

# **POVERTY REDUCTION AMONG THE URBAN POOR IN ACCRA, GHANA – A COMPARATIVE STUDY OF THE ROLES OF TWO COMMUNITY BASED ORGANIZATIONS (CBOs).**

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## **ABSTRACT**

This case study is on participants' evaluation of a poverty reduction programme that is under implementation by two Community-Based Organizations (CBOs) within a suburb of Accra, Ghana's capital city. Specifically, the study focused on assessment of participants' views on the causes and dimensions of poverty as well as the impacts of certain on-going projects aimed at alleviating of poverty in the community. The study further sought to isolate the factors that explain participants' satisfaction with these projects and also analyzed their views on future sustainability of the projects. It was realized that respondents' views on poverty were quite divergent, embodying some of the very well known notions of the concept. Furthermore, socio-economic variables were found to dominate the factors accounting for satisfaction with project execution. Majority of the respondents also expressed confidence on the projects' future sustainability, even in the absence of governmental and other forms of support.

## **1. Introduction**

The Ghanaian economy has since the early 1960s been confronted with a myriad of problems. It declined steadily in the three decades following political independence in 1957, due to fluctuations in earnings in traditional commodity exports of cocoa, timber and minerals and the implementation of very confused and ad-hoc economic policies. Overall, the economy experienced a modest output growth averaging 2.2% between 1960 and 1980, compared with rates exceeding 5% in the periods preceding that. The major effect of this decline in output was the rapid expansion in imports to complement shortfalls in domestic production, which has remained woefully inadequate for a population that was expanding at about 3.3%. Demand for goods and services generally exceeded supply leading to high rates of inflation, which was 123% in 1983. These trends culminated in gross distortions in the national economy ( ISSER, 1990).

Attempts at redressing some of these problems have since 1983 pivoted around the traditional World Bank and the International Monetary Fund's supported economic initiatives of Structural Adjustment and Economic Recovery Programmes (SAP&ERP). Aimed primarily at macro-level economic stabilization as an essential pre-condition for the realization of high and sustained economic growth rates, the implementation of these policies in Ghana has been accompanied by reduced involvement of the government

sector in economic management, that is towards the infusion of more private sector led, market oriented policies.

More efforts however, have been geared towards providing fresh impetus for increased growth in the traditional commodity sector and also facilitating the development of new growth areas, especially of non-traditional export items. Less emphasis however, has been placed on micro-level issues, especially on the social dimensions of economic recovery, in spite of the fact that implementation of these economic policy reforms have resulted in appreciable increases in poverty levels.

To address these issues, the government initiated a number of action-oriented programmes aimed specifically at redressing the plight of the poor and the disadvantaged groups as an integral part of the economic reform measures. The first attempt, the Programme of Actions to Mitigate the Social Costs of Adjustment (PAMSCAD), was initiated in 1987 with the prime objective of addressing the needs of vulnerable groups who were in precarious condition due to the effects of SAP and ERP or earlier periods of economic decline. These included small farmers, mainly in the 'peripheral' regions of Northern Ghana, whose productivity were extremely low and who also faced hunger and unemployment during the lean farming season. Others were urban-based unemployed and underemployed, and workers retrenched from the public and private sectors of the economy due to these policy reforms. Projects implemented under PAMSCAD included a set of community based projects that were to help in the rehabilitation and construction of social and economic infrastructure, thereby generating employment (Asenso, 1993).

But a cursory evaluation of the programme indicates that it was unsuccessful in adequately tackling the levels of poverty of the target population. Asenso (1993) further reckons that poverty levels have assumed dramatic proportions in certain urban and rural areas during this period. Data available from Ghana Statistical Service (2000) corroborates this view by indicating that the number of urban poor has been on the increase in recent times, especially in the national capital of Accra where contribution to the incidence of poverty increased from 3.97% in 1987/88 to 5.5% in 1990/91. It has been asserted that the dismal result may be attributed to the inability of the programme to target the poorest of the poor for focussed action (Asenso, 1993).

Within the above context, one significant factor that may help explain the dismal performance of the programme in the past, is likely to be the overly concentration of governmental efforts at poverty reduction on the provision of physical infrastructure at the expense of empowering the people by way of either providing them with jobs or facilitating their own employment or well being. This seems to be the representative view of experts in the field and Van Braun (1995), for example, has argued that effective poverty reduction programme should aim at offering employment and creating assets for the poor in the short term and in the long term.

