both her gender and income status.

Secondly, in both the policy documents and the workshop discussion, vulnerability was described across multiple units of analysis. It was applied for different groups, ranging from the individual (exposure of risk to violence) to the household (death of household breadwinner), to the community (social discrimination), and to national and regional levels (income poverty). Vulnerability was also associated with particular geographies - remote areas, areas at risk of flood and those on the coastal belt. It is not clear whether there any of one of the units of analysis in the Ghanaian context is prevalent and why that may be so, and this is something we propose to analyse in our primary data.

There was consensus that the symptoms of vulnerability occurred across multiple dimensions - social, economic, environmental, and political. However, when specific features were discussed, it was not always clear which of the dimensions they related to: i.e., was malnutrition part of social/economic or environmental dimensions of vulnerability or all three of them? The discussion thus reflected the intersectionality of vulnerability and suggested that dealing with cause of vulnerability in one dimension (e.g., dealing with environmental driver of malnutrition with sustainable, soil-appropriate farming practices) will not address the driver of the same symptom emerging from another (e.g., the economic driver of malnutrition in inaccessibility of food markets and food prices).

The material reviewed did not reflect any clear consensus on the root causes of vulnerability in Ghana, while discussion of the drivers of vulnerability largely focused on immediate risks (e.g., exposure to job loss for pregnant women or the risk of sexual abuse for children living on the street). In a very few cases, drivers were identified as the lack of legal protection for certain groups, such as the elderly or terminally ill.

3.2. Conceptualisation of exclusion and its drivers in Ghana

Exclusion is generally accorded a less central position than vulnerability in the policy documents reviewed. It is defined explicitly in GPRS II and PSIA 2004 (see Table 9). In GPRS II, it is recognised to occur in social, economic and political dimensions, limiting people's citizenship and excluding them from

societal resources and decision-making bodies. The PSIA identifies exclusion as a driver of poverty rather than as part of a two-way or cyclical relationship between the two. Both documents clearly state that tackling and ending exclusion is a direct aim of social protection policies.

Table 9: Example of definitions of exclusion in government documents

Document	Definition
GPRS II	Invariably persistent vulnerability leads to exclusion. It can be looked at from social, economic, political or human ecological perspectives. Exclusion arising from such distinctive features may lead to the following conditions: <ul style="list-style-type: none"> • Inability to participate in decision-making in political, and socio-cultural affairs • Inability to compete or participate in an event due to discrimination
PSIA	One way of applying the western notion of exclusion to developing countries is to focus on institutions and their role in the process leading to poverty. Exclusion enhances poverty analyses by demonstrating what other process factors contribute to and deepen poverty. It also provides a way of understanding exclusion as a separate - albeit often linked - phenomenon.

Key features of exclusion were described often as a lack of positive rights (e.g., voice and agency), as elements of individual identity (e.g., age) or as physical features (e.g., location, data, or infrastructure) and thus mapped across some of the drivers identified globally in Table 2. As such, those affected by exclusion were also described in terms of groups marked by certain features, e.g., the unemployed or people living with HIV and AIDS.

Descriptions of exclusion often focused explicitly on the social processes (e.g., stigma and discrimination) seen to cause vulnerability. As such, a clear distinction between the features of vulnerability and those of exclusion was not apparent in the documents, discussion or preliminary literature review.

A preliminary literature search also identified excluded group identities that were not directly mentioned in either policy frameworks or in the workshop discussion:

- the urban poor (Owusu and Nursey-Bray, 2019)
- populations without a legal status (Boateng, 2020)
- women accused of being witches and their children (Roxburgh, 2018).

Material specifically outlining drivers of exclusion was relatively thin compared to material about the drivers of vulnerability. Workshop participants discussed drivers of exclusion for children in street situations, noting that a lack of enforced legal protections and marginalisation from existing systems of schooling and employment drove exclusion across multiple dimensions. While literature focused on individual groups (e.g., the urban poor) highlighted specific drivers of exclusion, there is no overarching framework on exclusion for Ghana that identifies common drivers across populations.

For both exclusion and vulnerability, discussion is focused on specific groups and their proximate causes and tends to sideline an interrelated social policy approach that works on the drivers (as well as immediate population needs). Appiah et al. (2019), in their work on the vulnerability of children affected by HIV and AIDS in Ghana, highlight that a combination of social protection policies promises maximum gains for any social intervention. This is because a single intervention tends to address one element of vulnerability but is unable to overcome other forms of vulnerability (e.g., policies that address children's exposure to HIV and AIDS without addressing the context that leads to high HIV and AIDS in the area in the first place).

4: Findings from primary data

This section summarises the key findings from the primary qualitative data collection. In analysing 94 FGD, IDI and KII transcripts, we looked across geographical, gender and group characteristics to identify common threads and trends in the respondents' discussions and responses.

4.1 Vulnerability

We sought to answer two of our key research questions in relation to vulnerability: (1) What are the key drivers and manifestations of vulnerability that exist in Ghana and those that seem to be emerging? (2) What are existing capabilities and coping strategies adopted by excluded and vulnerable populations, and what are their strengths and weaknesses?

In answering these questions, we first present an overview of respondents' experience of vulnerability, highlighting what they understand by the term 'vulnerable' and how vulnerability manifests in their daily lives. We then discuss the key coping mechanisms used by individuals and community members to mitigate the impacts of the shocks and stresses they face, before conveying respondents' understanding of the drivers of vulnerability, and unpacking why some people are more vulnerable than others.

4.1.1 Experiences and manifestations of vulnerability

Respondents articulated what vulnerability means to them in various ways. They did not tend to identify 'groups' when referring to vulnerability, but a common thread through their accounts of defining vulnerability centre around people's **individual capacities and ability to respond in the face of a negative event**. Specifically, people suggested that those who are most vulnerable are those unable to physically support themselves (due to a disability, sickness, old age), those without any power or voice to help themselves, those with no one to turn to in times of need (no support network), and those who are unable to meet food requirements. Respondents are acutely aware of the precariousness of vulnerability, that situations change, and that everyone is at risk of being more vulnerable in the future.

'When they talk of vulnerability, they are referring to me because I cannot see and if you don't give me food I won't eat. I am not strong anymore to cut firewood and I can no longer insult or hit back at anyone because if I do, hunger will kill me. This is my definition of vulnerability.' (Gushegu-FGD-NHIS-eligible-nonrecipient, Pos. 22)

'Somebody who doesn't have a say in society is vulnerable. Such a person doesn't have power, he or she is not comfortable and doesn't appear to have any right because it has been taken away from them. I even believe that some citizens of Ghana are also vulnerable especially the poor ones.' (Ga_East-IDI-male-refugee)

'If you don't have parents to cater for [you] and you cannot look after yourself either, then you are vulnerable.' (Central_Tongu-IDI-female-E-Kayaye)

Our respondents report that they and people in their communities are at risk of multiple shocks and stresses. These may be sudden and one-off events (such as death of a family member, or the cost of a wedding), or they may be continuous and longer-term detrimental experiences (such as discrimination against Fulani, or unemployment). The latter can also culminate into a specific shock, such as being pushed into illegal or undesirable activities because of limited income-generating opportunities, or the accusation of witchcraft and subsequently being sent to a camp. Many respondents illustrated the multiple and compounding nature of the shocks and stresses layering on top of one another, as these excerpts from the IDIs illustrate:

'In this life problems don't reduce but rather compound. The issues keep increasing in prevalence

and severity.’ (Gushegu-IDI-male-H, Fulani, disabled)

‘Life is difficult for me this year; I was not able to pay my child’s school fees. People who owe me do not answer my calls anytime I call them to make repayment. Also, stealing of my livestock, that is, 10 of them have been stolen this year. Also, my wife felt sick seriously last year, and my daughter has delivered so I have spent a lot of money. The stealing of my livestock was because of the unemployment situation here.’ (Ga_East-Fulani-male, Pos. 20)

As in other studies (Abdulai et al., 2021; UNDP, 2018; PDA, 2011), respondents commonly reported being at risk of a range of shocks and stresses in their communities:

- **health-related**, including illness, maternal mortality, accidents, and death of family members
- **environmental hazards**, including floods, droughts, and fires
- **violence and conflict**, including robberies and theft, community conflict, individual violence (including against women and girls),⁸ and bad behaviour
- **discrimination**, including abuse and accusations of witchcraft
- **economic**, such as the loss of jobs, the costs of weddings, funerals, and other social activities.

In our study, the types of shocks reported the most often across the respondents are health-related, environmental and violence and conflict in the community. Table 10 illustrates the geographical differences in the common types of shocks reported by the FGD respondents.

Table 10: Common types of shocks reported, by district

Location	Health-related	Environmental hazards	Violence and conflict	Discrimination
Ga East		Flooding, fires	Robbery, theft	Discrimination against persons with disability, accusations of witchcraft
Gushegu	Illness	Fire, flood and droughts	Community conflict	Discrimination against Fulani
Central Tongu	Illness, maternal mortality, road accidents	Floods		

Health-related shocks: Sickness and death are reported by men and women in all three districts as major shocks that can affect anyone. These might be illnesses and diseases such as strokes or malaria. In Gushegu, some respondents are concerned that more young people are now dying than in the past, and in Central Tongu respondents note that increases in sickness may be related to the use of chemicals in farming. Road accidents are also commonly reported by men and women across all the three districts, and there is a general concern that these are increasing (discussed particularly widely in Central Tongu). Respondents in Ga East attributed the frequency of road accidents to longer-term degradation of the road infrastructure, while others believed that reckless driving was the main cause of road accidents.

⁸ For example, in Gushegu, some respondents reported incidents of rape and women talked of limited bodily integrity and reproductive rights.

Environmental shocks: flooding and storms are commonly reported by men and women across all

districts, damaging crops and houses and leading to food insecurity. Climate-related hazards are sudden, but again, often related to longer-term stresses, including declining infrastructure (including previously damaged houses), poor planning/building, and clogged gutters. Drought is more commonly reported in Gushegu. Some respondents note that climate hazards may affect anyone in the community. Others disagree, suggesting that homes may be more prone to flooding where there is less infrastructure (e.g., vulnerability to water logging due to bad drainage systems, which results in cyclical flooding).

Theft, violence, and conflict: armed robbery and theft are commonly reported as a major shock by men and women in Ga East, and incidents are seen to be on the increase. Robbery and theft are also reported in Gushegu and Central Tongu. Experiences of robbery and theft is sudden, but some respondents also identify underlying causes of youth employment increasing the risk of robberies. Other reasons are attributed to non-Ghanaians and the Fulani. IDIs with Fulani men and women for example, reported that they are both the victims of robbery and cattle theft as well as being accused of perpetrating theft and kidnapping, leading to mistrust and fear in the community. ‘When there is a robbery, or a highway robbery it’s as if we (Fulani’s) are all involved in it. They point at us, as if we all took part in the robbery. It’s as if we have never lived in harmony’ (Gushegu-IDI-male-I).

Discrimination: while discrimination was not often reported when discussing specific shocks, it is worth exploring what was reported is in more detail. For instance, in Ga East, respondents spoke of discrimination against people with disabilities and accusations of witchcraft that lead to detrimental outcomes, economically, socially and emotionally. IDIs also revealed that the Fulani in Ga East and Gushegu are accused of thefts and robberies in the community, leading to Fulani individuals experiencing discrimination and living in fear.

‘There’s a lot of witchcraft in this area. When they see you start to rise, then they begin... to continue I will use myself as an example. When I started out, I liked to trade. There was nothing I could not sell so I was not poor. After a while, I fell ill. I was thrown out of the house I lived in and then I moved here. It’s by this woman’s help that I have a place to stay with my grandchildren and husband. When this happens, you begin to suffer.’ (Ga_East-FGD-LEAP-female-nonrecipient)

‘Myself and my family, we are living in constant fear because we don’t know what they might do to us. We have heard about how they killed and destroyed the homes of other Fulanis...’ (Gushegu-IDI-female-Fulani)

4.1.2 Coping mechanisms of vulnerability

Respondents report numerous different types of strategies used for coping with the above shocks and stresses. There are differences in the ability to draw on coping strategies, which we discuss in more detail below in the sub-section on drivers. The most common and reportedly most effective coping strategies are social support networks (friends, family) and religious institutions, and additional economic activities. Respondents also noted that they turn to their local MPs and government support (including LEAP and NHIS), but this is not widespread nor always effective.

It is important to note that many respondents stated that they do not have any coping strategies to resort to, and/or that they feel inadequately prepared to manage future shocks if they were to occur. The resilience of individuals also comes across strongly in our respondents’ accounts of their experiences dealing with shocks and stresses over the years, both in terms of the practical efforts that they continuously make to manage vulnerability and poverty and the emotional and psychological stress that this causes. Respondents note that the shocks they face are often the result of longer-term stresses which lead to sudden life-changing events, and even though these shocks may seem predictable or obvious (e.g., seasonal rains) there is a sense from the respondents that they cannot do anything to prepare for them.

Social Support networks

There is consensus among the respondents that support from friends and families is a key coping strategy against shocks. Some respondents noted that support is stronger along social-identity lines, for example ethnicity.

If there is togetherness in the family, they can extend a helping hand to each other so far as they can. This makes some households seem better able to cope.

'Some households and families are united and help each other grow more than others so they help each other to recover better and faster.... It does not matter if you are a male or female, Muslim or Christian, but the willingness of your family and other to help or support you during that moment of your predicament. That is why some households seems to respond or cope better than others in terms of experiencing shocks.' (Central_Tongu-FGD-NHIS-female-recipient-revised, Pos. 113)

'In situations of bad incidents, if an Ewe or northerner speaks his language he will get assistance from his neighbours but not same with the other tribes. That is, the love among some tribes is stronger than others.' (Ga_East-LEAP-male-non-recipient, Pos. 64)

Religious institutions

Religious organisations are a key pillar of support in times of crisis. While there was much diversity of opinion about whether the Church and Christian community members, or those of Muslim faith helps who the most, the overarching finding is that both religious organisations and members are critical in supporting people with money, in-kind assistance, shelter or company (e.g., psychosocial support) in the aftermath of different types of shocks.

Additional economic activities

Respondents also report drawing on savings, selling capital assets or part of the season's food supply, taking loans and finding additional income-generating opportunities to cope with shocks. These coping mechanisms may undermine people's capacity to respond to shocks in the future, and some respondents noted the longer-term detrimental impacts of taking loans. IDI respondents talked in more detail about the impacts of shocks and stresses (including social obligations such as marriage) pushing them into illegal activities, such as sex work, *galamsey* or robbery, or undesirable work such as *kayaye*.

Local leaders and government support

Respondents said that they turn to their local leaders and MPs for help⁹, although this is not necessarily effective. While respondents in Gushegu are much more positive about government support in times of need, including LEAP and the NHIS, in Ga East and Central Tongu respondents note that they receive little government support. There is also a lot of mistrust in the government in Central Tongu.

⁹ In Ghana, MPs are allocated a share of the Common Fund to facilitate their involvement in development. This arrangement increases the pressures MPs come under from their constituents for all kinds of assistance - including funeral donations and school fees.

4.1.3 Drivers of vulnerability

Respondents often talked about the two common conceptual definitions of vulnerability

interchangeably: namely, people's exposure to shocks and the factors which affect their ability to *mitigate the impacts of shocks* (i.e., coping mechanisms). In the discussions on the drivers of vulnerability, most respondents focused on the latter - people's ability to cope, rather than exposure to risk. In addition, respondents tended to convey an opinion that exposure to shocks and stresses was often similar among the population groups in their communities. While there were exceptions to this (as we discuss further below), there is a sense from respondents that anyone could have the misfortune of facing a shock, and that its impact would be determined by the person's ability to cope.

Across the discussions, a number of factors emerge as driving vulnerability, as articulated by respondents themselves. They have been organised into social drivers (social and physical identities and social capital), economic drivers (income, skills and resources), and political drivers (political networks, affiliations, and role of government). As expected, these drivers often intersect with one another. Moreover, these drivers can occur across and within individual, community (groups) and regional units, sometimes with differing outcomes. For example, gendered norms in society means that women are vulnerable to shocks because they have limited economic independence, and young single women may also face additional risks such as sexual abuse or prostitution, which further increases their vulnerability to other shocks and stresses. Indeed, given the multiple stresses and shocks that people face in their day-to-day lives, the way that people expressed the drivers of vulnerability was not always linked to a specific shock. For instance, and as further illustrated below, some drivers have specific outcomes (e.g., harmful social attitudes contributing to the accusation of being a witch), while others contribute more generally to higher levels of vulnerability (e.g., limited social networks).

Social drivers of vulnerability

There is a consensus among respondents that vulnerability to the above shocks and stresses are strongly determined by social identity markers - gender, age, ethnic identity or (dis)ability. However, there are differences of opinion about vulnerability within these identity markers, as the following discussions illustrate.

Gender is commonly identified as a key driver of vulnerability. Gendered roles and responsibilities, as well as assumptions and perceptions driven by gendered norms and attitudes for both men and women influence their vulnerability - and, in turn, their resilience. Women are often described as 'emotional' and 'unable to come to terms with [the shock]'. These characteristics are reported by both men and women alike in Ga East and Central Tongu. Women are also reported to feel the impacts of a shock more because they are responsible for the wellbeing of children and the household, and they are dependent on men, therefore negative events affect them more. Moreover, while both women and men reported that they face risks of robbery and theft in the community, the threat of violence prevents women from going to the market at particular times of day:

'When such things happen [shocks in general], it affects the women and children the most, this is because women and children do not have the kind of strength men have to defend themselves, so they are mostly affected by these shocks.' (Ga_East-FGD-NHIS-female-recipient-11-5-2021)

'And for the youth in the community, it affects the female youths more than the male youths. The reason is we the male youth as you can see on your right is that tree over there that we usually sit under. Yes, we do not only sit under the tree for nothing. We have formed a society or a group where if something or shocks happen to any member, we come to assist them. For the female youth in this community, there is nothing of such for them. So when any misfortune happens to them they depend on their boyfriends.' (Central_Tongu-IDI-male-F, Pos. 46)

'It affects the women more than the men due to the high cases of arm robbery here, we the women can't wake up at dawn to go to the market because we are afraid, but for the men they can go because they are stronger than us and they will be able to defend themselves when something

happens.’ (Ga_East-FGD-NHIS-female-recipient-11-5-2021, Pos. 33)

On the other hand, there is a countervailing perception that men are most impacted by shocks because they are the ‘breadwinners’ within the household. They are often seen as responsible for finding coping mechanisms to mitigate the impacts of shocks. For example:

‘It affects the men too as well, that is, if he is the breadwinner of the house and experiences such shocks he will be affected because he won’t get money to take care of his family.’ (Ga_East-FGD-NHIS female-recipient-11-5-2021, Pos. 32)

‘It is mostly the males who face these shocks in the community because most of the women in the community depend on the men for their upkeep and survival and most of the work the women in the community do are in the households. But when it comes to the men, we have to go out and work to cater for our household. And most of our work is outside the households; hence, we are faced with these shocks daily.’ (Central_Tongu-FGD-NHIS-male-non-recipient-edited, Pos. 31)

Exposure to some specific shocks has a clear gender distinction emerging from discussions with the respondents. Women and men both feel that women are more vulnerable to the impacts of the death of their husbands than vice versa. This was raised by men and women alike in numerous FGDs in Gushegu, with a similar message coming across - that women’s dependence on men for support and finances means that when that support ends, women are in a very vulnerable situation. Moreover, widows face higher levels of vulnerability to future negative events/shocks.