It is in this regard that the private sector, especially the non-governmental organizations (NGO's) and their variant, the Community-Based Organizations (CBOs), has been found to be more successful than public sector institutions in making the poor

self-dependent and an active participant in resolving problems that confront them. Farrington and Bebbington (1993) believe that these bodies have the capacity to develop participatory methods as well as empower the poor to contribute to technical change from their own resources. In addition, they contend that these institutions are more effective in articulating the demands of governments among the poor and also targeting relevant groups with appropriate policies. The above insights seem to indicate that locally-based institutions can foster more effective and closer relationship with the poor on issues associated with development, relative to public-sector institutions.

Experiences gathered from the maiden attempt at poverty alleviation through the PAMSCAD initiative has informed the evolution of the current poverty alleviation programme called the Ghana Poverty Alleviation Programme (GPAP), which is funded from the national Social Investment Fund (SIF), a multilateral set up with contributions from the Government of Ghana, the African Development Bank and the United Nations Development Programme (UNDP).

## **2. Study Objectives**

The main focus of this discourse is to assess the relative strengths and weaknesses of two CBOs in the implementation of community based poverty alleviation programmes financed through the SIF. This assessment is based on responses provided by project beneficiaries who are based in a poor residential neighbourhood in central Accra, Ghana.

Specifically, the study's focus will be on the analyses of the following pertinent issues;

- a) Perceptions on meaning and causes of poverty in these localities
- b) CBOs interventions and how it is impacting on poverty reduction
- c) Factors of success in the implementation of these programmes
- d) Future sustainability of these efforts, especially in the absence of financial assistance from the SIF.

To provide sufficient knowledge base for carrying out this research, the study shall initially explore the various concepts, causes and measurements of poverty. This is followed with a comparative assessment of perceptions of project beneficiaries on some pertinent poverty related issues. This could help ascertain some of the potential forces responsible for explaining the success or otherwise of these organizations in implementing these projects.

CBOs represent indigenous or local civil society organizations that operate mainly at the neighbourhood or community level and which may be concerned with charitable participation or empowering activities either singly or in combination with other like-minded institutions (Flynt, 1998; Yankson, 2000 ). Their specific activities have included improvements in community access to essential urban environmental facilities and services such as water, sanitation and drainage. It has also included programmes such as employment generation, job training and environmental improvements.

It is hoped that insights gained here would help advance our knowledge on poverty alleviation strategizing and also help to illuminate civil society interest groups with tips for their future development endeavours.

### **3. Literature Review**

The development literature is littered with various definitions, measurements and causes of poverty. As a dynamic concept, its meaning and how it is perceived have undergone several changes with time. This have culminated in different and expanded applications and ramifications. Therefore there is no universally accepted definition of it. However, certain salient features appear to characterize most of the existing definitions, measurements and causes. Some of them, especially those of Townsend (1974), Chambers (1983) and Sen (1984) which have been found to be very insightful and relevant for this discourse, are reviewed below.

In a write-up, Townsend (1974) regarded poverty as consisting of subsistence, inequality and externality. He explained that subsistence is concerned with the minimum provision needed to maintain health and working capacity while inequality represents the relative position of income groups to each other, indicating further that poverty is concerned with how the “bottom layers” fare in relation to the rest of the society. The third descriptor, externality, is the social consequences of poverty for the rest of the society. This implies that poverty is a societal problem. This latter viewpoint however, contrasts sharply with those of Morrill, et.al (1973) who have reasoned that poverty is the outcome of the inability of certain sections of the society (at individual levels), to compete successfully in a competitive world.

Chamber’s (1983) notion of poverty centers on the dual clusters of political economy and physical ecology. He views the concept in terms of the deprivation of many at the expense of the affluent few on one hand, and the reduced standards of living resulting from population explosion and poor resource management on the other hand.

Expanding on some of these notions, Sen (1984) explained the concept through three major approaches. These are the biological approach, the inequality approach and the relative deprivation approach. Whilst the relative deprivation and inequality approaches are related to the views expounded above by Townsend and Chambers, the third, that is biological approach, provides an additionally useful and expanded insight. Biological considerations, to him, relate to the requirements of survival or work efficiency. They are nutritionally based and have often been used to define the poverty line. According to him, starvation is clearly the most telling aspect of poverty, and malnutrition must have a central place in the conception of poverty.

In the main therefore, we are tempted to agree with Rowntree (1901, quoted in Sen, 1984) who is said to have described families in poverty as primarily those whose “total earnings are insufficient to obtain the minimum necessities for the maintenance of mere physical efficiency”. This view is supported by the fact that income is prominent in almost all definitions on the level and extent of poverty.

Differences in the measurements of poverty have also generated a lot of research attention. Attempts at measuring it in terms of stratification along income lines lead to regarding poverty as an issue of inequality. In this regard, the concept of poverty line which denotes the extent to which the basic necessities of life, for example, the maintenance of physical health, housing, clothing, can easily and adequately be met ( Addo, et.al, 1983) has assumed prominence. But this approach has been subjected to criticism. Sen, for instance, has underscored the fact that inequality is fundamentally a different issue from poverty and neither concept subsumes the other. Another approach at measuring poverty utilizes the concept of relative deprivation. Poverty illustrates deprivation and the recent shift in focus from absolute to relative deprivation has provided a useful framework of analysis. Other indices for assessing poverty have been based on thoughts such as the concept of nutritional adequacy, the lack of power and the deprivations in the consumption of certain social services.

The above account gives a fair idea of the divergent notions and interpretations that have been associated with the concept of poverty over the years. In fact, the use of the concept has broadened over the years, away from the narrow considerations on income related indicators, to encompass wider societal economic, social and other concerns, including those on the environment, gender and empowerment.

The consequences of poverty are equally complex as it is often reinforced by the interrelatedness of its causes, thereby exacerbating the problem (World Bank, 1992).

In a very elaborate study, the World Bank in 1992 noted that for Africa, the basic causes of poverty are the lack of access to services and opportunities and inadequate endowments. Some of the specific issues involved that may be most relevant for this study include the following;

- a) Inadequate access to employment opportunities
- b) Inadequate physical access such as land and capital and minimal access by the poor to credit.
- c) Inadequate access to markets for goods and services that the poor can sell
- d) Inadequate participation of the poor in the decision making process.

The persistence of widespread poverty in Africa has very serious social and economic consequences. The World Bank recognizes that the large number of people in poverty implies an inefficient use of resources which increases the risks of social upheavals. The risks of social upheavals could be further increased by the high and growing inequality in many African countries. The Bank further acknowledges that with improved and expanded communication systems, the growing gap between the rich and the poor is becoming increasingly obvious and the marginalized sections of the community will invariably become restless, and most probably discontent. This may explain why various institutions, involving the Bretton Woods institutions, national governments, NGO's, and CBOs, have in recent years expanded their development focus towards mitigating the problems of urban and rural poor and avert any possible social and economic upheavals. Available statistics show that growth in the number of these institutions have been very

rapid in recent years. In the early 1980's there were about 80 Civil Society institutions (NGO's and CBOs) registered in Ghana. By 1996, the number had reached 652 and in 2000, there were about 1211 of them rendering different types of services to the very marginalized sections of the Ghanaian Society (MSW, 2000).