Women are also exposed to accusations of witchcraft and discrimination, not men. As one respondent in an FGD explained,

‘...women are the only people who are accused of witchcraft and are isolated from the community in their camps like Kpatinga.’ (Gushegu-FGD-DACF-recipient)

Social identity, in terms of ethnicity and refugee status, also influences vulnerability. IDIs with Fulani (Ghanaian citizens) and refugees uncover their specific experiences of exposure to certain shocks and their ability to cope. Men and women from the Fulani population, for example, emphasised that they are accused of theft or robbery, and that they live in constant fear of discrimination.

‘My life as a Fulani brings me both happiness and problems but the bad things dominate...Sometimes when our wives go to fetch water they are been questioned and sometimes asked to wait for the natives to fetch before them. This is common during the dry season when there’s water shortage.’ (Gushegu-IDI-male-H, Pos. 19)

‘My self and family we are living in constant fear because we don’t know what they might do to us. We have heard about how they killed and destroyed the homes of other Fulanis.’ (Gushegu-IDI-female-Fulani, Pos. 21)

‘My people are accused of robbery, stealing and destroying farmlands, all because we are not indigene of Gushegu... Even if you take the place as your home and the people as your people, they will still not accept you as one of them.’ (Gushegu-IDI-female-I-Fulani)

In IDIs, some (though not all) refugees highlighted the difficulties that they face and the powerlessness they experience in coping with shocks and stresses.

‘This [being a refugee having fled from conflict] has traumatised my life and continues to affect me daily. My home, business and family life have all been changed drastically and it is hard to cope.’

(Gushegu-IDI-female-G, Pos. 16)

'My status as a refugee has affected me in a lot of ways. People sometimes even refuse to pay us for our services after working for them because we are refugees. What to eat is even sometimes a challenge for my family. The fact that you are a foreigner makes people take advantage of you and they know you cannot seek justice. I am a very focused person, so I don't let such things get to me.'
(Ga_East-ID-male-G, Pos. 18)

Age is another driving factor of vulnerability. Both the young and older persons are perceived to be vulnerable to shocks because they do not have strong coping mechanisms to draw on:

'When these shocks happen [violence, flooding, bad roads (& accidents) and armed robbery], it affects the children and aged more because with the old people they are very weak so when these shocks happen suddenly, they cannot help themselves and before people could come to their aid it will be late.' (Ga_East- FGD- LEAP-female-recipient, Pos. 31)

'Children are also more affected because they are not strong enough nor independent so mostly not able to care for themselves and in the case of babies who cannot talk, they are even more vulnerable to experiencing shocks like sickness and death more.' (Central_Tongu-FGD-NHIS-female-recipient-revised, Pos. 88)

Respondents also highlighted that young men are particularly exposed to specific shocks, notably road accidents:

'And the male youth face the shocks of accidents frequently. The reason is that most of them are involved in the Okada business because of the lack of employment in the community.'
(Central_Tongu-FGD-NHIS-male-non-recipient-edited, Pos. 30)

Age is another driving factor of vulnerability. Both the young and older persons are perceived to be vulnerable to shocks because they do not have strong coping mechanisms to draw on:

Disability is perceived to be a key driver of vulnerability. Risk factors specifically relating to disability are discussed in relation to both the underlying discrimination of persons with disability and how this negatively affects their ability to cope (limited income social support networks) and how physical disabilities put individuals at a disadvantage in terms of coping with shocks:

'The poor and the disabled are affected the most because such people are already suffering since they don't have much. When they invest the little money they get from the common fund into a business and either flood destroy their belongings or thieves break into their homes, they become badly hurt. They feel these shocks very badly because they don't have anyone to fall on for support.'
(Ga_East-FGD-DACF-recipient-11-5-2021)

'You see, they don't respect us the disabled. Truly. I don't know whether they think there is no work we can do. I don't know whether the able people have been made with a different mind and we also have different minds. But they should know that it is an unfortunate incident that happens to the person first that makes him/her disabled. How they act towards disabled persons is painful. It was raining at this station, and we wanted to sit in a certain man's car just to wait for the rain to stop but the man refused. Before we could get to the station, the rain almost pushed us into a gutter. What he did hurt me very much.' (Central_Tongu-FGD-DACF-recipient-11-3-2021)

Economic drivers

Poverty is a key driver determining an individual's vulnerability to shocks. People who are 'rich' have the resources, insurance, networks, and political support to cope with the impacts of shocks and stresses,

and to bounce back after a shock occurs. This is also directly linked to social and political vulnerabilities and risks, as social identity, age and gender all influence people's access to labour markets, wages and the types of work available to them.

'If you do not have money to start a small business for your family and the children, when their father is no more, then your children will have to drop out of school. The girls become 'Kayayei' (female head potters) here in Gushegu market or they travel to Kumasi and Accra to do 'Kayayoo' This kind of life is not good.' (Gushegu-FGD-LEAP-female-non-recipient-11-4-2021)

Political drivers

Political connections are an important factor determining people's ability to cope with shocks, while corruption and inadequate local planning are reasons given for higher levels of vulnerability.

'People who have political connections seem to cope better than those of us who know nobody. It's all about the relationship you have with the 'big men' (people with high status) not by age, gender or physical looks. These 'big men' are those with all the chances, money, and resources.' (Gushegu-FGD-LEAP-male-recipient, Pos. 65)

'Lack of good plans from the government and unsupportive nature of the 'well to do' people in the community are all some of the reasons why we are suffering here. There are no policies to support the poor people during disasters even if there is, the right people don't get the support they need.' (Ga_East-FGD-NHIS-male-recipient)

'I think corruption is one of the major causes of vulnerability in our community. People who are supposed to fine wrong doers rather go and take bribe from them without thinking about the long-term effect of the person's action. For example, someone can be building on a water way and instead of the authorities to stop the person, they will rather take bribe and let the person continue with the building. As a result, with a little rain, the whole place becomes flooded, and people's properties are destroyed. This makes the poor vulnerable because they won't be able to get any support from anywhere to rise again.' (Ga_East-FGD-NHIS-male-recipient, Pos. 54)

4.2 Exclusion

In this section of the report, we outline the understanding, perceptions and attitudes of respondents around exclusion, delineating the different kinds of exclusion Ghanaians identify in their respective contexts. We then outline the perceived drivers and how respondents describe coping with them in their day-to-day lives.

4.2.1 Experiences and manifestation of exclusion in Ghana

In this section, we present study participants' reflections on the concept of exclusion as it applies to themselves and others in their community. Responses in FGDs and IDIs show that participants conceptualise exclusion at two different levels: at the individual or group level and then at the community level.

Individual or group-level exclusions were described as usually occurring across dimensions - social, economic, and political as well as environmental at times - and rarely in a single dimension.

Exclusion at the community level was said to be linked to the location of communities. This was often discussed in terms of the distribution of key public infrastructure and services.

Exclusion from social protection was described both for individuals as well as certain groups of people and framed largely as political exclusion that then had an impact on people's economic and social well-

being.

In the section below we first highlight group-level exclusions before moving to community exclusion from public infrastructure, and then to experiences of both inclusion and exclusion from social protection services.

Group-level exclusion

Across the three areas of study and across recipients and non-recipients of the social protection programmes of focus, respondents in FGDs and IDIs identified the following group characteristics of people excluded in Ghana: women (especially older women), pastoralists (the Fulani), external and internal migrants (people of Nigerian descent, *kayaye* and *galamsey* migrants), people living with disabilities (mental and physical), the poor, alcoholics, drug users, and children who are orphans. Respondents described experiences - at times their own and at times those of individuals in their community - of exclusion that varied across social, economic and political dimensions and defied categorisation as any one type of exclusion.

Women's experiences ranged from both economic, social, and political exclusion within households as well as social and economic exclusion at the community level. At both the household and at the community level, older women were said to be most likely to experience different kinds of exclusions, from physical maltreatment to expulsion from the house for alleged witchcraft.

'Old women who are being accused of being witches. Especially when something bad happens in the home, the angry youth accuse and beat them. If you have children, they will take you to the camp [for alleged witches].' (Gushegu-FGD-NHIS-female-recipient, Pos. 155)

Women accused of witchcraft had in some cases been sent to 'camps' for witches, where they live under supervision of a camp leader and within a community of women. Younger women accused of witchcraft are also sent to camps often with their children who consequently drop out of school to be brought up within the camp and help their mothers with fetching water and other tasks. For older women, they often have grandchildren who help them with the same. A respondent from the Gushegu camp reported that district welfare and community development departments bring food but that the camp does not have electricity and is located a considerable distance from a health facility: *'So, when you're sick our colleagues will struggle to get you to the clinic'* (Gushegu-IDI-female-B, Pos. 62).

Within the household and in the community, women of child-bearing age who do not have children or have children with a disability, and women who have been widowed, are excluded from social gatherings. Participation in communal gatherings was also not an option for women engaged as *kayaye* or as sex workers. Decision-making overall was seen to be the preserve of male head of households in most areas - except purchases around food - and only in the absence of an older male did women indicate they made decisions around running the household. Women in some households reported requiring permission from their husbands to go to political gatherings or even in some cases to social events. Women were excluded from economic decision-making structures even when the same decisions had an impact on them.

'Women and children are discriminated against the most because whenever there is an issue to be discussed people always say it is not women issues meanwhile whatever decision that will be arrived at will be binding on all of us.' (Ga_East-FGD-DACF)

Poverty was identified as a central feature that made characteristics such as being older, being childless or a widow susceptible to exclusion compared to women who were rich and had the same characteristics (see below in section on drivers for further discussion).

Economically, female respondents indicated the implicit requirement they faced of engaging in sexual

intercourse with prospective employers as a critical reason for staying out of the job market in their local context. Women also reported the need to ask a male member of the household to perform economic transactions for them because they were at risk of being treated unfairly because of their sex.

The Fulani (pastoralists) reported being treated as ‘strangers’ and ‘foreigners’ within Ghana even when they been born and brought up in the country. Their reports were confirmed by interviews with non-Fulani Ghanaians who expressed ethnically based stereotypes about the Fulani population. The Fulanis experience of exclusion ranged along social, economic, political, and environmental dimensions. Fulanis in our study reported a high level of fear and insecurity borne of suspicions held by non-Fulanis that the former were armed thieves and attackers. Expressions of fear and insecurity by both Fulani and non-Fulani respondents towards each other were universal among the respondents from Gushegu, while in Central Tongu and Ga East they were less frequent.

‘We live in fear nowadays because of Fulani people. We cannot say Fulanis are not Ghanaians; we live with them in this community. These days, they are exhibiting some bad habits which is robbery and kidnapping, making us feel unsafe. They are conducting kidnapping and we don’t know if it will extend to the other tribes. As it stands now after 6pm one moves with fear of being attacked.’ (Gushegu-FGD-NHIS-male-nonrecipient, Pos. 114)

Correspondingly, Fulani respondents expressed feeling constantly under threat; when one respondent who had lived in the local community for over 40 years and whose siblings were born in the local community was asked whether they felt safe in the community, they responded:

‘Yes and no. Why do I say so? Yes, I am known to a lot of people in and around Gushegu, but no, because some people will still attack me if they get the chance. So, I cannot say yes and I cannot say no.’

Social exclusion also translated into economic exclusion whereby Fulanis reported that experiences of trying to acquire land or other assets often required a non-Fulani middleman for landlord to make a deal. Economic exclusion extends to disavouring those who are Fulani from employment within the community. Fulanis also experience theft and attacks on livestock constituting an economic shock. A Fulani respondent highlighted the theft of 10 cattle from his livestock over the last year, in what he perceived was in response to the tensions that erupt into violent clashes between farmers and Fulani herders in Northern Ghana. The tensions at the root of the exclusions have their drivers in both climate change and its impact on land use in Ghana (see section below on drivers for further details). During the dry season, Fulanis report environmental exclusion:

‘Sometimes when our wives go to fetch water they are been questioned and sometimes asked to wait for the natives to fetch before them. This is common during the dry season when there’s water shortage.’ (Gushegu-IDI-male-H, Pos. 14)

Some Fulanis in our study sample also outlined experiences of political exclusion both from political participation in elections in Ghana as well as exclusion from social protection services where those services had a national identity card as a prerequisite. Typically, such experiences occurred when members of a Fulani household tried to register themselves for a national identity card (known as the Ghana card). Political exclusion for this group was highlighted both at the community as well as at the national level:

‘Another case of discrimination I suffered was during the registration of NIA [national identity] cards. We were denied the right to register without any checks to confirm whether some of us were Ghanaians or not. Even when our relatives, brothers and friends in Walewale and other places had registered we were still being prevented.’ (Gushegu-IDI-male-I, Pos. 79-80)

'In the case of access to health services under the NHIS, a Fulani respondent (Ga East Fulani male) reported no difference from others in their experience while another Fulani respondents highlighted members of their household were asked to pay more money for services than other 'tribes' in the hospital at the time.' (Gushegu-IDI-male-H, Pos. 55)

Most Fulanis in our sample, however, report that they have been registered in the past or are registered at present for the NHIS and if they have children who go to school, the children do benefit from the school-feeding policy. However, in Central Tongu both Fulani respondents as well as FGD respondents highlighted that electricity had not been extended to the Fulani neighbourhood in the area.

While technically not migrants, respondents of **Nigerian descent and those who belong to the Yoruba ethnicity** spoke of social exclusion from their local communities. Prevailing conditions in Ghana seemed averse to these groups, and key informants in our research would assume that those of Nigerian descent or Yoruba affiliation were not Ghanaian citizens. Additionally, the two identities were conflated in the minds of non-Nigerian, non-Yoruba Ghanaians, highlighting a key bias in public attitudes towards these groups which translated into exclusionary practices.

'This is however not good. Once in a trotro, a Nigerian on board was made to alight. But he may have done nothing wrong, rather the Ghanaian may have. So, when we also go to their end, they treat us differently.' (GA_EAST-FGD-LEAP-female-nonrecipient, Pos. 224-227)

Socially then, Ghanaian residents of Nigerian background shy away from community activities to maintain personal safety. In the economic domain, biases against those from Nigeria and the Yoruba people in Ghana resulted in attacks on their businesses, exclusion from credit and financial facilities.

'Our items are destroyed, monies get missing, and we will be running for our lives... When it happens like that, it becomes difficult to start the business all over... And the banks were not willing to give us loans for the fear that the war can cause us not to be able to pay... The challenge is that I do not have capital to grow my business. I cannot access loan from any bank here.' (Gushegu-IDI-female-G)

Nigerians with money find it easy to open bank accounts and to lease land in local communities, but respondents reported experiences of political exclusion in the shape of participation in community-based decision-making structures and in obtaining a national identity card:

'It is not only on political and tribal basis that I am excluded but also on chieftaincy related issues; no matter how long I stay here when I poke my nose into their chieftaincy issues I would be reminded of where I come from. I therefore know my boundaries.' (Gushegu-IDI-male-G, Pos. 61)

'Registering for the Ghana card was a problem for me, we had to bring people to testify that we are Ghanaians and that we can register but still... our birth certificate was lost during the conflict. So, before they allowed us. We really suffered.' (Gushegu-IDI-female-G, Pos. 174)

Among our respondents, **people living with disabilities** reported they were unable to often find employment because of prospective employers' perception that they were not skilled and were unable to use the qualifications they had:

'I had a friend who had to introduce me to someone else who needed a house help to do cleaning but my friend refused to take me there saying that I am disabled and therefore the person will not take me in to do the job. So, I was telling her to let the person tell me I can't work, because it is the person that can decide that she doesn't want me to work for her, but because of my disability, you automatically think I cannot work, and that is so bad.' (Ga_East-DACF-nonrecipient)

'It is difficult for a disabled person to get a job. A new fuel station was opened in my area and I heard they were employing people so I sent my application letter but I was never employed. Any time I follow up, the manager tells me he will call me but he never does. I know it's because I am disabled that is why he doesn't want to offer me the job but he is not bold enough to tell me to my face.' (Ga_East-FGD-DACF-recipient-11-5-2021, Pos. 120)

The perception - as the quotes below show - also extend to formal financial institutions and their assessment of the ability of a loan taker who is a person with a disability (PWD) to repay the loan.

'It wasn't easy for me to get the loan because they were thinking that because I am physically challenged, I will not be able to pay back.' (Ga_East-FGD-DACF-recipient-11-5-2021, Pos. 94-95)

For some people with disabilities, exclusion occurs at the household level when choices are made about children attending schools (often in financially straitened circumstances).

'In my case, because I have a disability, my family felt like I won't be of any use when they send me to school so all their attention was directed towards my siblings who were not disabled.' (Ga_East-FGD-DACF-recipient-11-5-2021, Pos. 118)

People with disabilities report dropping out of school or finding it difficult to finish schooling because of stigma experienced in the institutions or through the closure of opportunities for PWDs to work, which has an impact on how they see themselves and consequently how they experience the choice of joining a community at social occasions.

'I don't go, I don't have a leg, so I don't like going to gatherings of many people, because anything can happen.' (Gushegu-FGD-DACF-nonrecipient-r Pos. 134)

People with disabilities reported mixed experiences accessing social protection services intended for them at the district level (which are discussed in the section below).

The **poor** as seen as excluded from society across a range of dimensions, with poverty itself identified as a driver of exclusion. The literature review on exclusion (above) echoes the lived experience of Ghanaians in framing poverty as both a cause and an outcome of exclusion.

Respondents' discussions indicated that poverty was a visible phenomenon and those who were assessed as poor were treated differently within the community. Experiences of exclusion were described as marginalisation from decision-making structures at both the household and community level.