#### **4. Project Implementation and Study Methodology**

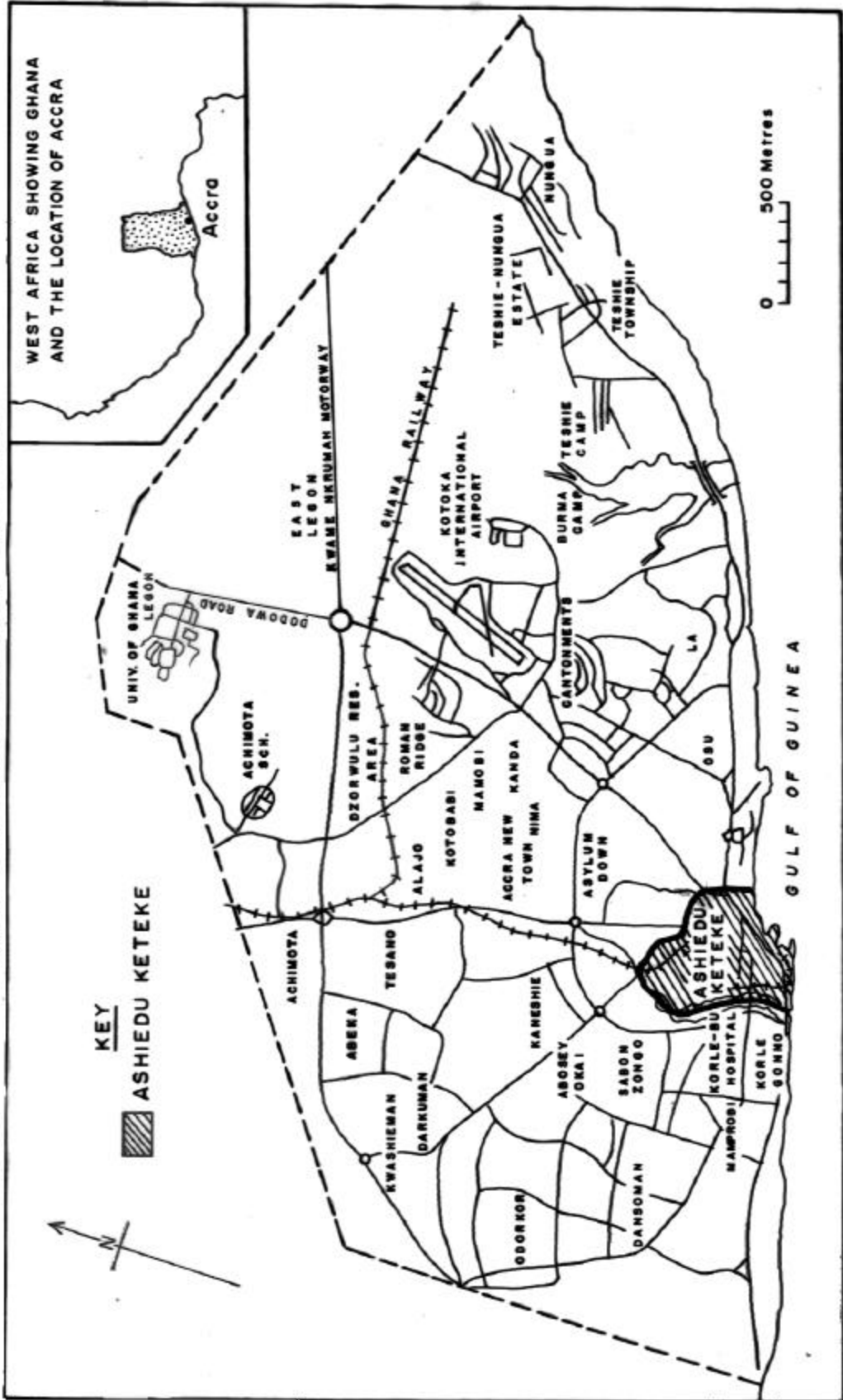
In implementing the current poverty alleviation programme (GPRP), poor districts identified as poverty stricken areas by the Ghana Statistical Service( 2000 ) are targets for programme assistance. The basic criteria for qualification for support relate to the positive impact of the project activities on the poor, sustainability of project, direct income generation and the capacity building content of the activities. Beneficiary involvement in the identification, design and implementation of projects are also critical considerations for assistance in the agriculture, education, environmental sanitation, health and water supply sectors, which constitute the priority areas. Another important condition is that at least 50% of the project beneficiaries are to be women (Asiedu, 2002).

The Ashiedu Keteke sub-metropolitan area of the Accra metropolis, which is the study area, is located in the central business district (CBD) of the city (Fig 1). With a population of over 125,000, it is said to be the most deprived suburb in Accra with high unemployment, poor sanitation and a general feeling of dis-empowerment, especially among the youth (Asiedu, 2002).

To minimize these deprivation levels, the GPRP with financial support from SIF has initiated 15 projects in the community through its outreach programmes. These projects are aimed principally at improving skills training and income generating activities. Among them are a fish smoking centre, mini health facilities, an environmental sanitation improvement project and vocational skills workshops. This study's focus is on the first two projects, the fish smoking centre and the mini health facilities which have been in operation for over two years, even though they were formally inaugurated in March, 2002. The study sites were chosen primarily to reflect the current notion that poverty alleviation looks beyond the facilitation of increased earnings to issues that including improved access to basic societal facilities and services. An additional criterion for the selection of these sites is the relative initial successes chalked by these projects in the entire SIF zonal operations.