'Anyone that has been removed among a group of people because probably she is an alleged witch, or she is in dirty clothes, or she is poor, or she is physically disabled. When there is a meeting, views of the above-mentioned persons are not considered or at some point they are not allowed in the meeting.' (Gushegu-FGD-NHIS-female-nonrecipient)

In decision-making, exclusion was seen to occur because those who were poor could not contribute financially, rendering any decision-making input insignificant in the eyes of the community.

'When one does not have money and you are giving advice or making a contribution about a problem, it's not taken. They look meanly upon you. Or when someone suggests that 'ooh let's hear from Mr A. about this situation,' the question people ask is 'what has he or she have to solve the problem?' That's exclusion.' (Gushegu-IDI-female-homeless, Pos. 68)

Substance abuse - alcohol and drug addiction - was deeply stigmatised and held to justify social exclusion at the household and community level by participants in the research:

'Drug addicts and drunkards are mostly excluded in these community simply because they always act under the influence of these drugs and alcohol hence can't comport themselves or make any meaningful contribution when people meet to discuss issues of development.' (Ga_East-FGD-LEAP-male-recipient-11-5-2021, Pos. 176)

Respondents and participants in the study recognised that **children who were orphans** - missing one or both parents - were excluded from society because they had 'no one to fight for them' (IDI with male *galamsey*, *Gushegu*). For some orphaned children this is accompanied by stigma that emerges from the cause of a parent's death. Adults in our sample reflecting on their past as orphan children highlighted the absence of a caretaker as central to their experience of exclusion:

'My father is dead, and things are difficult for my mother. She is not able to provide my educational expenses, so I must come and live with someone and serve her domestically because she promised to see me through school.' (Central_Tongu-IDI-female-E, Pos. 19)

The **internal migrant workers** participating in the study worked as porters or labourers in locations far from their homes. We interviewed both male and female *kaya* as well as *galamsey* who had previously travelled to work as artisanal miners in Western Ghana. Typically, those who take up work as *kaya* or engage in *galamsey* find their way to these jobs through their friends, relatives or other people in their communities.

Both women and men who worked as *kaya* described the social stigma of engaging in their work and highlighting that their job was a reason why they did not feel included in social gatherings in the communities where they worked and/or felt they could not participate fully.

'I am sometimes shy to go to events because when you go, they will not see you as one of them because you are a kayayoo. Unless the thing (event) is done by someone from the north or they are doing it for us the kayayei.' (Ga_East-homeless-female, Pos. 93)

'Often we are discriminated against because of our work. Most of the youth tell us that we are doing dirty job, or our job is not honourable, but I don't get offended because those same youth are oftentimes caught stealing.' (Central_Tongu-IDI-male-E, Pos. 65)

The respondents - both *galamsey* workers and *kayayei* - in this research all lived away from home and away from their families while they were engaged in their work and spoke of differing experiences in how much income they were able to bring in. While some indicated they were able to save money, others described being dependent on daily wages for the day's food and board. One respondent was homeless and slept in the marketplace at night and worked as a porter during the day. One respondent spoke of her job working with one family where she worked for her food and board but received no payment and hence was unable to save to learn a skill or study for examinations. Men and women who engaged in *galamsey* spoke of the negative impact of their work on their health.

'This galamsey work, if you are doing it for some time, you will get sick. I also developed body pains, side pains and waist pains.' (Central_Tongu-IDI-male-F, Pos. 17)

Geographical exclusion

Respondents described their experience of specific public services and highlighted which services they felt their community was excluded from. As noted above, an area being deprived of basic public

infrastructure is considered a form of political exclusion that in turn feeds into economic exclusion because of the difficulties in sustaining a thriving job market under those conditions.

Respondents were asked about public services they had access to and public services they were excluded from. Their responses were aggregated into four categories:

■ Public services in their community they had access to and used on a relatively everyday basis. These were primary schools (and associated school-feeding programmes), water, electricity, roads, and health services.

■ Public services that they indicated were entirely absent (though participants in research were aware that other areas of Ghana had access to them). Toilets and refuse collection were highlighted as largely absent or inaccessible to most residents. People also mentioned senior high schools in some areas as well as streetlights, transport and recreation facilities (e.g., playgrounds for children).

■ Public services that they described as being of low quality and unreliable. Water, electricity, roads and health service provision were described as expensive, located too far away, of poor quality and/or intermittent in supply.

■ Public services that they indicated that some people in the community were excluded from. Water and electricity were public services that portions of communities were often disconnected from either due to cost or because of exclusion practices (e.g., for the Fulani community and for camps set up for women expelled from their houses under accusation of witchcraft).

Across services respondents detailed attempts to liaise with the government and lobby for better services that were largely unsuccessful.

Respondents across the communities in the three research sites highlighted the rarity of owning a home with a private **toilet** and the lack of public toilets as the cause of open defecation practices.

Respondents across the three areas described access to **water services** that varied across seasons and times. Often the water services were provided not by the government but by private individuals or the community. Consequently, there were costs to water provision that varied across communities and those who could not pay had to travel to alternative water sources to bring water to their households. Information by participants matched data from our secondary review that indicated that a little over 10% of the population now have access to cleaner drinking water closer by to their home (MPI, 2016/2017).

'We pay GHS 10.00 per drum for supply of water. We are suffering here! If you do not have money to buy water, how do you cope.' (Gushegu-FGD-NHIS-female-recipient, Pos. 78)

In Abokobi, Ga East, respondents were at pains to indicate to interviewers that the water supply was not provided by the government but was led by private individuals within the community.

'Our water is not from Ghana Water [Company Ltd] rather it is a community water and sanitation¹⁰ project that materialised with the efforts of the community people (their contributions) and support from other NGOs.' (Ga_East-FGD-LEAP-male-recipient-11-5-2021, Pos. 94)

Meanwhile in Dome in Ga East, water taps were described as closed for substantial periods, requiring people to be at home - and hence not at work - when the mains supply was opened. Communities in Central Tongu similarly described the water supply as provided by private individuals rather than the state and assessed that water was expensive for that reason.

In Ghana, 85.9% of the population registered as having **electricity** in 2020¹¹. Two clear groups that were excluded from mainline electricity supply were the Fulani community in Central Tongu and the camps for women accused of witchcraft. Electricity was described as ‘unstable’ in Gushegu with attempts by local community to obtain a supply as unsuccessful despite negotiations and dealings with local Municipal Chief Executives (MCE).

‘I am a chief and I have given out four plots of land to two MCEs in two different governments to help me get electricity in my community and I have still not gotten any positive results.’ (Gushegu-FGD-LEAP-male-recipient, Pos. 164)

The cost of installing a meter and paying for electricity supply was seen as beyond the reach of some respondents in Ga East and Central Tongu.

Public refuse collection was described as a key area of government service that was absent from local communities. Respondents in Gushegu indicated knowledge of employees whose job it was to collect refuse.

‘There [are] people who they have employed as Zoomlion [private contractors used by the government to collect refuse], but look at the way the town is dirty, they don’t like to work, and they are not removing them too from the workplace and put people who want to work. They are just collecting their pay at the end of the month for no work.’ (Gushegu-FGD-NHIS-female-nonrecipient, Pos. 121)

Meanwhile respondents in Ga East noted the absence of a public refuse dump in their communities where households could leave household waste safely. Consequently, households leave refuse outside on the streets or dump them in public drains, leading to blockages. In Dome, Ga East, respondents described the cost associated with refuse collection a deterrent, while refuse collectors also faced difficulties in the absence of a public refuse site. In Central Tongu, where cost was also noted as a deterrent, burning refuse was said to be common.

Road infrastructure was seen to play a major role in community-level exclusion, feeding into both economic and political exclusion of the local areas. Road quality was also seen to be directly responsible for mortality and injuries that led to permanent disability.

10 The Community Water and Sanitation Agency (CWSA) - which the respondents are alluding to - is also a state institution which provides water and sanitation solutions to rural and peri-urban settlements based on a cost-sharing (increasingly full cost recovery) model.

11 <https://data.worldbank.org/indicator/EG.ELC.ACCS.ZS?locations=GH>.

Respondents in Central Tongu, Gushegu and Ga East spoke of the risk to transporting women in labour to distant hospitals over bad roads and described fatal attempts to do the same. Respondents indicated the risk to physical well-being and life posed by the poor quality of roads with reports of mothers in labour dying during transport by some of our respondents.

'You see how bad our roads are. They are causing many accidents that are causing many people to die or have some form of permanent damage (deformation).' (Gushegu-FGD-DACF-nonrecipient, Pos. 36)

Respondents in Gushegu described unsuccessful efforts at lobbying for better roads in their communities alongside thwarted attempts at trying for community provision for safer roads:

'The assemblyman in my community was lobbying the MCE to get us good roads and water in our community but they keep promising and failing.' (Gushegu-FGD-LEAP-male-recipient, Pos. 165)

The absence of **public primary schools** in some areas and the need for transport to reach primary and/or secondary schools in other areas were cited as key factors in how respondents made decisions about how many children could go to school and for how long.

'What is free? I buy uniforms for my children, I buy books, pens, and pencils. The secondary school child apart from the school fees, I buy all other things she needs for school, and you are here saying it's free.' (Gushegu-FGD-NHIS-female-nonrecipient, Pos. 104)

School feeding was not free in all areas, however, as the programme is limited.

'For the school feeding, in the school, the children pay for it. It is not free. I pay GHS 3 for their food every day.' (Gomoa_East-IDI-male-D)

Respondents mentioned physical inaccessibility of **health facilities** and hospitals both in terms of location and hospital structure. Respondents from communities in Ga East mentioned the presence of private hospitals where they could not use the NHIS and having to travel via commercial transport to access a government hospital. For some, the location of the hospital outside community area was compounded by bad roads that made travel dangerously difficult particularly in an emergency (e.g., travel for pregnant women through labour).

'There are no community clinics in the community, we have hospitals, but it is far from where I stay, making it difficult to move a sick person from my area to the hospital. Imagine a pregnant having to move for a long distance to go for antenatal, that is very stressful.' (Ga_East-FGD-NHIS-female-recipient-11-5-2021, Pos. 71)

People living with disabilities spoke of health facilities in communities that were unfit for navigation by those who were differently abled:

'Taking the poly clinic in Dome here, for instance. I would say that not everyone has equal access to it because the blind and the [mobility] disabled are unable to use it because the clinic doesn't have the equipment to take care of them. Additionally, our market and roads are not disability friendly. We don't have any special walkway as it's done at some places for the people with disability.' (Ga_East-FGD-NHIS-recipient, Pos. 113)

Implications of exclusion at the individual level

People's membership of one or more of the groups described above (e.g., a woman who is a person with disability and a Fulani) and/or resident in location marginalised from public services led to individual experience of exclusion. Where individuals faced exclusion on multiple bases, the intersection of all the factors led to an extreme form of exclusion, which will not respond to interventions designed with only one form of exclusion in mind. For example, a Fulani woman with disability who is facing exclusion in Ghana because of her gender, group identity and disability status will not be helped by targeted support that addresses her disability alone.

Exclusion of eligible individuals from social protection programmes

Experiences with key social protection programmes chosen as focus for primary work in our research - NHIS, LEAP, DACF - were described in both positive and negative ways. Experiences across the three programmes varied in terms of ease of access of and transparency in registration. A key factor that was seen to be symptomatic of exclusion in all programmes was lack of clear information on how selection was made for the programmes and specifics around the benefits of the programmes. Exclusion from social protection services was said to occur both at the individual and community level.

The **NHIS programme** was mentioned frequently by interviewees. For some respondents, the NHIS was the only social protection programme they were either aware of or enrolled in. Respondents ascribed their knowledge of the existence of the NHIS to public information efforts in their communities. Respondents indicated that their knowledge about the existence of the NHIS came from television, radio announcements, public announcements in the community, word of mouth from relatives and friends, as well as information from frontline hospital staff during health-related visits.

For some people, the time required for the initial registration stopped them from signing up for the NHIS. Across participants there was little consensus and clarity on what services the scheme covered and how registration fees and processing fees were allocated to different applicants. The NHIS website does not provide clarity, saying premiums are 'set from GH¢7.2 (minimum) to GH¢48.00 (maximum)' without indicating qualifications for minimum or maximum amount.

Respondents from exempt categories in just Gushegu indicated a varying payment schedule ranging from 5 cedis (for children) to 20 cedis in some areas, up to 25 or 32 cedis elsewhere. For respondents who were aware of NHIS - across both exempt categories as well as non-exempt categories - but not (and never) enrolled on the programme, the cost was one factor that stopped them from registering, a factor that has been documented in other work¹². Cost as a deterrent from accessing this form of social protection was highlighted in particular by respondents in our sample who were engaged in *galamsey*, were *kayayei* or were women who were living in camps.

'Have you tried registering for the NHIS?

No, please.

Why?

It is money issue. It is not much. But I don't have some. That is why.' (Gomoah_East-IDI-male-F, Pos. 212-216)

¹² Despite the broad range of exemptions, membership is lowest among the poorest socio-economic quintiles owing to the cost of registration and annual premiums (Sarpong et al., 2010; Jehu-Appiah et al., 2011; Asante and Aikins, 2008).

People living with HIV and AIDS described a non-uniform experience in receiving healthcare. Some indicated that the NHIS catered to all their health needs while others however indicated that they had to make payments and that the NHIS covered a fraction of their treatment for HIV and AIDS.

Respondents who were refugees and registered with the Ghana Refugee Board describe receiving the NHIS with relative ease.

'They say it is the UNHCR that is facilitating it. To do it, they do it for you. Even when it is expired, they do it for you. We don't pay. They pay. I chose the exempted status. So, they do it for us...Once you are called to the Ghana Refugee Board, they go and do it for you. Or they tell you, 'if you have money, go and do it.' If you bring the receipt, they will pay you.' (Gomoa_East-IDI-male-D, Pos. 165-168)

LEAP - known locally in Gushegu as Ayaalona and in Central Tongu as Orphan Money - was a very well-known programme among our study participants, second in familiarity only to the NHIS. Participants said that there had been no charge when they registered or tried to register for the programme.¹³

A lack of information around the programme among both successful and unsuccessful participants was a key feature of the discussion. Participants were unclear on how and why some people were selected compared to others. From their perspective, eligibility for LEAP was a mystery where they 'write our names' and then wait to see 'if the computer picks us'. Consequently, people who did not qualify did not know if it was because they had not met the criteria, and in some cases they tend to explain the occurrence by saying that the selection is politically motivated and favours those with connections to the powerful in the community.

'Participant 1: Before it started, the organisers came round to inform us about it so that those who were interested could go. However, in the end they selected based on faces. They didn't tell us the basis of selection; only about 4 people were selected and there is no one you can ask about it too. The female organiser who came to inform us also told us she did not know why we were not selected.'

Participant 2: None of us here were told why we didn't qualify.

Participant 3: We think they simply selected based on who they knew.' (Ga_East-FGD-LEAP-female-nonrecipient, Pos. 243-246)

Respondents' experience in receiving the benefits highlighted two features. First, the amount of the benefit was exactly as specified; and people reported the difference it made to their everyday expenses and subsistence, since people used LEAP money to meet subsistence needs around food and school fees. However, it was unclear whether the programme led to transformation in people's status to the extent that they were able to move to an economic and social plane where they did not require LEAP.

'Respondent 1: It help us provide food, we buy rice, maize and ingredients and cook for the family. We also buy clothes and footwear for our children. So, we thank God for this.'

Respondent 2: It is helping me well. When the money comes, I use it to help my children who are going to school. If my child is not well, I use part of the money to buy medicines from the drug stores.' (Gushegu-FGD-LEAP-female-recipient, Pos. 195-196)

¹³ Note that for our study we only interviewed participants who were either on LEAP or those who were - by LEAP's own criteria - eligible for the programme.

Second, payments were often delayed by three to four months and often required travel to another town and place, which imposed a cost in both time and money for elderly residents.

'Respondent 1: The programme is very helpful, the only problem with it is the delay in payment. People like yourself (referring to interviewer) should help us talk to the government to make the payment consistent. Beneficiaries make their financial decisions taking into consideration the LEAP money and when it doesn't come on time it distorts their plans.'

'Respondent 2: Just as he said, it is this money we use to solve some of our financial problems, some of us are now weak to work for money so we depend solely on the LEAP money so they should make it consistent to benefit us well.' (Gushegu-FGD-LEAP-male-recipient, Pos. 272-274)

Participants with disability who were able to benefit from the DACF did so in the form of physical assets such as wheelchairs, fridges/freezers, tricycles and sewing machines. DACF recipients described employing assets in the service of petty trade or home businesses (e.g., tailoring). Obtaining information about the programme was varied across areas. For some people with a disability who were members of disability associations, information about the DACF came through these collective bodies, in one case through a public announcement made by a vehicle moving through the area. Others heard about the grant through other members in their community, but people noted that information about eligibility, the process and the amount should be available transparently and through public channels such as the radio.

'It is not said very well or announced. It's as if they are hiding and doing the thing. But I think it should be announced well maybe on our radios so that when we meet and you are qualified, they interview you and you register.' (Gushegu-FGD-DACF-recipient, Pos. 190)

However, respondents did not have information about when the funds were released to the district, or about how much 3% of the fund amounted to, and indicated that the lack of this information was central to their not knowing what they were entitled to and how and when they could demand it:

'Sometimes, when the money comes in, they don't tell us. We only hear about it from our other colleagues. When we get to know, then we trace it to social welfare, and they refer us to the account office. When the money come, it can take years before we are informed.' (Central_Tongu-FGD-DACF-recipient-11-3-2021, Pos. 247)

Disbursement by DACF was in cash in some areas but in others respondents indicated that the district council only provided assets. Respondents were required to produce an invoice verifying and justifying the amount they had applied for and for almost all respondents the production of an invoice was a time- and cost-intensive process and/or required a bribe - at times to the vendor producing the invoice and at times to those representing the DACF committee.

For respondents who applied for disbursement against subsistence needs such as emergency hospital expenditures or daily subsistence needs, producing an invoice was often difficult and meant losing out on funding. People with disabilities who had received funds spoke of extensive waiting time to receive approval of their application and time to receive a disbursement ranging from two to five years. Meanwhile, applicants to DACF who were eligible but unsuccessful in their applications highlighted the role of politics in their exclusion from the programme (discussed in the section on drivers of exclusion below).

4.2.2 Coping mechanisms of exclusion

Mechanisms of coping

Among our respondents, the two most common coping mechanisms were reliance on local networks - friends and families - for financial and emotional support, and acceptance and patience related to one's exclusion.

'Sometimes, we borrow from friends and family to solve our problems.' (Gushegu-FGD-NHIS-male-nonrecipient, Pos. 161-162)

'Most people excluded are vulnerable and the best way to cope is to live with it.' (Gushegu-FGD-LEAP-male-recipient, Pos. 184)

Another mechanism - available to those with political connections and thus limited in who could access it - was lobbying local politicians:

'I will say yes to the question because the system is now bad to that extent that those affiliated to the ruling party benefit more than opposition party members. Secondly, those who know the leaders will also cope better than those who don't have any relationship with them.' (Gushegu-FGD-NHIS-male-nonrecipient, Pos. 164-165)

Some respondents spoke of reaching out to local NGOs and/or religious groups for support and help across social, economic, and environmental dimensions of exclusion. A few respondents noted that social protection schemes such as LEAP and NHIS help people deal with different dimensions of exclusion, but the strategy seemed to be largely applicable to those whose circumstances were visible - e.g., people with disabilities, orphans or widows or elderly people - rather than those who were excluded in less visible ways.

'I know of 'Ayaalona' (LEAP) that is supporting the old women and children without parents. So, if you are old, you can go the Assembly and they will show you how you can join.' (Gushegu-FGD-NHIS-female-recipient, Pos. 167)

It appeared from the respondents' discussion that people who were excluded because of their group characteristics could 'win' respect in the community by working hard and financially bettering themselves.

'You have to find something doing. You can look for money and start a small business. Then people will begin to show you some respect.' (Gushegu-FGD-LEAP-female-nonrecipient-11-4-2021, Pos. 136)

At the community level and in relation to exclusion from public infrastructure, respondents spoke of relying in community labour and finances where this was available (depending on the community's socio-economic standing).

Differences in coping strategies

Respondents perceived the difference between coping strategies among members of their community and Ghanaians overall to lie in differences in gender (with women worst affected), in wealth (with richer people better able to cope) and the degree to which one was well-connected in local social and political networks.

Respondents noted - as mentioned above - that women who were poor suffered from exclusion for reasons that would not serve to exclude a rich woman or a man (who could be rich or poor). Differences in people's family networks and how rich one's family was also played a role in improving the chances

of some people coping compared to others.

'They can't cope because, if you don't belong to a well to do family, there's nothing you could do about it. So, it depends on your family relation.' (Central_Tongu_FGD-DACF-nonrecipient, Pos. 336-337)

People who had access to social protection programmes were deemed to be able to cope better with exclusion than those who had no access. Respondents noted access to social programmes was also mediated by whether people were well connected to local political networks and these people thus were able to deal better overall with exclusion.

'I think that others cope better because they receive money from LEAP.' (Gushegu-FGD-NHIS-male-nonrecipient, Pos. 164-165)

'If you're poor, you have to find money and start a business. That way you get money, even if the money is small, it will help, and people will also respect you. They know that you're trying. You can also try and register for the LEAP, so you can receive money from the government to help yourself. If you also have health insurance (NHIS) it will help you receive medical care and medicines at the hospital when you are sick.' (Gushegu-IDI-female-D, Pos. 123)

4.2.3 Perceived drivers of exclusion across dimensions

In this section we outline the drivers that respondents understood to lie behind the economic, political, social and environmental exclusions described in this section. The three key and most widely and deeply discussed drivers of exclusion were poverty, the necessity of political connections, and the gendered roles that side-lined women from education and the job market.

Poverty

Respondents in the research identified poverty as a critical driver of economic and social exclusion across the group characteristics described above, even as they noted at other points in the interview that poverty was also an outcome of exclusion.

Participants highlighted that education - academic or vocational (e.g., through an apprenticeship) - was not sufficient to guarantee employment or paid work because of the capital needed to set up a trade.

'There are a lot of trades here that one can learn. But it's the entrance fee and the other items you will buy that restricts people from getting in.' (Gushegu-FGD-recipient)

Poverty was also described as a significant reason for exclusion from social protection programmes - a feature highlighted in the discussion above - where programmes such as NHIS require premiums for participation. Poverty also featured as an explanation for why girls were less likely to complete schooling than boys. Poverty (at the household level) was described as interacting with gendered roles for girls (see section below) to create a hierarchy where male children were picked for schooling at the expense of their sisters.

The role poverty played in constraining efforts of the poor to participate and be part of the social protection architecture in the country played a role in heightening the perception of some respondents that social protection programmes in Ghana were regressive.

'Of late, help goes to the rich. If you are well-to-do, they will add you in their deals, but if you are poor you will be disregarded. What I mean is exclusion is experienced by the poor and needy in the community.' (Gushegu-FGD-LEAP-male-recipient, Pos. 176)

Poverty was also seen to influence the status of an individual both at the household and community level:

'People belong to groups and attend social events together. Such groups spend on new clothes and shoes when there is a wedding or other events. If you can't afford such things you will not belong to the group. They even make you feel less of yourself. You will advise yourself and stay away.' (Gushegu-FGD-NHIS-female-recipient, Pos. 127)

Respondents highlighted the intersectional nature of poverty in their observations on the role played by low income along with other identity characteristics that were not valued in Ghanaian society:

'We have never heard of a man accused of witchcraft, only women and the aged too. Too, that one is something we cannot say why. And also, we have not heard any rich woman accused of that. Only the poor women. I am sure if you have money and you have been helping people, they cannot accuse you of being one.' (Gushegu-FGD-NHIS-female-nonrecipient, Pos. 240)

Lack of political and wealthy connections

Respondents thought that a lack of political connections to wealthy and/or well-connected power brokers was a central reason why eligible Ghanaians were excluded from social protection programmes and/or public services.

'Do you understand why you are excluded from the above [social protection programmes and public services]?'

I don't know why but maybe because I don't have anybody. If you know prominent people in high positions, that is when you can enjoy or get such supports.' (Central_Tongu-IDI-female-E, Pos. 158-159)

'So, you don't think it is based on religion, ethnicity, if you are a male or female, if you are disabled or not?'

Sometimes, those considerations also count but it's mostly if you know someone in higher position. That's connection.' (Central_Tongu-IDI-female-E, Pos. 160-161)

'When you do not belong to the group/tribe who are the owners of the land, then you're treated badly. When it comes to good things, they don't want you to enjoy but bad things are associated with us.' (Gushegu-IDI-female-I, Pos. 118)

Access to elected representatives was similarly hampered by the degree to which people in the community had access to 'middlemen' who were able to put them in touch and/or relay their concerns to elected officials.

'That is what he said that now, it is NPP on the seat, so if I was in the campaign team of the NDC, I cannot go there. Also, if it is NDC on the seat and you are an NPP person, who can you go through to see the DCE? So, the distribution is not even. Who would I pass through to reach them?' (Central_Tongu-FGD-LEAP-male-nonrecipient, Pos. 365)

Party loyalty - to national-level political parties - were seen central to why individuals, households and communities were excluded and highlighted the clientelist nature of electioneering in Ghana as noted in a substantial body of literature (Gadjanova, 2017; Appiah and Abdulai, 2017; Crook, 2017; Paller, 2014; Williams, 2017).

'You know, this Ghana that we live in, everything is now politicised. So, if you are not a political person or knows anyone into politics, there are lot of things that goes on in this country, but you won't know. Example is as NPP is in power now, if you are not a member or knows member of the party, it will be difficult for you to benefit from things like this because they always direct it to their party members and supports first.' (Central_Tongu_IDI-female_A, Pos. 200)

'I have realised that if you don't belong to any of the two leading political parties, you would not get the benefits they share.' (Gushegu-IDI-male-F_1, Pos. 131)

Gendered roles

Discussions among participants and in response to prompts emphasised social constructions of the role of girls and the role of women that played a part in excluding them from schools and job markets.

Respondents in our study believed that where finances were a constraint, it was more important to educate boys in the family than girls. The choice itself was explained by stereotypes around trajectories for girls and boys where it was thought likely that girls would drop out of school because they would become pregnant or eventually get married, while boys would go on to finish school (regardless of whether they had a child in school or not) and would be more likely to find a job.

'But when it becomes critical that the money you have can only school one, you will have to drop one. And as you know we [females] are usually the ones they drop.' (Gushegu-FGD-NHIS-female-nonrecipient, Pos. 166-167)

'Previously, the boys get more opportunity than the girls in terms of education. This was because most of the girls get pregnant midway and hence do not get the opportunity to continue their education.' (Central_Tongu_FGD-LEAP-male-recipient, Pos. 122)

Some male and female respondents reported that role of women in carrying out household tasks - cleaning, cooking, washing, caring for children and the elderly, fetching water for the household, buying food - should not interfere with their ability to participate in paid work outside the house, citing the ability to do as a matter of 'time management' (thus reinforcing the damaging cultural and gender norm that women alone are responsible for unpaid labour).

'Respondent 1: No, it does not take time away from other income generating. That is, you have to wake up early and perform all necessary household chores so you can go to work as a driver or businesswoman.'

'Respondent 2: No, it does not take time away from other income generating. As already said by my senior brother it is about planning the things you intend well so the household chores do not interrupt work. For instance, some people wake at 3:00am to perform household chores before they go to work.' (Ga_East-LEAP-male-nonrecipient, Pos. 102-103)

On the other hand, some men and women considered that the unpaid work women did in their households impacted their ability to do paid work outside of the house as well as their ability to participate in social activities.

'Sometimes after taking care of the kids, you are late, so by the time you get to the market most of your customers had already left so the money will reduce.' (GA_EAST-FGD-LEAP-female_recipient, Pos. 116)

'Women's time is mostly consumed by household chores compared to men. They need to go for water, go for firewood and all before they cook. By the time all that is done she would have spent

lot of time that could have been used for something that will bring her income.’ (Gushegu-FGD-NHIS-male-recipient, Pos. 149)

‘I think when a person is taken out from participating in an activity with others. Say, at home, I do not get the chance to watch television with everyone else in the house because I may be cooking/cleaning or running a different errand. That is how I understand exclusion.’ (Central_Tongu_IDI-female_E, Pos. 20-21)

Location

Being in rural areas means being excluded by the central government both for communities overall and specific groups such as the Fulani. The distance from the political centre is seen to explain poor infrastructure as well as lack of information on entitlements vis-à-vis public services as well as social protection programmes.

‘Like I already told you, it is because we live in the villages, that is why sometimes they exclude us. Like the fertiliser subsidy before we came to Gushegu on hearing about it then we were told it is finished.’ (Gushegu-FGD-NHIS-male-recipient, Pos. 203)

‘Fulanis are mostly herdsmen, and we live in the bush because of the animals we rear. As a result, any time certain benefits come, we are not invited because we are not considered as part of the municipality.’ (Gushegu-IDI-male-I, Pos. 152)

‘We in the villages receive information late and this caused us to be excluded in some benefits because before you hear of it the process would have ended.’ (Gushegu-FGD-NHIS-male-nonrecipient, Pos. 156)

Social norms

Prevailing social norms - standards in a community that regulate behaviour of groups - engendered negative and harmful attitudes towards many groups (including women as described above) and consequently engendered expectations of individuals based on one facet of their identity. Social norms play a significant role in bringing about social, economic and political exclusion.

Fulanis said they were excluded owing to negative perceptions from community members towards them:

‘My understanding is that our exclusion originates from us being Fulani thus, we are perceived not to be trustworthy which is not the case. I have lived in this community for more than five years, I have never promised and failed someone or borrowed their money and never paid back or stolen from someone, yet they always generalise crimes when it is committed by a Fulani. When a different tribe commit same crime, they wouldn’t tag such a tribe like they do to us. Moreover, because we are based in the bush or outskirts of towns (cattle to graze) people associate robberies and maiming to us but it shouldn’t be so. There are other tribes in the bush and farmers too why not blame them too? Another issue is that they generalise their accusations on Fulani and back it with a proverb that ‘one donkey spoils all donkeys’. Sometimes too at the hospitals we are being given less attention than other tribes or even pay monies we are not supposed to pay.’ (Gushegu-IDI-male-H, Pos. 55)

Respondents across different areas underlined negative attitudes borne of outdated traditions as playing a central role in the exclusion of people who live with disabilities:

‘False beliefs and practices – more often people have the misconception that when they get closer to persons with disability our sickness will be transferred to them hence, we are neglected in society.’ (Ga_East-FGD-DACF-recipient-11-5-2021, Pos. 164)

'Our tradition is the number one cause of our problems today, because in the olden days when you are disabled, your parents will hide you in the room because they believe you are not normal and people are not supposed to be seeing you in that state. The discrimination started from there. I am a victim of what I am talking about, I was kept in the room for years before they finally allowed me to come out. Due to this people formed bad impressions about us [PWDs] hence the discrimination against us.' (Ga_East-FGD-DACF-recipient-11-5-2021, Pos. 163)

Other drivers

Other drivers mentioned less frequently varied from personal and behavioural characteristics to supernatural factors.

The **personal behaviour** of people who were mentally unwell, or struggling with substance abuse, was highlighted as a reason for why they were socially excluded:

'At times, the mad person can just attack you. So, we sack them before they do something bad to us.' (Gushegu-FGD-LEAP-female-recipient, Pos. 176-177)

Similarly, respondents in Gushegu believed that the individual attitudes of the Fulani towards non-Fulani populations is what caused the Fulanis to be marginalised within communities.

'The bad things they are doing now to us – that is why people are treating them like that. They destroy our farms, they steal and rape girls. They even attack market women on market days and take their money and phones' (Gushegu-FGD-LEAP-female-recipient, Pos. 176-177)

'Here in Gushegu we love everyone and that is why you see other tribes living with us, Konkomba, Chekosi, Fulani, Yoruba people all live here, we do not exclude them but if you begin to misbehave towards us, then our peaceful coexistence will be cut short, the Fulani are those who have made our attitude to them to change, the robbery situation in this area has become so serious and anytime we manage to arrest someone, often times they are involved and so the needed measures are taken to exclude them from a lot of our activities especially market days because that is when they attack people.' (Gushegu-FGD-NHIS-male-recipient, Pos. 197)

Respondents in some cases also mentioned the role played by **supernatural factors** or **'divine will'** in 'causing' people to be born with and to experience a disability as well as to be marked out as a witch.

'Mostly it is as a result of envy. It's not for any reason. For instance, if I have any physical disability. It does not make me less of a human being but you will not just understand why people will be discriminating. Everything that happens we know it is God that made it happen. You can never tell tomorrow.' (Gushegu-FGD-DACF-nonrecipient, Pos. 172)

'Religious/traditional believers can be one reason why they are discriminated. It is a belief here in Gushegu that, if you are a witch, death or isolation is your punishment. There is nothing anybody can do. The chief would just have to let it happen.' (Gushegu-FGD-DACF-nonrecipient, Pos. 173)

5: Considerations for definitions of vulnerability and exclusion in Ghana

In this section, we reflect on the findings on people's experiences and perceptions about vulnerability and social exclusion in Ghana and consider working definitions for those concepts in the Ghana context, and how we may move towards a consistent understanding of them across state and non-state stakeholders.

5.1 Vulnerability

The above discussion shows us that there are multiple dimensions and layers to consider when thinking about vulnerability in Ghana.

The distinction between two elements underpinning the theoretical conceptualisation of vulnerability is blurred. Our respondents often talked about *exposure to risk* and *coping mechanisms* interchangeably; indeed, respondents' accounts of their own experiences of vulnerability in their everyday lives shows that these different components of vulnerability are not thought of separately but rather as interconnected and compounding.

Exposure to risk is perceived as similar for everyone and there is little one can do to avoid being affected by a shock. The *ability to cope* with the impact of a shock or stress, on the other hand, is seen as determined by one's own abilities and capacities. **Indeed, vulnerability is understood as centring on people's individual capacities and ability to respond in the face of a negative event occurring.** As discussed in above, vulnerability is manifested in physical ability to support oneself, unequal power relations or voice, ability to meet basic needs, and the availability of a support network in times of need. Respondents are acutely aware of the precariousness of vulnerability, that situations change, and that everyone is at risk of being more vulnerable in the future.

People do not necessarily identify 'groups' when referring to vulnerability, although identity markers such as disability, age and gender are consistently referred to when talking about who is vulnerable. However, there are other common drivers of vulnerability, mostly associated with people's ability to cope (rather than one's exposure to a shock):

- social identity markers and discrimination which determine access to social capital, economic resources, and political networks - such as gender, age, disability, ethnicity, type of work engaged in
- poverty in terms of income, skills, and resources
- political connections and local governance.

These drivers are often interlinked, compounding, and have multiple layers to them. For example, low income may be a result of low social status or vice versa, which further leads to limited interactions in the community, or limited voice in the household or community, resulting in limited economic opportunities and limited options for turning to support in times of need. The drivers also may be outcomes - for example, low income is a driver of vulnerability as well as an outcome.

Some of the key drivers of vulnerability may not be as visible as others. Key individual characteristics - such as gender, age, ability, social identity (tribe, origin), and economic and political status (wealth, networks, skills) - are visible and obvious factors affecting people's ability to cope with shocks. Other underlying determinants (such as why some people are poor, not well-connected, or subject to certain gender norms) are less visible but remain important determinants of vulnerability.

These drivers determine individual, household and community coping mechanisms. The most prevalent coping mechanisms are drawing on support from families, friends and local organisations (e.g., faith-based). However, many people are not able to draw on this support and are unprepared for future shocks and stresses.

What do these factors mean for developing a common understanding and conceptualising vulnerability in the context of Ghana?

- Understanding vulnerability as a complex and dynamic process.
- The drivers and outcomes of vulnerability need to be understood not just in economic terms, but also social, political and environmental terms. Multiple drivers and outcomes intersect, and one component cannot be prioritised over another.
- Vulnerability increases (and resilience decreases) with time and is inter-generational: multiple shocks and stresses compound and accumulate. Long-term stresses can turn into shocks. People are rarely prepared for future negative events.
- Vulnerability should be understood at multiple units of analyses - individual, household, community - not just in terms of visible characteristics which certain groups may face. Some of the key drivers of vulnerability are often less visible or openly talked about (e.g., discrimination).
- The impact of living with high levels of vulnerability takes its toll on people emotionally and economically and this should not be underestimated. People seek options to reduce their own vulnerability which can lead into illegal or harmful coping mechanisms, further exacerbating the ability to cope in the future.

5.2 Exclusion

There are four key elements to exclusion that can be identified in Ghana based on what we have gleaned from primary data: the components of life that people are excluded from; the inevitability of interactions between dimensions of exclusion; the larger drivers of exclusion; and the actors/stakeholders who enact and create that exclusion.