The fish smoking centre (Site 1) is an improved fish smoking facility with a shelter, cost-effective ovens and smoking trays. It was initiated by a local female CBO, the Sempe Fish Smokers Association, and funded at a cost of \$10,000 by the SIF. In addition to these facilities, the centre provides beneficiaries with training in community-based project management and small business development skills to enable them to manage and own the project and efficiently develop their businesses in a more sustainable way (Asiedu, 2002).

FIG.1 A MAP SHOWING ACCRA DISTRICT



Source: Accra Metropolitan Assembly, Metro Works Dept., ACCRA.

Under the initiative of a local CBO, the Youth Agenda, the community has also been provided with 10 tents conveniently located in the area to provide basic health services to the inhabitants (Site 2). The focus of the project is on ailments such as cholera, malaria and typhoid fever, which are very widespread and endemic in the locality due to poor environmental sanitation standards. Treatment within these facilities are provided by medical staff from the Ministry of Health, mainly community health nurses and midwives, and it is aimed at bringing basic health care to the doorsteps of these marginalized sections of the society. Services are provided at very convenient time periods to reflect the dominant lifestyles of the local people. Referral cases and people with serious ailments are however sent to other major health facilities within the city. In addition to the provision of the above health services, education on maternal and child health care, AIDS and other sexually transmitted diseases and environmental hygiene are also provided within these mini facilities.

To be able to assess how these projects have impacted on the poverty levels of the inhabitants of Ashiedu Keteke, a questionnaire survey and interviews involving project beneficiaries and managers were organized in April/May, 2002. In all, 20 respondents from each project were interviewed. For the fish project, all the major beneficiaries involved with the facility were interviewed. However, in the case of the health facility, 2 of the sites were randomly chosen. Then 10 respondents were selected randomly from each site at different time periods, totaling 20 in all, for the questionnaire administration. The sampling procedures adopted here were deemed representative enough for the purpose of this study. In addition, group interviews were conducted with project management committees and some project beneficiaries.

Questions asked during this exercise ranged from those on participants' personal profiles, their association with the planning and management of the project, project impacts and issues on future sustainability of project in the absence of public funds and support. Similar issues were also discussed during meetings with the group representatives to provide additional insights, especially on the project planning and its management. .

## **5. Study Results**

The responses received have been qualitatively and quantitatively analyzed along comparative lines to bring out the differences between the 2 projects. The results have been detailed out below under the following headings; (a) perceptions on causes and effects of poverty (b) impacts of the poverty alleviation interventions (c) analysis of factors explaining success or otherwise of project implementation and finally (d) views on project sustainability, especially in the absence of outside assistance.

### **a) Perceptions of Meaning and Causes of Poverty**

Contemporary thinking on the concept of poverty is that it is more than the lack of adequate income. In spite of this new outlook however, respondents were almost unanimous in interpreting the concept in terms of poor incomes. 92.5 % of all respondents (from the two projects) viewed it as the most fundamental cause of

poverty, in line with traditional notions on the concept. Other major characteristics associated with the concept are poor access to health facilities and services (50%), poor nutrition (47.5%), inadequate housing (42.5%) and poor education (7.5%).

Some little variations in terms of the magnitude of these percentages were however observed between the two sites as indicated in Table 1 below.

Table 1 – Variations in Respondents Views on the Meaning of Poverty\*

Causative variable	Responses from Fish Smoking Facility (%)	Responses from Health facility (%)
1. Poor Incomes	100%	85%
2. Poor Access to Health Facilities	55%	45%
3. Poor Nutrition	45%	50%
4. Inadequate Housing	45%	40%
5. Poor Education	15%	-

\*Ranked order with multiple responses

All respondents (100%) from the fish smoking site (Site 1), considered the concept in terms of incomes levels, followed by poor access to health facilities, poor nutrition and inadequate housing in that order of importance. Similarly, majority of the respondents (85%) from the health facility also linked the concept to poor incomes. Other meanings associated with the concept are not very different from those obtained from Site 1. The only difference between the sites seems to be that of variations in the magnitude of responses provided.

Causes of poverty were generally linked to lack of jobs (60%), broken homes (17.5%), lack of working capital (15%), laziness (12.5%) and lack of education (10%). Some notable variations exist between the two sites on the causes of poverty. Three significant causative factors were isolated by respondents within Site 1. These are lack of jobs (35%), poor working capital (30%) and lack of education (20%). The above results contrast sharply with the results obtained at Site 2 where a single factor, lack of jobs dominated with a percentage score of 55%.