Exclusion operates through an individual's membership of a marginalised group and/or residency in location that is marginalised. It thus exists at individual, household, and community level. At the individual and group level, there are characteristics that in Ghanaian society are stigmatised and shunned in social, economic, and political spaces. These may be particularly salient if individuals in these groups are also poor. These characteristics are based on gender identity (women), on age (older women), on job status (*kayayei* and *galamsey* workers), on characteristics of birth (e.g., the Fulani, those of Nigerian descent, the Yoruba people and people with disabilities), on political affiliation (supporters of the main opposition party) and on geography (residents of small, remote settlements). Community discourse - as evidenced from how community members speak of others - is emblematic of attitudes and social norms that lead to repeated instances of exclusion and discrimination towards these groups in multiple spheres (at home, in the market, in society) and in doing undermines their ability to escape exclusion.

At the community level, exclusion is observed most directly through a lack of access to basic public infrastructure, ranging from roads to water and sanitation. The absence of adequate provision of basic public services in turn lays the ground for exacerbating inequality at a community level where those who are rich, and wealthy can - through personal means - overcome failure of state provision.

Exclusion is experienced across dimensions in Ghana - our respondents did not report of experiencing only one form of exclusion but were frequently subject to economic, social, and political exclusion at the same time. For example, an individual or a household that is excluded economically will be poor and consequently also face social and political exclusion (as noted above those who were poor were excluded from community gatherings as well as from participating in political decisions affecting the community).

Consequently, exclusion in Ghana is also an incremental process across time, i.e., while exclusion may begin in one dimension, it will be compounded by exclusion from other dimensions. For example, a household or individual marginalised because of their disability status will find that employers shy away from hiring them and are excluded from political gatherings both socially and economically thus layering political and economic exclusion on top of social exclusion if the process is not interrupted by inclusive programmes.

Exclusion is also seen to be an active process in Ghana rather than a passive one, i.e., while a few respondents believed that divine will and supernatural factors accounted for exclusion, the discussion among the majority indicated the following understanding of who practises exclusion:

- group/individual exclusion is practised at the community level by members of the community.
- prejudiced actors in turn serve as links to economic inclusion/exclusion (bureaucrats, registrars, market owners, *trotro* drivers, etc) create large-scale obstacles for individuals/households through community-level exclusion.
- community exclusion from public services happens because the national government and local politicians sideline and marginalise the community as a whole in line with discriminatory social norms
- exclusion from social protection for eligible Ghanaians occurs because local politicians favour those who belong to their party and those who they are well-connected to in the community (typically richer members).

What do these factors mean for developing a common understanding and conceptualising exclusion in the context of Ghana?

- Exclusion does not happen in the abstract but is a process that is enforced by specific actors and as such is an active process. Therefore, discussion on exclusion need to identify actors who will have to be engaged with to counter it.
- Exclusion does not occur in one dimension - social, economic, political or environmental - but occurs across dimensions which means that any one dimension cannot take precedence over the other in understanding the root causes.
- While exclusion of an individual may start in one dimension, the experience is compounded over time because of the inter-relationships between the dimensions.
- Exclusion, similar to vulnerability, should be understood at multiple units of analyses - individual, household, community, not just in terms of visible characteristics which certain 'groups' may face. This is particularly important in addressing exclusion for those Ghanaians who are excluded on multiple bases.

5.3 A holistic look at vulnerability and exclusion in Ghana

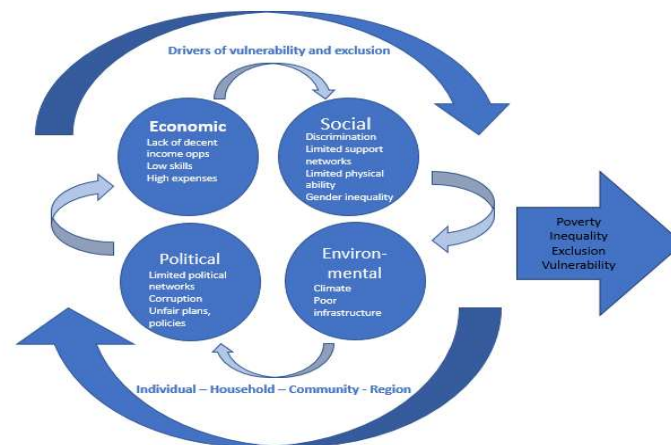
People's perceptions do not make a clear link between how vulnerability and exclusion interact or are related to each other. However, in the extended discussions respondents implicitly outlined the nature of relationships between the lived experience of the two concepts. People who face social, economic

and political exclusion because of personal characteristics (e.g., gender, tribal identity, disability) or societal characteristics (e.g., nature of job, migration status) are stigmatised, and are more likely to be poor and not well-connected (politically, socially). This means that they are also more vulnerable to shocks because processes of exclusion deprive them of resources that would allow them to cope and be resilient.

Across our vulnerability and exclusion analysis, the role of public infrastructure was a common denominator in furthering people and community vulnerabilities and exclusion. Key infrastructure gaps that were discussed widely by respondents as relevant to both vulnerability and exclusion were the poor coverage and quality of roads, lack of water and the poor quality and adequacy of sanitation facilities. The condition of roads was held to be responsible for individual shocks - injuries, aggravation of health status (e.g., miscarriage) and incidents of fatality while transporting someone to the hospital, or sites of robbery and crime. At the community level, roads were a sign of national-level exclusion, de-linking the community from sparsely distributed services (such as government healthcare facilities and senior high schools) as well as markets. The absence of functioning drainage facilities and a reliable system of refuse collection was key to causing shocks such as floods that damaged personal and community assets, and disrupted lives and livelihoods.

The key drivers driving vulnerability and exclusion in Ghana were similar and operated cyclically, i.e. the absence or exclusion from one reinforced and increased the likelihood of being deprived in another, highlighting the multidimensional and compounding nature of individual experience (see Figure 1).

Figure 1: Drivers of vulnerability and exclusion



■ Social networks in the form of local political connections and wealthy family networks were considered by respondents to be both substantial drivers of vulnerability and exclusion as well as in some cases an important coping mechanism.

■ Poverty - lack of income and assets, of skills, of information - was seen as both a driver as well as outcome of both vulnerability and exclusion. People indicated that this is both a cause of vulnerability to shocks as well as a cause of exclusion.

■ The inadequacy of political leadership in responding to constituent needs and concerns was seen to be critical to creating conditions that lead to vulnerability and turning hazards into shocks (e.g., poor public infrastructure) and promote exclusion (e.g., marginalisation from decision-making structures).

■ Gender norms and attitudes lead to both vulnerability and exclusion, with women in particular bearing the brunt of discriminatory attitudes (e.g., accusations of witchcraft), and limited financial

independence and status in the community rendering women particularly vulnerable to shocks and stresses.

■ Discriminatory social norms and attitudes towards other people, such as those living with HIV and AIDS, Fulani, refugees or persons with disability also drive vulnerability and exclusion across economic, political and social spheres. Such attitudes and behaviours mediate access to schooling, access to financial services and assets (such as credit, land) and community resources, further marginalising people and increasing levels of vulnerability.

Within the vulnerability discussion, income and poverty were not linked to any clear group characteristics. However, we know from the discussion of exclusion that poverty is seen as a correlate of group characteristics that lead to exclusion and vulnerability.

Respondents who were excluded from one dimension (out of social, economic, political, or environmental) or those who experienced one shock (e.g., a flood, or a death in the family) were extremely likely to be suffering at the same time from exclusion in multiple dimensions and were also likely to have faced or be at risk of facing multiple shocks. The experience of neither vulnerability nor exclusion could be considered limited to one facet of deprivation for the individuals or communities concerned.

Despite the high levels of vulnerability and exclusion in the communities, respondents also show resilience - both practically in discussions of approaches and mechanisms for dealing with shocks and emotionally in surviving considerable adversity. Long-term psychological and emotional strain from facing and responding to recurring shocks and stresses or from being unprepared for future negative events takes a toll on individuals.

6: Social protection programmes and their relationship to vulnerability and exclusion

In this section we briefly survey the landscape of social protection in Ghana, noting its evolution and current limitations and reflecting on available evaluations of social protection programmes (mainly LEAP and NHIS).

6.1 The policy landscape

The 1992 constitution of Ghana enjoined the government to provide public services to all citizens of Ghana and social assistance to those who need it (Abdulai et al., 2019) and emphasises ‘including the rights of the disabled, the aged, children and other vulnerable groups in the development process’ (Republic of Ghana, 1992). However, the first social protection strategy of the government did not come about until 2007 - about the same time as the launch of the government’s flagship cash transfer programme, LEAP. The NSPP was issued in 2015. In line with the focus on all Ghanaians, the NSPP as well as key public programmes such as the NHIS are undergirded by a commitment to universalism. However universal coverage - as we know both the secondary and primary research conducted under this study and corroborated by other recent work (Abdulai et al., 2021) - is a principle that has not been translated beyond rhetoric for social protection programmes or indeed public services in Ghana (see our regional profiles in the Appendix on access to public services).

At the policy level, a key gap in the pathway towards social protection and universalism in Ghana is the absence of legal cover for the most of the government’s social protection programmes and policies. With a few exceptions - for example, the National Health Insurance Act 2003 (Act 650) and the National Pensions Act, 2008 (Act 766) - programmes such as LEAP, the Labour-Intensive Public Works and the Ghana School Feeding Programme are not enshrined in law. The lack of legal cover threatens both the permanence of the programmes as well as long-term financial investment in their continuity and goal of increased or universal coverage.

Work on a Social Protection Bill in Ghana has begun relatively recently. Supporters of the Bill note that without it the social protection sector will be unable to secure a consistent fiscal space in the annual budget (Jonny-Nuekpe, 2021). The creation of the MoGCSP in 2013 (with cabinet approval in 2014), which was designed to lead not just on the development of a national policy on social protection but also to work on ensuring social protection in the country was financed sustainably, has helped to provide a focal point for the Bill. The drive towards fiscal sustainability is undermined by caveats attached to commitments on social protection that state welfare programmes are ‘subject to availability of resources’ (Art. 38.3), as noted by Abdulai et al. (2019). The same constraint of resources is touted as one reason why programmes in the early stages have low coverage; however, as our research along with that of others (Agbenyo et al., 2017; Abdulai and Hickey, 2016) has shown, it has led to the perception of partisan political targeting.

The lack of legal cover means that the rights for citizen espoused by the constitution are unenforceable: i.e., a citizen has no recourse to judicial systems to bring about enforcement if, despite eligibility for a social protection programme or a public service, they are denied delivery. As our research has shown, Ghanaians do not perceive the absence of public services and social protection to be a passive process but see it to be the result of active choices made by local politicians and the central government. For those who are eligible but excluded from government services and programmes, the method of government delivery becomes a further point of exclusion rather than inclusion. Considering how existing programmes in Ghana can be adjusted to reduce vulnerability and exclusion will require going beyond the specific programmes to consider how to shift key elements of wider government business. This will need to include thinking around how to establish recurrent financial provisions for the social protection sector, public services (see below) and protecting social protection programmes from the vagaries of electoral politics.

6.1.1 Public services interaction with social protection

Another key element of the impact on social protection programmes is the presence of basic public services. A central feature of vulnerability and exclusion identified in our study was the lack of public services available to Ghanaians in some parts of the country or in certain parts of the same community. The public provision of key services - water, electricity, roads sanitation (toilets and drainage), schools as well as clinics and hospitals - is critical to the ability of an individual to convert income into avoiding vulnerability or exclusion. However, when public service provision is erratic, it takes away an individual or household's ability to reliably transform their well-being and build resilience or access services in the face of a shock (e.g., medicines needed urgently or transport over road in an emergency). As Dercon (2001) notes,

'Incomes provide possibilities to obtain consumption, nutrition, health and other dimensions of well-being. This link is not direct: it requires a transformation mediated by markets (purchases of goods and services, the functioning of markets), public services (such as the supply of health or education services), non-market institutions (norms, rules, power, e.g. between households or within the household) and knowledge and information about the opportunities for transformation available.'

For Ghana, the lack of basic public services will undercut the ability of individuals and households to transform social protection interventions into lasting resilience and potentially allow them to graduate out of receiving social assistance¹⁴. The weakness in public service delivery is one explanation why, despite social protection interventions, people continue to be vulnerable and excluded.

6.2. Evidence on the role of social protection services in reducing vulnerability and exclusion in Ghana

There are still many gaps in understanding the role that social protection can play in reducing vulnerability and exclusion in Ghana. Most existing studies tend to focus on measuring the impact of LEAP and NHIS, for example, on dimensions of income poverty, and few studies further disaggregate the impacts of the programmes beyond the household level. Some studies do, however, take age and gender into consideration, and several take a broader approach to understanding the effects of programmes beyond income poverty, which we highlight below.

6.2.1 Exclusion from social protection interventions

As discussed above, it is well known that gaps remain in households' access to social protection programmes in Ghana. Despite investment and improvements in reaching intended populations through the expansion of programmes such as LEAP and the NHIS in recent years, coverage gaps remain. LEAP, for example, covers a substantial proportion of the extreme poor population (1.5 million people out of 2.4 million - Osei-Akoto et al., 2022) but not those qualified as poor¹⁵, and while the NHIS is in theory accessible to all citizens and those with legal residence in Ghana, recent reports show that gaps in coverage remain. A qualitative study by Kipo-Sunyehzi et al. (2020) found that there has been more progress in enrolling exempt groups (children, pregnant women, older persons, poor) than enrolling all persons in Ghana. Another study also found positive impacts on NHIS enrolment of women from LEAP households (who were pregnant or had a child under one year old) but also identified continued coverage gaps among this population group due to lack of understanding about the fee waiver and/or associated renewal costs (fees and travel costs) (Palermo et al., 2019).

¹⁴ Noting that some individuals, such as older persons or persons with disability, will require social assistance across the life course.

¹⁵ According to the GLSS extreme poverty line was defined as below GH792.2 cedi per individual while the national poverty line is at GH1,314 per individual.

Similar challenges are found in relation to the DACF. A recent small-scale qualitative study indicates that subjective criteria used to decide access to the DACF for persons with disability tends to advantage those who have more ability to perform tasks and income-generating activities at the expense of those who cannot and who do not have other means of support (Ashiabi and Avea, 2020).

Studies attribute the exclusion of certain individuals and groups from social protection and basic services because of systemic exclusion within the system and a limited universal approach. Pouw et al. (2018), for example, argue that exclusion from programmes and services is driven by a lack resources, capabilities, power and social relations to counter the exclusionary mechanisms at play and to offset the transaction costs of accessing (and benefiting) from social protection. This is further compounded by policy and budgetary decisions which in practice deviate from universal coverage, and which disproportionately impact poor and marginalised groups across individual, group and geographical levels (Blampied et al., 2018).

6.2.2 Impacts of social protection on dimensions of vulnerability and exclusion

To understand the effects of social protection on vulnerability and exclusion, it is important to look at two key dimensions (beyond the issue of targeting as discussed above). **The first relates to the need to understand the effects of social protection on persons who experience vulnerability and exclusion.** This might use relatively standard indicators on income poverty, education, health dimensions, but importantly needs to go beyond aggregate group or household-level indicators, to the individual level. **The second dimension relates to understanding the effects of social protection on the drivers of vulnerability and exclusion** (e.g., across the economic, social, political and environmental spheres discussed above). The two dimensions may seem similar in terms of measuring outcomes, but they are distinct in terms of understanding pathways. For example, reducing income poverty for persons who experience vulnerability or exclusion contributes to a variety of improved outcomes because of their interconnectedness (income increases economic activity, ability to support others in need therefore reciprocity, increases resilience to future crises), but only focusing on these economic measurements misses other important dimensions of vulnerability and exclusion which we identify above in the findings from our primary research. Measuring the effects of social protection on the key drivers of vulnerability and exclusion - such as support networks, mental health or women's empowerment, for example - is important for understanding how social protection can achieve sustainable reductions in poverty, vulnerability and exclusion.

Disaggregated impacts of social protection in Ghana

Existing evidence shows that social protection programmes have positive impacts on various indicators of income poverty, food security and access to services. The impacts of LEAP, for example, have been well-studied through rigorous impact evaluations in recent years. LEAP has demonstrated that it has large positive effects on households' consumption, assets and to some extent productive activities (Handa et al., 2021; Daidone et al., 2017). A study on LEAP 1000 recipients (targeted at pregnant women and children under the age of 12 months) also found increased use of health services for adults (Palermo et al., 2018). Existing evidence also shows that the NHIS contributes to reducing out-of-pocket expenditure, although healthcare costs remain catastrophic for a large proportion of insured households in Ghana (Okoroh et al., 2018). Other studies have also found that if a child has NHIS membership, their chance of receiving medical treatments increases by 2.2 percentage points (Tanaka, 2019).

Evidence on disaggregated impacts of social protection programmes at the individual level, however, is not common across studies. Particular gaps remain in relation to age, gender, disability and ethnicity, for example. As our primary research found, however, individual social identity markers are key influencers of experiencing vulnerability and exclusion: it is therefore necessary to understand the impacts of social protection at this level. LEAP is the exception here, where some studies do show important age and gender dimensions. For example, LEAP has been shown to increase **children's** material

well-being (expenditure on material items that are specifically earmarked for children (such as shoes, clothing, or a blanket) (Handa et al., 2021), although the small transfer size limits its effectiveness. A study by de Groot (2016) did find, however, that LEAP has stronger impacts on children's schooling, notably among older children with low cognitive ability which indicates that LEAP supports sending more vulnerable children to school. A study on LEAP 1000 recipients showed little effect on anthropometry in children (Handa et al., 2021), child stunting or nutrition (Palermo et al., 2018).

A small study indicated that LEAP has had positive influences in relation to access to healthcare, and children's school attendance among **children with a disability** in the Effutu Municipality (Naya Zuure, 2021), but this is the only study we're aware of that looks into disability. LEAP 1000 has also impacted some areas of **women's** economic productivity and savings (Palermo et al., 2018), which indicates that LEAP may be contributing to women's economic dependence, identified as a key dimension of vulnerability and exclusion in our primary data analysis.

In relation to **persons with disability**, the DACF has not been subject to the same type of evaluations as LEAP or NHIS. However, a small quantitative study finds that the DACF was used for a variety of purposes that could be beneficial to the recipients of the fund. These included purchasing assistive devices, payment of school fees of dependents and assisting beneficiaries to access healthcare. Although respondents noted the inadequacy of the fund and delays in accessing the funds, the study found that there were some positive impacts on their lives (Edusei et al., 2017).

Impacts on the drivers of vulnerability and exclusion

As mentioned earlier, only a few studies have looked at understanding the impacts of social protection on the drivers or root causes of vulnerability and exclusion in Ghana, and most of these focus on the LEAP programme. As such, the authors are limited to discussing the available evidence in secondary literature. A recent study by Peterman et al. (2021), however, focused on the effect of LEAP 1000 and enrolment in the NHIS on **intimate partner violence** (IPV). It found significant decreases in the 12-month frequency of emotional, physical and combined IPV in two northern regions. Looking at the pathways of impacts, the study shows that improvements in economic security (including reductions in household poverty and increases in expenditure) and women's empowerment (including increases in women's savings and social support), may account for reductions in IPV (Peterman et al., 2021). Similar findings that showed a protective effect on the severity of violence, particularly emotional and physical violence, that women experienced from their partners was reported in Palermo et al. (2018).

Another important dimension of vulnerability and exclusion is **social support**. A few recent studies have looked at the effects on LEAP in this regard. For example, Palermo et al. (2018) found that LEAP 1000 increased social support. Daidone et al. (2017) found that LEAP had a positive effect on reinforcing existing social networks by increasing informal transfers within communities and increasing participation of the poorest households in these networks, which is critical as re-engagement with informal social networks is an important risk reduction strategy.

Similar results are found in a study by Fisher et al. (2017), who also report positive effects on beneficiaries' risk-sharing arrangements and networks for economic collaboration. They found that LEAP supported strategic livelihood choices and investments (through a regular and predictable transfer), that this contributed to social inclusion defined by enabling the (re)establishment of social relationships and engagement in networks that rely on cash or material contributions, and these changes in social networks further contributed to inclusion in decision-making processes (through increased ability to make social contributions).

Another important, but less-developed area of analysis, has been the impact of LEAP on **psychosocial well-being**, namely self-acceptance, autonomy and purpose in life among others. Qualitative research on LEAP found that cash transfers can have positive impacts on psychosocial wellbeing leading to further

positive impacts on educational performance, participation in social life and empowerment for decision-making (Attah et al., 2016).

7: Policy and programme recommendations

Social protection by itself will not be sufficient to reverse vulnerability and exclusion completely, and it is important to acknowledge that the factors involved in the process of creating and reproducing poverty, inequality, vulnerability and exclusion are complex. However, there are levers available to the state, its institutions and citizens that have demonstrable potential to break the cycle of vulnerability and exclusion as laid out above.

A responsive social protection system will seek to **reduce exposure to risk** – the probability of encountering negative events whether physical and visible, like chronic ill health and floods, or emotional and muted, like unconscious bias against people and groups perceived to be different (e.g., those living with HIV and AIDS, internal/external migrants and disabled persons). It will simultaneously pursue measures to **build assets** (not just economic, but also social and political) **and strengthen resilience** to negative events. Such an approach will acknowledge the fact that poor, voiceless and marginalised populations have to live out the consequences of ineffective policy and thus have a right to participate in developing, assessing and reviewing programmes and services devised for their benefit. Over time, approaches employing these principles of inclusion, risk reduction and resilience building can limit the incidence and severity of adverse events and alienation. Such approaches also have the potential to reduce the compulsion for vulnerable and excluded people to fall back on perverse mitigation strategies – like contracting usurious loans, disposing of assets, or taking up hazardous and informal work – and can help equip citizens to bounce back sustainably after adversity.

Based on the findings of our study, complemented by a review of relevant literature, we present below some considerations which MoGCSP and the Government of Ghana (GoG) can explore, with the support of GoG's social protection partners, towards bridging the gaps in the current social protection landscape. Some of the solutions proffered are conventional whereas others are more activist. The complexity of the task calls for a diversified approach and for multi-stakeholder involvement and ownership. Such an approach will require active cooperation and coordination across sectors, state and non-state actors and opinion leaders.

Late disbursements are anathema to social protection. Whether it is LEAP grants, DACF for PWDs, school capitation grants or medicine supplies to healthcare facilities, delays mean that recipients lacking resilience must endure longer periods of lack and hardship. More needs to be done to **deliver benefits in a timely manner** to stabilise consumption among recipients and obviate the need for indigent NHIS subscribers to make out-of-pocket expenses for their medicines. Such costly outcomes dent confidence in the formal healthcare delivery system and can have lasting adverse impacts by encouraging people to resort to unproven and unregulated remedies.

To be more effective at reaching eligible residents, proactive steps will be needed to **expand access** to existing social protection programmes. At present, many eligible people in extreme poverty are still excluded from relevant services. For example, while the number of extreme poor is 2.4 million, 1.5 million are covered by LEAP (Osei-Akoto et al., 2022, forthcoming) and the amount of the grant has not kept in line with inflation (UNICEF, 2020). Further, if we wish to make a transformative impact in recipients' lives such that they become productive and simultaneously more resilient to future shocks, then the social protection agenda will require an **increase in funding** and greater attention to addressing pre-existing drivers of vulnerability and exclusion such as prejudice, low incomes and ineffective local governance. The passage of a social protection bill will be crucial to establishing both the political and financial commitment and space for enduring work reducing vulnerability and exclusion in the country.

Currently, the quantum, types and quality of support create a picture that the country's priority is relief (e.g., DACF for PWDs, LEAP, capitation grant, and the National Disaster Management Organisation's emergency interventions during floods and fire outbreaks) rather than transforming lives and livelihoods

in the spirit of transformative social protection¹⁶. Therefore, while we acknowledge that identifying additional sources of finance is never simple, it is important to recognise that the alternative - maintaining the status quo - will not permit social protection to fulfil its purpose effectively and is far from ideal.

The fact that vulnerability is a dynamic process in Ghana requires that **registers of persons eligible for the various forms of social protection support be reviewed regularly**. This will better allow for the 'new vulnerable' to be identified before their living situation degenerates severely. Regular reviews will further allow for eligible participants who fall through earlier selection rounds (whether through error or more socially mediated processes of exclusion we describe in the report) get another chance to be considered for inclusion. In the not uncommon scenario that LEAP recipients have not been automatically enrolled in the NHIS, the review would provide an opportunity to resolve the anomaly.

Considerable confusion persists around premium levels and benefits under the NHIS. In many cases, peer participants are charged different amounts and receive different benefits at different service points. This is particularly common amongst women reporting for delivery. In the interest of transparency and fairness, and to avert further confusion, **clear guidance on costs and benefits of NHIS enrolment should be published in relevant local languages at participating healthcare facilities**.

A significant minority of those who are not eligible for exemptions (often informal sector operatives) find the NHIS lump sum premiums difficult to finance. **Devising an option for instalment payments could be helpful for enlarging enrolment in the NHIS**.

Properly regulated micro-insurance services can play in enhancing resilience. Currently, many such services operating in the informal sector lack proper regulation and effective publicity, while those in the formal sector - increasingly offered through banks and providing cover for a range of shocks including maternity, hospital admission, accidents, disability, and death - exclude the poor, who overwhelmingly remain unbanked. Formal products also tend to be less affordable to the poor. Halfway between the wholly formal and the informal, however, some providers such as Ayo, provided via the MTN platform, are offering services for as low as 4.5-6 cedis a month, payable through mobile phone credits. The equivalent pay-outs are in the region of 120 cedis a night for hospital stays and 6,000 cedis in the event of death or permanent disability. It is not unreasonable to suppose that many socially aware Ghanaians would be happy to gift such premiums to their employees or to poor relatives or acquaintances, were a well-packaged campaign to be launched. For now, though, cover for crop failure and livestock loss remains uncommon.

It is also the case that processes that coalesce to cause and perpetuate vulnerability and exclusion are diverse, intersecting and complex. In this situation, it is unsurprising that there have been numerous complaints of mis-selection of recipients for social protection programmes in Ghana. Literature on participation (Korboe, 2011; Chambers, 1999; Narayan, 2000) shows that eligibility processes are more transparent and services more effective when primary stakeholders - citizens experiencing the kinds of problems that the respective services aim to solve - are actively involved in designing the response and identifying those most eligible to receive benefits. Thus, it will be important to put in place **effective (rather than tokenistic) listening mechanisms to channel voices of citizens on feedback on social protection programmes**, and to factor their concerns (e.g., favouritism, delayed disbursements and neglect of entire communities in the allocation of infrastructure funds) into system adjustments. In the case of the DACF for PWDs, a comprehensive and participatory review could help address concerns of undue subjectivity and elite interference in the selection process and in the disbursement of grants.

¹⁶ 'Transformative measures seek to address concerns of social equity and exclusion, such as collective action for workers' rights, or upholding human rights for minority ethnic groups. Transformative interventions include changes to the regulatory framework to protect 'socially vulnerable groups' (e.g., people with disabilities, or victims of domestic violence) against discrimination and abuse, as well as sensitisation campaigns (such as the 'HIV/AIDS Anti-Stigma Campaign', which is discussed later in this paper) to transform public attitudes and behaviour and enhance social equity' (Devereux and Sabates-Wheeler,

2004: p.10).

Consistent with other studies, our findings show **prohibitive funeral expenses – and to a lesser extent, marriage costs too** - to be a significant burden and a cause of impoverishment for low-income families. Yet, Ghana has failed to invest in any meaningful effort in addressing norms around disabling expenditures. In pursuing such a path, however, it is crucial to be mindful of the deep-seated nature of these practices and to pre-empt potential backlash which can occur if the process is not managed reflectively. In this regard, trusted NGOs and influential thought leaders from the religious and traditional sectors are strategically placed to lead a **sustained campaign for change in the extravagant and impoverishing expenditures that such activities entail**. The assistance of the Ministry of Chieftaincy and Religious Affairs would be helpful for identifying and engaging visionary and development-minded traditional and religious leaders to champion this agenda.

The compounding nature of vulnerability and its tendency to erode people's resilience makes a case for **paying greater attention to preventive measures**. Examples of relevant actions include protecting water treatment catchment zones from encroachment and ensuring effective storm drainage so that floods are not so destructive and disruptive. Abating such shocks will not only require **greater investment in drainage infrastructure, but urban control** around natural waterways, wetlands, and reservations to forestall encroachment on urban public lands, often by those who are political elites.

Considering that **social support networks** - both personal (friends and family) and institutional (e.g., religious bodies) - emerged as the as popular coping strategies, it would be reasonable to explore ways of enlarging this kind of informal support. One way would be to **invest in restoring and strengthening the spirit of mutuality and sense of collective wellbeing**. This is particularly important because much of the vulnerability and exclusion uncovered is active, driven by insensitive human agency - e.g., social alienation, misgovernance and unfair wages. Thus, it makes sense to complement existing and conventional forms of protection with measures to achieve behaviour change across the population.

The findings of this study and others (e.g., Nsiah-Boateng et al., 2000) show that public information has been an effective tool in promoting awareness and uptake of the NHIS. Generally, people observed that public education on the NHIS (through diverse media such as television, radio, announcements by community information centres, and sharing by health workers during their outreach visits) has been much stronger compared to communication on other social protection services. In collaboration with the National Commission for Civic Education and STAR-Ghana, MoGCSP should consider initiating a **nationwide public education campaign to invoke a sense of shared humanity**. Properly appreciating our interconnectedness will include a fresh recognition that the individual's continued prosperity is linked with the wellbeing of others. It will require acting collectively to challenge active and passive bias and strengthen resilience for all. The effort would nurture respect for others who are different or who belong to minorities (in terms of ethnicity, social status, educational status, employment status, gender, etc) in line with the Constitution's vision. Designed and implemented reflectively, such a measure should contribute to undoing negative stereotyping and prejudice, render differences in social status less relevant and increase poor people's access to social and material capital.

Closely related to the above, our findings separately show social identity to be significant in fostering resilience, by supporting marginalised people to cope in times of adversity. In collaboration with DSWD, MoGCSP could **consider cultivating peer support groups to assist people experiencing exclusion in conjunction with public campaigns to dismantle negative social norms**. Such groups would help to share information and support, develop their self-esteem and jointly counter stigma. For the facilitation of such groups to be sustainable, however, the involvement of community volunteers and CBOs would be essential. The use of public campaigns in turn would highlight state support for marginalised communities and set a positive example for citizens to follow.

The intersectionality of drivers that reproduce and perpetuate vulnerability also means that **national,**

local government and non-state actors will need to be equally intentional about collaborating to address vulnerability and exclusion. **Learning alliances** would be a useful tool for promoting shared learning, institutional peer support and cooperation between social protection actors, with the view to fostering synergies and integration. This could be expected to reduce duplication of interventions and enhance programme impact.

To ensure that social protection continues to retain traction and priority among competing investment interests, it may be helpful to **embed an agreed set of social protection specific indicators in the National Development Planning Commission (NDPC)–UNICEF annual District League Table (DLT) framework** supported by Ministry for Local Government and Rural Development, the Ghana Center for Democratic Development and Centre for Social Policy Studies. The DLT is a major monitoring and evaluation tool employed by NDPC, but its five focal sectors exclude social protection. Including relevant social protection indicators in this framework would enable GoG to better appreciate, on an ongoing basis, the wellbeing status of those living in vulnerability and exclusion. The evidence generated would further provide a more informed basis for GoG and partners to prioritise their resources for social protection investment. The current DLT assessment process relies mainly on administrative data and is not citizen-led. Thus, an agenda to introduce citizen perspectives may be helpful for eliciting citizens' concerns, thereby fostering broad-based ownership of the findings and inspiring wider engagement around the results of the assessment. **Whether a citizen-led social accountability objective would be more effective if integrated into the DLT framework or implemented as a separate initiative is a question for further reflection** among sector stakeholders. The latter might be usefully built into the framework of biannual DPCU coordination meetings which Metropolitan, Municipal, and District Assemblies are mandated to host. These events are supposed to bring together local government managers, civil society and relevant local-level development partners around local development agendas.

Finally, the importance of the labour market in creating and mitigating vulnerability and exclusion makes a strong case for proactively **enforce the nation's minimum standards for labour**, especially in the informal sector and domestic help sub-sector. Without the legal protections enshrined in Ghana's labour laws, many low-income workers will continue to have their rights violated (through, for instance, very low pay, unsafe working conditions, or pressures to trade sex to access or retain a job) and will lack the resilience needed to manage adversities that they inevitably encounter.

References

- Abdulai, A.G. and Hickey, S. (2016) 'The politics of development under competitive clientelism: Insights from Ghana's education sector' *African Affairs* 115(458): 44-72.
- Abdulai, A.G., Abubakari, A.B. and Martey, J. (2019) 'Is social protection in Ghana a right?' *Development in Practice* 29(8): 1064–1074.
- Abdulai, A.G., Salifu, A., Ibrahim, M., et al. (2021) Citizens' Knowledge and perceptions about poverty, vulnerability rights and social protection in Ghana: a baseline study (www.unicef.org/ghana/media/3991/file/Citizens%20%80%99%20Knowledge%20and%20Perceptions%20about%20Poverty,%20Vulnerability%20Rights%20and%20Social%20Protection%20in%20Ghana:%20A%20Baseline%20Study.pdf).
- Afenah, A. (2009) Conceptualizing the effects of neoliberal urban policies on housing rights: An analysis of the attempted unlawful forced eviction of an informal settlement in Accra, Ghana. University College London.
- Agbenyo, F., Galaa, S.Z., and Abiuro, G.A. (2017) 'Challenges of the targeting approach to social protection: an assessment of the Ghana Livelihood Empowerment against Poverty Programme in the Wa Municipality of Ghana' *Ghana Journal of Development Studies* 14(1): 19–38.
- Alwang, J., Siegel, P.B. and Jorgensen, S.L. (2001) *Vulnerability: a view from different disciplines* 115: 60. Social protection discussion paper series.
- Amnesty International (2018) Effects of state facilitated forced evictions on the structure of poverty among slum dwellers within the capital, Accra, Ghana for the visit of the U.N. Special Rapporteur on Extreme Poverty and Human Rights to Ghana, 9–18 April.
- Appiah, S.C.Y., Kroidl, I., Hoelscher, M., et al. (2019) 'A phenomenological account of HIV disclosure experiences of children and adolescents from northern and southern Ghana'. *International journal of environmental research and public health* 16(4): 595.
- Ashiabi, E.E. and Avea, A.P. (2020) 'The absence of a disability measurement system in the disbursement of the district assembly common fund for persons with disabilities in Ghana: how the most vulnerable are denied access' *Review of disability studies: an international journal* 15(4).
- Attah, R., Barca, V., Kar dan, A. (2016) 'Can social protection affect psychosocial wellbeing and why does this matter? Lessons from cash transfers in sub-Saharan Africa' *The Journal of Development Studies*, 52(8): 1115–1131 (<https://doi.org/10.1080/00220388.2015.1134777>).
- Atrill, R. et al. (2001) *Social exclusion and HIV: a report*. Policy Campaigns and Research Division. Terrence Higgins Trust
- Babajanian, B. and Hagen-Zanker, J. (2012). Social protection and social exclusion: an analytical framework to assess the links. Background Note. London: ODI.
- Babajanian, B., Hagen-Zanker, J. and Holmes, R. (2014) *How do social protection and labour programmes contribute to social inclusion? Evidence from Afghanistan, Bangladesh, India and Nepal*. London: ODI (<https://cdn.odi.org/media/documents/8922.pdf>).
- Bird, K. (2013) 'The intergenerational transmission of poverty: An overview' *Chronic poverty*, 60–84.
- Birkmann, J. (2007) Risk and vulnerability indicators at different scales: Applicability, usefulness and policy implications. *Environmental hazards*, 7(1), 20-31.
- Birkmann, J., Cardona, O.D., Carreño, M.L., et al. (2013) 'Framing vulnerability, risk and societal responses: the MOVE framework' *Natural hazards*, 67(2): 193-211.
- Blampied, C., Chattopadhyay, S., Greenhill, R., et al. (2018) Leaving no one behind in the health and education sectors: an SDG stocktake in Ghana. ODI Report.
- Boateng, A.A. (2020) 'Reinstating the inherent dignity of marginalized communities in Ghana' *Journal of Interdisciplinary Studies in Education* 9: 80–101.
- Bukari, K.N. and Kuusaana, E.D. (2018) 'Impacts of large-scale land holdings on Fulani pastoralists' in the Agogo Traditional Area of Ghana'. *Land use policy* 79: 748–758.
- Cain, E. (2009) Social protection and vulnerability, risk and exclusion across the life-cycle (<https://socialprotection.gov.bd/wp-content/uploads/2017/06/Life-cycle-and-SP.pdf>).
- Chambers, R. (2006) 'Vulnerability, coping and policy' (editorial introduction). IDS: Brighton
- Chambers, R. (1999) *Whose reality counts? Putting the first last*. Rugby: Practical Action Publishing.
- Dadzie, C.E., Fumey, M. and Namara, S. (2020). *Youth employment programs in Ghana*. Washington DC: World Bank.
- Daidone, S., Davis, B., Handa, S. and Winter, P. (2017) The household and individual-level economic impacts of cash transfer programmes in sub-Saharan Africa. FAO.
- de Groot, R. (2016) GHANA LEAP programme increases schooling outcomes Research Brief 04. February 2016. The Transfer Project.
- de Haan, A. (2000) Debates on social exclusion in the south: What have they contributed to our understanding of deprivation. In *Uppingham Conference*.
- Dercon, S. (2001) Assessing vulnerability. Publication of the Jesus College and CSAE, Department of Economics, Oxford University.