From the above analysis, it is evident that most respondents interpret the concept in terms of poor earnings while employment considerations were deemed most critical in the causation of poverty. It is also clear that these responses do not deviate very significantly from existing notions on poverty. However, it is refreshing to indicate that most respondents attributed the main cause of poverty to lack of jobs instead of lack of money. This gives an indication that people are prepared to work in order to free themselves from poverty instead of probably depending on monetary handouts. Finally, it is also worthy to note that there were no appreciable differences in responses between the two study sites.

b) Impacts of Interventions

It became quite clear that these interventions have resulted in several positive effects on the livelihoods of these people.

At Site 1, beneficiary responses indicated that their income levels have increased about three fold that is from an average of about 90,000 Ghanaian cedis per month in the year 2000 years ago, to about 350,000 cedis per month currently. With national inflation rate on a downward slide, it is clear that respondent's purchasing power has increased quite markedly.

In addition, most of the respondents (55%) ranked increases in sales and earnings first on the project's positive impacts while others (35%) were most very emphatic on the positive aspects of reduced occupational stress associated with the use of this facility compared to their previous mode of operation. In a follow up discussion, some of these respondents intimated that they now have more time to themselves due to the timeliness and efficiency of the current operational system. This discretionary time, they narrated, has been applied variously - to learn a new trade, engage in an additional income earning activity or have quality time with their families. A very cherished advantage of this facility, in their view, is the protection that it provides users especially during periods of intense sunshine and rainfall. Other positive impacts cited are reduced anxiety (15%) and living a more dignified lifestyle (10%). A summary of some of the positive attributes of the facilities are given below (Table 2).

Table 2 - Ranked Order of Some Benefits of Projects\*

No.	Fish Smoking Facility	% involved	Health Facility	% involved
1.	Increased Sales and Income	55.0	1. Improved Physical Access to Health care	65.0
2.	Reduced Occupational Stress	35.0	2. More Dignifying Life	15.0
3.	Reduced Anxiety	15.0	3. Increased Employment	10.0
4.	Living More Dignified Lifestyle	10.0		

\*Multiple responses are present.

The most remarkable benefit of the health project has undoubtedly been the improved physical access to health care. Sixty five percent (65%) 17 of the respondents were

unequivocal on this. Other benefits mentioned were the dignity it brings to the people (15%) and increased employment (10%).

Some of the comments made with regards to some of the positive fall-outs of this project and captured on tape during the group interviews were as follows;

*“ Before the advent of this project, the changing effects of the weather, for example, rainfall and intense sunshine, resulted in interruptions in our activities. Now, that is history (because of this all weather facility)”.*

*“ More fish can now be processed for preservation and for the market. This means bigger profits, especially during the peak season when fish prices go down. As a result, I can now provide better nutrition and better health care for my children”.*

On the other hand however, some comments that did not seem to be complimentary to this effort were expressed. They included the following;

*“ I need working capital ( micro finance ) to help me buy more fish for processing for the market. The project did not cater for this and that is not helping me much”.*

*“ Because we have expanded our processing activities, the size of the local market is becoming a limitation. We need further assistance (soonest), to enable us access other markets to sell our wares, else this project is likely to follow the path of the others we have seen in the past”.*

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. Responses from Site 2 were along similar lines. In particular, some of the positive attributes included time saving and very flexible operational time periods. Time saving was attributed to the short travel distance to the health facility and the limited waiting time spent there due to smaller number of people visiting the site. In terms of flexibility of operations, they applauded services that are provided during odd times especially in the evenings and during weekends. This allowed for more effective planning of one's activities and more judicious use of one's time.

Some of the comments made that have positive connotations include this one;

*“ I don't have to get up at dawn to queue for a tro-tro ( a local public transport system ) to enable me get to Korle bu ( the main hospital in the city ). Over there too (at Korle bu), one has to wait for very long hours to see a doctor. I am very, very comfortable with the current situation since I spend less time here, it is closer home and they also operate in the evenings and during week-ends”.*

However, the project was not spared some negative comments. Some were as follows;

*“ Some referrals to Korle bu (the major health facility) come late in the day. They are sometimes very disgusting”.*

*“ The surroundings of the tents could be made better. The shed is too small and the place becomes muddy when it rains. They have to provide concrete surfaces all over”.*

It is quite apparent from the above narratives that the projects have generally had positive influences on the lives of these people. We should however not overlook some of the misgivings that have been expressed alongside these positive indicators.