- Deters, L., and Baja, M. (2008) Orphans and vulnerable children in Ghana A contextual analysis: ECCD stakeholders adapting the safety net. Master of Arts in International Educational Development at Teachers College, Columbia University, 1-21.
- Devereux, S. and Sabates-Wheeler, R. (2004) *Transformative social protection*. IDS: Brighton
- Devereux, S., Baulch, B., Macauslan, I., et al. (2006) *Vulnerability and social protection in Malawi*. IDS Discussion Paper 387. Brighton: Institute of Development Studies.
- DHS – Demographic and Health Survey (2014) Ghana Report.
- Dixon, J. (2012) *Improving the mental health treatment gap in Ghana*. Africa Portal, Backgrounder no. 39.
- Edusei, A. and Adjei-Domfeh, P. and Mprah, W.K., et al. (2017) 'Assessing the impact and uses of the Disability Common fund among persons with disabilities in Kumasi Metropolis in Ghana' *Review of Disability Studies, An International Journal* 12(4).
- Fisher, E., Attah, R., Barca, V., et al. (2017) 'The livelihood impacts of cash transfers in sub-Saharan Africa: beneficiary perspectives from six countries' *World Development* 99: 299–319 (<http://dx.doi.org/10.1016/j.worlddev.2017.05.020>).
- Ghana School Feeding Programme (2020) Programme Coverage (https://schoolfeeding.gov.gh/?page_id=1773).
- GLSS 7 – Ghana Living Standard Survey (2018) Poverty Trends in Ghana 2005 – 2017.
- GLSS 7 – Ghana Living Standard Survey (2019) Main Report (www.statsghana.gov.gh/gssmain/fileUpload/pressrelease/GLSS7%20MAIN%20REPORT_FINAL.pdf).
- Gyamerah, A. O., Taylor, K. D., Atuahene, K., et al. (2020) 'Stigma, discrimination, violence, and HIV testing among men who have sex with men in four major cities in Ghana' *AIDS care* 32(8): 1036–1044.
- Handa, S., Otchere, F. and Sirma, P. (2021) 'More evidence on the impact of government social protection in sub-Saharan Africa: Ghana, Malawi, and Zimbabwe' *Development Policy Review* 40(3) (<https://doi.org/10.1111/dpr.12576>).
- Heitzmann, K., Canagarajah, R.S. and Siegel, P.B. (2002) *Guidelines for assessing the sources of risk and vulnerability*. Social Protection Discussion Paper Series, 0218. Washington DC: World Bank.
- Hickey, S. and Bracking, S. (2005) 'Exploring the politics of chronic poverty: from representation to a politics of justice?' *World Development* 33(6) (<https://doi.org/10.1016/j.worlddev.2004.09.012>).
- Hickey, S. and Du Toit, A. (2013) 'Adverse incorporation, social exclusion, and chronic poverty'. In *Chronic poverty* Palgrave Macmillan: 134-159.
- Holzmann, R. (2001) *Risk and vulnerability: the forward looking role of social protection in a globalizing world*. Washington DC: World Bank.
- Holzmann, R., Sherburne-Benz, L. and Tesliuc, E. (2003) *Social risk management: the World Bank's approach to social protection in a globalising world*. Washington DC: World Bank.
- Jack, H., Canavan, M., Ofori-Atta, A., et al. (2013) 'Recruitment and retention of mental health workers in Ghana' *PLoS one* 8(2), e57940.
- Jonny-Nuekpe, W. (2021) Finalise draft social protection bill to reduce poverty – SEND Ghana. The BFT Online. 17 September (<https://thebftonline.com/2021/09/17/finalise-draft-social-protection-bill-to-reduce-poverty-send-ghana/>).
- Kabeer, N. (2002) 'Citizenship, affiliation and exclusion: perspectives from the South' *IDS Bulletin* 33(2) (<https://doi.org/10.1111/j.1759-5436.2002.tb00021.x>).
- Kipo-Sunyehzi, D., Amogre Ayanore, M., Kweku Dzidzonu, D. and Ayalsuma, Y. (2020) 'Ghana's journey towards universal health coverage: the role of the National Health Insurance Scheme' *European Journal of Investigation in Health, Psychology and Education* 10: 94–109 (<https://doi.org/10.3390/ejihpe10010009>).
- Korboe, D. (2011) *Participatory poverty and vulnerability assessment (PPVA): Understanding the regional dynamics of poverty with particular focus on Ghana's Northern, Upper East and Upper West regions*. UNICEF, DFID and World Bank (www.dfid.gov.uk/Documents/publications1/part-pov-vuln-assess-gh.pdf).
- Kpessa-Whyte, M., & Tsekpo, K. (2020) 'Lived experiences of the elderly in Ghana: analysis of ageing policies and options for reform' *Journal of Cross-Cultural Gerontology* 35: 341–352.
- Kumah, D. and Nyarko, E.A. (2018) 'Gold mining and its effects through the lens of an archaeologist: experiences from the Prestea Area, South Western Ghana' *West African Journal of Applied Ecology* 26: 133–148.
- Laderchi, C.R., Saiti, R. and Stewart, F. (2003) 'Does it matter that we do not agree on the definition of poverty? A comparison of four approaches' *Oxford Development Studies* 31(3): 243–274.
- Li, B. (2005) 'Urban social change in transitional China: A perspective of social exclusion and vulnerability' *Journal of Contingencies and Crisis Management* 13(2): 54–65.
- Morgan, R. and Yablonski, J. (2011). Addressing, not just managing vulnerability: Policies and Practice for Equity and Transformation. In *International Conference: "Social Protection for Social Justice," Institute of Development Studies, UK*.
- Narayan, D. (2000) *Voices of the Poor. Can Anyone Hear Us?* Washington DC: World Bank.
- Naya Zuure, D. (2021) 'The Livelihood Empowerment Against Poverty (Leap) programme and the lives of persons with disability in the Effutu Municipality' *International Journal of Pedagogy, Policy and ICT in Education* 9 (www.ajol.info/index.php/ijp/article/view/217327).
- NHIS (2020) NHIS Active Membership Soars. (www.nhis.gov.gh/News/nhis-active-membership-soars-5282).

- Nsiah-Boateng, E., Musah, M., Jung, H. (2000) 'The impact of community outreach intervention on national health insurance enrolment, knowledge and health services utilisation: evidence from two districts in Ghana' *Journal of Global Health Science* (<https://doi.org/10.35500/jghs.2020.2.e8>).
- Okoroh, J., Essoun, S., Seddoh, A., et al. (2018) 'Evaluating the impact of the national health insurance scheme of Ghana on out of pocket expenditures: a systematic review' *BMC Health Services Research* 18: 426 (<https://doi.org/10.1186/s12913-018-3249-9>).
- Osei-Akoto I. et al (2022) Baseline Report for LEAP and Integrated Social Services Evaluation (2021-Phase 1). Preliminary Draft.
- OPHI – Oxford Poverty and Human Development Initiative (2020) MPI in Ghana.
- Oppong, Y.P. (2017) *Moving through and passing on: Fulani mobility, survival and identity in Ghana*. Routledge.
- Osei-Boateng, C. and Ampratwum, E. (2011). *The informal sector in Ghana*. Accra: Friedrich-Ebert-Stiftung, Ghana Office.
- Owusu, M. and Nursey-Bray, M. (2019) 'Socio-economic and institutional drivers of vulnerability to climate change in urban slums: the case of Accra, Ghana' *Climate and Development* 11(8): 687–698.
- Palermo T., Valli, E., Angeles-Tagliaferro, G., et al. (2019) 'Impact evaluation of a social protection programme paired with fee waivers on enrolment in Ghana's National Health Insurance Scheme' *BMJ Open* 9: e028726 (<https://doi.org/10.1136/bmjopen-2018-028726>).
- Palermo, T., de Groot, R. and Valli, E. (2018) Ghana LEAP 1000 Programme: Endline Evaluation Report Annex ATT Estimates (www.unicef-irc.org/files/documents/d-4108-LEAP-1000-Report.pdf).
- Peterman, A., Valli, E. and Palermo, T. (2021) 'Government anti-poverty programming and intimate partner violence in Ghana' *Economic Development and Cultural Change* 70(2) (<https://doi.org/10.1086/713767>).
- PDA – Participatory Development Associates (2011) Participatory Poverty and Vulnerability Assessment (PPVA): Understanding the Regional Dynamics of Poverty with particular focus on Ghana's Northern, Upper East and Upper West Regions. Government of Ghana, DFID, UNICEF and World Bank (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/67531/part-pov-vuln-assess-gh.pdf).
- Philip, D. and Rayhan, M.I. (2004) *Vulnerability and poverty: what are the causes and how are they related*. ZEF Bonn, center for Development Research, University of Bonn.
- Portes, A. (2014) 'Downsides of social capital' *Proceedings of the National Academy of Sciences* 111(52): 18407–18408.
- Pouw, N., Rohregger, B., Schüring, E., et al. (2018) Social protection in Kenya and Ghana through an inclusive development lens: complexity, risks and limitations. IZNE Working Paper Series Nr. 18/3.
- Republic of Ghana (1992) Constitution of Ghana (www.ilo.org/dyn/natlex/docs/ELECTRONIC/31976/101268/F-1229887249/GHA31976.pdf).
- Roxburgh, S. (2018) 'Empowering witches and the West: the 'anti-witch camp campaign' and discourses of power in Ghana' *Critical African Studies* 10(2): 130-154.
- Sabates-Wheeler, R. and Devereux, S. (2008) 'Transformative social protection: the currency of social justice'. In *Social Protection for the Poor and Poorest*. Palgrave Macmillan: 64–84.
- Schieber, G., Cashin, C., Saleh, K., and Lavado, R. (2012). *Health financing in Ghana*. World Bank.
- Schweiger, G. (2015) 'Recognition and poverty' *Eidos* (22): 148–168.
- Sipsma, H., Ofori-Atta, A., Canavan, M., et al. (2013) 'Poor mental health in Ghana: who is at risk?' *BMC public health* 13(1): 1–9.
- Stewart, K.J. (2002) *Measuring well-being and exclusion in Europe's regions*. LSE STICERD Research Paper No. CASE053.
- Tanaka, T. (2019) Human capital development in Ghana. Washington DC: World Bank (<http://hdl.handle.net/10986/34181>).
- Tuokuu, F., Idemudia, U., Bawelle, E. and Sumani, J.B. (2020) 'Criminalization of "galamsey" and livelihoods in Ghana: Limits and consequences' *Natural Resources Forum* 44(1): 52–65.
- UNDP (2018) Northern Ghana Human Development Report: Bridging the poverty gap and fostering socio-economic transformation and empowerment to contribute to Human Development for All. UNDP, Ghana (https://hdr.undp.org/sites/default/files/reports/2935/undp_ng-hdr20report_2018_igc_online.pdf).
- UNICEF (2020) Impacts of the Ghana Livelihood Empowerment Against Poverty 1000 programme (www.unicef-irc.org/article/1964-final-evaluation-of-ghana-social-protection-programme-for-infants-now-available.html).
- Wheeler, R.S. and Haddad, L. (2005) Reconciling different concepts of risk and vulnerability: A review of donor documents. Brighton: Institute of Development Studies.
- World Bank (2013) Inclusion matters: The foundation for shared prosperity. World Bank.

APPENDIX I: Details of literature review strategy

The table below gives some of the search terms emerged from the original research questions for this project and the initial desk review and were used to carry out the in-depth literature review.

Draft search terms (and strings) used in the literature review.

Draft search terms (and strings) used in the literature review

Category	Search Terms combined with AND
Vulnerability	“vulnerable” OR “vulnerability” OR “vulnerable group” OR “vulnerable population” OR “vulnerable area” OR “vulnerable region” OR “social vulnerabilities” OR “political vulnerabilities” OR “economic vulnerabilities” OR “environmental vulnerabilities” OR “climate vulnerability”
Exclusion	“Social exclusion” OR “political exclusion” OR “economic exclusion” OR “environmental exclusion” OR “in employment” OR “social stigma” OR “social norms” OR “legal norms” OR discrimination
Sub-population	women OR men OR children OR orphans OR “children with disability” OR “people with disability” OR disability OR elderly OR older persons OR HIV OR AIDS OR HIV/AIDs OR witches OR “alleged witches” OR legal OR illegal OR minority OR “ethnic minority” OR “religious minority” OR widows OR carer OR “domestic violence” OR “mental health” OR “mental disability” OR “mentally ill” OR disability OR disabled OR migrant OR displaced OR refugee OR nomad OR “street children” OR “rural poor” OR “urban poor” OR “income poor” OR poor OR kayayei OR galamsey OR ‘informal miners’ OR Fulani OR ‘Fulani children’ OR ‘Ivorian families’ OR ‘Ivorian refugees’
Regions	Ahafo, Ashanti, Bono, Bono East, Central, Eastern, Greater Accra, North East, Northern, Oti, Savannah, Upper East, Upper West, Volta, Western, and Western North

Inclusion criteria

Kind of studies: journal articles, academic articles, reports, Master’s theses, PhD dissertations, working papers, government policy documents and briefings, editorials and brief communication pieces, blogs, literature produced by civil society organisations, etc.

Studies’ methodology: experimental, quasi-experimental, quantitative, qualitative

Languages: English and local languages.

Time limit/cut-off for the studies: all literature published between 2010 and 2021, to reflect the recent and current situation.

Exclusion criteria

Studies that are conducted beyond Ghana.

APPENDIX 2: Description of research sites

The criteria for selecting districts for primary data collection were two-fold: secondary information obtained from existing datasets on key features identified by our preliminary literature review and previous research experience and established relationships of trust by PDA researchers. Below, we first outline an overview of the regional profile of Ghana across key indicators, then propose three regions for focus during FGDs, and then provide details on each of the three areas.

Regional profiles

Based on existing information on indicators from existing reports we compiled an overview of potential indicators across regions that can help provide a basis for the selection. This included status as urban/rural; proportion of migrants; monetary poverty; multidimensional poverty; unemployment; access to health; access to education; access to LEAP and gender violence.

Both the Upper East (79%) and the Upper West (84%) regions are the most rural, while Greater Accra by far is the least rural (10%). Together with the Northern Region, both those regions also have the highest share of residents who never moved (75-78.5%), meaning that those regions are less attractive for (returning) migrants. Greater Accra, on the other hand, and the Western, Central, Volta or Eastern Regions all have fewer people who have lived there their entire lives (46-56%) and are either **internal migrants or returning internal migrants**. At the same time, Greater Accra also has by far the highest share of non-Ghanaian nationals (5%), including in total numbers (half of which are from Togo). The prevalence of **severe disability** is highest in the Volta Region (4%), and higher than average in the Upper East, Upper West, Eastern and Central regions. Regarding financial poverty, the picture is relatively similar (GLSS 7 2019). The incidence of **monetary poverty** is particularly high in the Northern (61%), Upper West (71%) and Upper East Regions (55%), where the majority of the respective population lives in poverty compared with only 23% of the total population of Ghana. At the same time, the Greater Accra, Central, Eastern and Ashanti Regions all have poverty rates of about half of the national average (or a quarter in the case of the Greater Accra Region). The story is relatively similar for **extreme monetary poverty**. The total number of people living in absolute poverty is distributed slightly differently: while the region in which the highest number of people living in monetary poverty is the Northern Region (1.5 million), a large number also lives in Volta (0.8 million) (GLSS, 2018). A similar picture emerges when looking at **multidimensional poverty**. The incidence of people living in multi-dimensional poverty is highest in the Northern (81%), Upper East (68%), Upper West (66%) and Volta (58%) Regions. Those numbers are much lower in the Greater Accra (23%) and the Ashanti (31%) Region (OPHI, 2020). It may be surprising to see that **unemployment figures** seem to contradict the poverty figures. Unemployment among the population aged 15 years and above was highest in Greater Accra (12%) and Ashanti Region (10%), while the lowest unemployment estimates were in the Volta Region (5%) (GLSS, 2019). The measure captures any employment (any work for pay in the last seven days), making it likely that the figures mask large numbers of under-employed. However, people in (extreme) poverty relying on work for their immediate survival could be one explanation for the discrepancy between the two indicators, which we will explore further in our primary and secondary data for the main report.

Access to public services mirrored trends in the other indicators. On **education**, the Northern, Upper East and Upper West Region had the largest share of people who never attended any school. In the Northern Region, only 28% of rural women had ever had any education, and only 52% of urban women. The Upper West (38% among rural women, 72% among urban women) and the Upper East Region (47% among rural women, 63% among urban women) were slightly better, but still trailing far behind better-performing regions. In the Greater Accra Region 92% of women had at least had some access to education, compared with 86% of rural women. The Eastern Region also fares well, with at least 90% of urban women and still 77% of rural women have had at least some education (GLSS, 2019). **Health** indicators paint a similar picture to the other services. The Northern Region has the highest under-5

mortality rate (111 deaths of children under the age of 5 years per 1000 live births), followed by the Upper West (92) and the Ashanti (80) Region. These are about twice as high as those in better-performing regions such as Greater Accra (47) and Western (56) or Brong Ahafo (57). The picture is slightly different for problems of accessing health care for women. Whereas in the Greater Accra Region only 35% had issues accessing health care, that proportion ranged from 70-71% in the Northern, Upper West and Volta Regions. In the Upper East Region, surprisingly, only 52% of women reported having trouble accessing and using available health care, compared with 59% in the Eastern Region (DHS, 2014).

Social protection transfers to the **LEAP programme** have been specifically introduced in those areas that have been identified as most deprived, starting in the savannah regions of Northern, Upper West and Upper East. In 2016/2017, coverage consequently was by far highest in those regions. In the Upper West Region, 10% of the population reported living in households receiving LEAP, and about 5% in the Northern and the Upper East regions. In the Volta Region, about 3% received LEAP, whereas in the other regions the incidence of recipients is negligible and ranges from 0-0.5% (own calculations based on GLSS 7).

The picture is much more mixed when it comes to **gender violence**. While beating one's wife for a specific set of reasons (including burning food, denying sex, etc.) was most acceptable in the Northern Region. Among women, 62% said beating one's wife was acceptable for at least one of the reasons mentioned (compared to 28% of men). The numbers are also comparatively high in the Upper West Region (38% of women find wife-beating acceptable, versus 35% of men) (DHS, 2014). This is contrasted with actual reported experiences of any social or any physical violence against women, which is much higher in the Eastern Region (32% any social violence, 11% any physical violence), the Central Region (17% of any social violence, 11% any physical violence) and the Ashanti (24% of any social violence, 10% of any physical violence) (IDS et al., 2016). Since the latter two were established using another survey, it is possible that the surveying techniques increased reporting among more vocal respondents, which would explain why in regions where violence against women is less acceptable reported levels of violence are higher.

Based on the data above on areas on the distribution of the proximate causes of vulnerability and exclusion and after cross-referencing with PDA's familiarity and established trust in communities across the regions (as well as language familiarity) we selected the **following three areas as regions of focus: Northern Region; the Upper East Region and the Greater Accra Region**. While the Northern Region features strongly as areas where populations face high risk and have low capacity to overcome exposure to a shock event, and the Volta Region for a high concentration of people with disabilities, Greater Accra is of interest because of high population density as well as showcasing (as our preliminary literature review indicates) pockets of deep vulnerability and exclusion within an area that does comparatively well on other indicators of well-being (e.g., high unemployment despite relatively high education). Similarly, to capture - to the degree possible in this study - both the diversity of regions and how these contextual factors lead to different forms of vulnerability and exclusion we primarily focus on rural areas in the Northern Region and the Upper East Region (in keeping with the distribution of most of the population) and urban or peri-urban areas in Greater Accra. Within each of these regions, primarily based on existing contacts with populations who are outside existing programmes (thus meeting a key criterion for our FGD participant selection), we propose the following districts.

	LEAP		DACF		NHIS	
	Men and women beneficiaries	Men and women non-beneficiaries	Person with disability (PWD) or carer of PWD who are beneficiaries	Person with disability (PWD) or carer of PWD who are non-beneficiaries	Men and women beneficiaries	Men and women non-beneficiaries
Savannah area (rural)	Gushegu					
Volta	Central Tongu					
Greater Accra	Ga East Municipality					

Background data on research districts

The selection of the three districts included in the qualitative assessment of the research questions was based on multiple criteria that were expected to influence the answers to our research questions. They differ in location (Northern, Volta, Accra), urban (Accra) and rural (Gushegu) setting, prevalence of different vulnerable groups in the districts (such as women accused of witchcraft, Fulani, *galamsey* workers, *kayayei*, and homeless urban dwellers), different absolute poverty rates (low in Accra, medium high in Volta and very high in the Northern Region) and differentiated access to different public services relevant to this research.

Northern Region, Gushegu District

The Gushegu district is in the North-Eastern part of the Northern Region, close to the border with Togo. The Northern Region is one of the more disadvantaged regions in Ghana. Seven out of 10 people live in rural areas, about 2 in 3 in monetary poverty, and 1 in 3 in extreme monetary poverty (GLSS, 2019). The region has the highest under-5 mortality rate in Ghana (111 out of 1,000 live births), nearly double the national average (DHS, 2014).

In the Northern Region, many people still face obstacles in accessing essential public services. Seven out of 10 women face at least one issue when last trying to access health care (DHS, 2014). In terms of access to education, the Northern Region still lags behind by a long margin: Only half of rural men have ever attended a school (compared to 8 out of 10 nationally in rural areas), and only a quarter of women in the rural Northern Region have ever accessed any school (again compared with about 2 out of 3 women in rural areas nationally). Partly for those reasons, it is one of the three regions where the LEAP has been started first and still has the largest reach. Based on the latest survey information, about 1 in 20 people in the Northern Region received support through the LEAP programme, the third highest share in Ghana (own calculations based on GLSS 7). Moreover, the NHIS registration and coverage in the Northern Region is about average for Ghana - 75% of people are registered but only 44% are covered.

Finally, violence against women is relatively widespread in the Northern Region. While wife beating is widely considered acceptable (2 out of 3 women and about 1 out of 3 men in the Northern Region find it acceptable), the share of women reporting having experienced any physical violence in the past 12 months is comparatively lower in the Northern Region than the national average (IDS et al 2016) - although that may be a result of under-reporting.

Volta Region, Central Tongu District

The Central Tongu district is in the South-Eastern part of the Volta Region, at the southern which is close to the border with Togo. The Volta Region is one of the regions in Ghana that is more disadvantaged on some indicators, and less on others. Also, a more rural region (6 out of 10 people live in rural areas), it has a much lower poverty rate than the Northern Region. Still, over 1 in 3 people live in monetary poverty, and about 1 in 10 in extreme monetary poverty (GLSS 7 2019). The under-5 mortality rate in the Volta Region is around the national average (61 compared to the national average of 69 out of 1,000 live births) (DHS, 2014). At the same time, the rate of severe disability is the highest of all regions in the country (4.3% compared to the national average of 3.0%).

In the Volta Region, access to essential public services is more or less on par with national averages in education, but relatively poor in health care access for women. Eight out of 10 rural men and 7 out of 10 women have ever attended a school (GLSS, 2019). However, 7 out of 10 women face at least one issue when last trying to access health care (DHS, 2014). And even though the Volta Region was not one of the three starting regions, it has the highest share of LEAP recipients south of the three Northern regions - though the coverage of 3% of the population still is fairly limited (own calculations based on GLSS 7). At the same time, the NHIS registration and coverage in the Volta Region is about average for Ghana - 80% of people are registered, while only 43% are covered.

Finally, violence against women is also a problem in the Volta Region - fairly in line with national averages. While wife beating is still considered acceptable by many women (1 out of 3 women), only 6% of men agree that it is acceptable. At the same time, the share of women reporting having experienced any physical violence is very high: 1 in 10 women in the Volta Region report having experienced physical violence the past 12 months alone (IDS et al., 2016).

Greater Accra Region, Ga East Municipality

The Ga East Municipality is in Greater Accra, the richest region, and consequently it is leading on nearly all vulnerability indicators. It has the lowest poverty rates in the country. Only 2.5% of the population live in monetary poverty, and only a tiny proportion live in extreme monetary poverty (GLSS, 2019) - though it is important to keep in mind the fact that the GLSS 7 is a household survey and does not capture people who have no fixed address and hence would miss out population of adults who live on the street. Also, the under-5 mortality rate for Greater Accra is the lowest in the country (47 compared to the national average of 69 out of 1,000 live births) (DHS, 2014). Having said that, Greater Accra has a large population of migrants as well. Over half its population was not born in Greater Accra, and about 1 in 20 are international migrants, half of which are Togolese. Moreover, unemployment is highest in Greater Accra, at around 12% - though the fact that people can afford to be unemployed might be more an indicator of wealth rather than vulnerability.

The Greater Accra Region also provides one of the best accesses to essential public services such as education and health care access for women. Nine out of 10 rural men and women have ever attended a school (GLSS, 2019). And while one in three women face at least one issue when last trying to access health care, this number is substantially below the national average, which is 51% (DHS, 2014). LEAP coverage in Greater Accra is very low, with less than 1 in 1000 people are enrolled. Moreover, Greater Accra has one of the worst NHIS registration and coverage rates in Ghana. Only 68% of the population there are registered, and only 40% are covered suggesting that people were slightly less likely enrol in the NHIS in higher income areas.

Violence against women is also still a problem in Greater Accra. While wife beating is considered acceptable by relatively few women (15%, the lowest regional rate in the country) and men (8%, below the national average of 13%), the share of women reporting having experienced any physical violence is very high: one in five women in Greater Accra report to have experienced any physical violence in the

past 12 months alone (IDS et al., 2016). ‘Measuring’ incidence of intra-partner violence (IPV) is very difficult and most, if not all, measures of IPV are likely to be strongly distorted, because of shame, social stigma and social expectations around reporting, but also because of fluent and changing definitions of IPV, both over space and time.

APPENDIX 3: Recruitment and respondent characteristics

FGDs

Overall participants were selected through the lists of individual recipients in communities obtained from the social welfare offices at the district level and partly through recommendations by social welfare and PDA's local informants in line with the research criteria.

Central Tongu

NHIS – recipients and non-recipients

The team accessed a list of NHIS recipients from various communities across the district from the Social Welfare and NHIS offices. Further enquiries were made at the local community levels to confirm the list and communities. From the list, communities that had enough applicants or beneficiaries outside the district capital to constitute a focus group were sampled. We then pre-selected some of the recipients from the list accessed from both the NHIS and the District Social Welfare office. Enumerators then sought for the contacts of community representatives and booked appointments to visit those communities for mobilisation and interviews. In situations where the pre-determined recipient was not accessible or did not give consent to participate in the FGDs, she or he was replaced with other available people on list or with other community members who met the inclusion criteria but who were not on the list accessed from the NHIS and DSWD offices. The male and female NHIS recipients were sampled from Kusrunu community while the male and female NHIS non-recipients were sampled from Kpogede community, based on the criteria described above.

LEAP – recipients and non-recipients

A similar approach was adopted in the LEAP recipients and non-recipients sampling. Since the DSWD office had a huge list of applicants who were on the waiting list as well as a list for recipients, these lists were used as the primary sampling frame for these FGDs. The male and female non-recipients as well as female recipients were selected from Abude community, the male beneficiaries were however selected from a community called Adzasika.

Recipients and non-recipients of DACF

In sampling for recipients of the DACF, participants were selected from the list of recipients accessed from the DSWD office and in consultation with the leadership of the disability association in the district. Arrangements were made for transport to convey participants from nearby villages to the district capital, Adidome, where the interviews were held. For beneficiaries who had no speech or mental impairments, they spoke for themselves in the FGD while others who the researchers could not communicate with due to barriers such as speech and mental impairment were represented by their caregivers during the interviews. Altogether, participants for the FGDs in Central Tongu were selected from five communities. These included Kusrunu, Kpogede, Abude, Adzasika and Adidome.

Gushegu

In the Gushegu district, unlike Ga East and Central Tongu, the district social welfare office did not have an organised list of recipients of services that enumerators could rely on for sampling. However, they had a list of communities where people have been enrolled on the target government programmes for the study and was made available to the research team. The research team then followed up to these communities, made further search to establish the availability of recipients and non-recipients of the various services, and then mobilised participants using the criteria described before for selecting

qualified participants. The recruitment into the FGDs also took into account socio-demographic diversity such as age, status in the household and residency status (indigene or migrant) as provided in the study design. The table below summaries the list of FGDs and the communities where participants were sampled from in the Gushegu area.

FGD	Communities participants were selected from
Women who are eligible but NOT recipients of LEAP	Gushegu township
Women LEAP recipients	Kpatinga, Gushegu Town, Ashipti Fong
Men who are eligible but NOT recipients of LEAP	Nyansung, Gushegu township
Male LEAP recipients	Nyansung, Gushegu township, Kpugi,
Female NHIS recipients	Gushegu Town, Nawuhugu, Ashipti Fong
Female non-recipients NHIS	Kpatinga, Gushegu Municipality, Ashipti Fong
DACF recipients	Gbambu, Nabuli,
Eligible but non-recipients of DACF	Gushegu township, Lalg
NHIS male recipients	Zori, Pulo
NHIS male non-recipients	Kpatili, sugu

Ga East

In the Ga East Municipality, participants were drawn from three main subareas - Dome, Kwabenya and Abokobi-Teiman. The FGDs were conducted in these clusters because majority of the eligible recipients and nonrecipients of services on the list provided by the district social welfare office live in these areas. Again, these communities also constitute the major sub-areas and commercial centres within the Ga East Municipality. Unlike the Central Tongu and Gushegu districts, Ga East is highly urbanised and forms an integral part of the capital city of Ghana - Accra. It is cosmopolitan in nature with inhabitants from diverse backgrounds, including foreigners and migrants from all parts of Ghana. Enumerators mobilised participants from these communities for the FGDs using the criteria described earlier.

IDs

Participants for IDs were recruited through the following methods.

PDA first discussed the range of target participants with the social welfare officers at the district offices to gain an idea for best possible locations within the selected areas. Following that, researchers moved into identified areas and communities where they engaged local community leaders (assembly members and unit committee members as well as chiefs) to confirm the availability of target participants in the area/community. PDA researchers triangulated these steps by checking with historical local PDA informants as well as using snowballing techniques during the interview.

For some IDI participants, researchers relied on state agencies and NGOs for access in order to ensure participants trusted the interviewers (in particular for HIV and AIDs patients, refugees, alleged witches). At Gushegu, the team engaged with the district health directorate and the district hospital at Gushegu to have access to HIV patients for interviews. In Ga East, researchers working with NGO working with HIV patients; in Central Tongu, researchers worked with informants at the local hospital and a local partner NGO.

Ga East

A total of 15 IDIs were conducted in Ga East as listed in table 2 below. This included seven males and eight females. Their ages range from 19 to 60 years - 6 of them were 25 years and above while 11 of them were below 25 years. Of the 15 IDI participants in Ga East, four were married, one was a widower and the remaining 10 were unmarried. In terms of education, most had either primary or secondary education, two had university/undergraduate education and four had no formal education.

Summary of IDI participants in Ga East

IDI type	Gender	Age of participant	Education level (highest completed)	Marital status	Household Size	Name of community
Homeless	Male	19	Junior High School	Single	1	Dome
Homeless	Female	20	Senior High School	Single	1	Dome
Fulani	Male	60	None	Married	1	Boye
Galamsey worker	Female	20	Senior High School	Single	2	Kwabenyaa
Refugee	Female	46	First Degree	Single	1	Haatso
Person under threat of eviction	Female	20	Senior High School	Single	4	Dome
Galamsey worker	Male	24	Primary School	Single	4	Dome
Male Under threat of eviction	Male	21	Junior High School	Single	1	Dome
Person Living with HIV/AIDS	Female	20	Senior High School	Single	1	Kwabenyaa
Kayayei	Female	38	None	Married	2	Dome

Sex worker	Female	23	Senior High School	Single	1	Dome
Fulani	Female	25	None	Married	5	Boye
Refugee	Male	38	Senior High School	Married	3	Haatso
Person living with HIV/AIDS	Male	48	First Degree	Widowed	5	Kwabenyaa
Kayayei	Male	20	None	Single	1	Dome

Central Tongu

A total of 13 IDIs were done in Central Tongu. This included seven females and six males. In terms of age, the ages of the participants ranged from 19 to 50 years - seven of the participants were 25 years and above and nine were between 19 and 24 years. Majority of the participants in Central Tongu had either primary or secondary education. Out of the 13 participants, one had a diploma level education, two had no formal education, and the rest had between primary and secondary education.

Summary characteristics of IDI participants in Central Tongu

IDI type	Gender	Age of participant	Education level (highest completed)	Marital status	Household Size	Name of community
Person living with HIV/AIDS	Female	40	Primary school	Separated	1	Adidome
Galamsey worker	Female	21	Senior High School	Single	2	Adidome
Sex worker	Female	22	Junior High School	Single	2	Adidome
Person under threat of eviction	Female	26	Senior High School	Single	2	Adidome
Fulani	Female	23	None	Married	4	Adidome-Fulanikope
Fulani	Male	50	None	Married	6	Adidome-Fulanikope
Kayayei	Male	44	Junior High School	Married	1	Adidome
Person	Male	47	Diploma	Married	1	Adidome

living with HIV/AIDS				ed		me
Homeless person	Male	19	Senior High School	Single	2	Adidome
Galamsey worker	Male	26	Junior High School	Married	6	Tsetse kpo
Person under threat of eviction	Male	24	Senior High School	Single	4	Adidome
Homeless	Female	23	Senior High School	Single	2	Adidome
Kayayei/domestic servitude	Female	22	Junior High School	Single	4	Adidome

Gomoa East

Gomoa East was added to the list later in the study in order to cover IDIs that were not present in some districts, mainly refugees in the Central Tongu district and persons engaged in illegal activities. The district was selected for the mop-up because of the existence of a refugee camp and high populations of refugees and other vulnerable populations. Consequently, three additional IDIs were done in the Gomoa East enclave as detailed in the table below.

Summary characteristics of IDI participants in Gomoa East

IDI type	Gender	Age of participant	Education level (highest completed)	Marital status	Household Size	Name of community
Person living with HIV/AIDS	Male	44	Senior High School	Divorced	3	Buduburam
Ex-Convict	Male	24	Junior High School	Single	3	Buduburam
Refugee	Female	23	Senior High School	Single	4	Buduburam

In Gushegu, 13 IDIs were done, comprising seven females and six males. The persons interviewed were aged between 23 and 72 years, with majority (11) aged 45 years and below. Unlike Central Tongu and Ga East, majority of the participated in Gushegu had no formal education with only three of them reporting having either primary or secondary education. Again, the majority of the respondents in Gushegu (9 of 13) were married with a household size ranging between two and seven. This is shown in the following table:

Summary characteristics of IDI participants in Gushegu

IDI type	Gender	Age of participant	Education level (highest completed)	Marital status	Household Size	Name of community
Fulani	Female	72	None	Widow	1	Gaa
Homeless	Female	68	None	Divorced	4	Gushegu
Woman accused of witchcraft	Female	65	None	Widow	3	Kpatinga witch camp
Person living with HIV/AIDS	female	45	None	Married	5	Gushegu
<i>Kayayei</i>	Female	23	Junior High School	Married	4	Gushegu
Refugee	Female	37	None	Married	2	Nayogu
Person under threat of eviction	Female	40	None	Married	7	Geluwei
Person under threat of eviction	Male	43	None	Married	6	Gbambu
Homeless person	Male	45	None	Married	3	Gushegu
<i>Kayayei</i>	Male	29	Senior High School	Married	5	Yapala
<i>Galamsey</i> worker	Male	38	None	Single	4	Gushegu
Refugee	Male	55	Junior High School	Married	6	Gushegu
Fulani	Male	42	None	Married	5	Gaa