### c) Success Factors

One of the primary interests of this discourse was to ascertain the extent and sources of project success as indicated by beneficiaries. Towards this realization, respondents' views on satisfaction or dissatisfaction with the two projects which were assumed to mimic the projects success, were sought and analyzed. These viewpoints constituted the two dichotomous responses or dependent variables employed for these analyses. Table 3 below provides the % breakdown of these responses.

Table 3 : Distribution of Response (Dependent) Variables

	% Satisfied	% Dissatisfied
Satisfaction with fish smoking facility	60.0	40.0
Satisfaction with health facility	65.0	35.0

A number of independent variables, notably socio-economic, demographic and behavioural, were used. They included age, household size, educational attainment, marital status, views on poverty reduction and physical locational factors were also employed. However, variations existed in the application of these independent variables among these two categories of analyses.

The relationship between the two sets of variables, response and independent variables, were explored through the use of cross tabulation analysis. Specifically the analysis employed the Somer's D and the Chi square statistics to establish these relationships (Norusis, 1985). Tables 4 and 5 detail out the independent variables involved and the output of these analyses.

In general the results indicated weak relationships. The analysis on satisfaction with the fish smoking facility showed that, repayment schedules, marital status and adequacy of assistance were relatively better related to the response variable than the others.

The interpretation here is that these variables constitute the main sources of satisfaction for those engaged in the fish processing facility.

Table 4: Statistical Association Between Satisfaction with Fishing Facility and Explanatory Variables

Variables	% in each Category	Association level (Somers's D statistic)#
a) Household Size		0.234***
(i) 3 or less	20.0	
(ii) More than 3	80.0	
b) Educational Status		0.284***
(i) Literate	60.0	
(ii) illiterate	40.0	
c) Age		0.201***
(i) 35 years or less	75.0	
(ii) Over 35years	25.0	
d) Marital Status		0.327**
(i) Married	40.0	
(ii) Others	60.0	
e) Adequacy of Present Assistance		0.303**
(i) Adequate	70.0	
(ii) Inadequate	30.0	
f) Has Poverty level reduced?		0.274**
(i) Yes	20.0	
(ii) No	80.0	
g) Are repayment bearable?		0.383**
(i) Yes	80.0	
(ii) No	20.0	

# = The strength of association is measured here by Somers's D (asymmetrical) which ranges from - 1.0 for a perfect negative association through 0.0, where this is no association, to + 1.0 where there is perfect association.

\*\*= 0.01 means association expected by chance one time in one hundred

\*\*\* = 0.001 means association expected by chance one in a thousand

Similarly age, marital status and physical location of the site constituted the main factors of satisfaction to the health project beneficiaries.

Table 5: Statistical Association Between Satisfaction with Health Facility and Explanatory Variables

Variables	% in each category	Association Level (Somer's D statistics)#
1. Age		0.319**
(i) 35 years and Below	35.0	
(ii) Above 35 years	65.0	
2. Marital Status		0.210**
• Married	45.0	
• Others	55.0	
3. Educational Level		-0.60***
• Literate	75.0	
• Illiterate	25.0	
4. Size of Household		-0.235**
• 3 or below	10.0	
• Above 3	90.0	
5. Is physical location suitable		0.105**
Yes	80.0	
No	20.0	

# = The strength of association is measured here by Somer's D (asymmetrical) which ranges from - 1.0 for a perfect negative association through 0.0, where this is no association, to + 1.0 where there is perfect association.

\*\*= 0.01 means association expected by chance one time in one hundred

\*\*\* = 0.001 means association expected by chance one in a thousand

#### d) Project Sustainability

One of the most worrying aspects of such projects is their future sustainability, especially in the absence of some of the initial stakeholders. Lack of project continuity has been a serious bane on development in most parts of Ghana. For this reason, an attempt has been made here to assess the likely consequences of this on the future of the projects. In this regard, the study enquired from the stakeholders whether they thought the project would continue to benefit them in the next five years. They were also asked, as a follow up to the above, to assign reason(s) for their answer. The two responses have been tabulated below in Tables 3 and 4.

Table 3 : Will the Project Continue to Benefit you in the Next Five Years?

Response	Fish Smoking Centre	Health
Yes	80%	85%
No	20%	15%

It is overwhelmingly clear from the above responses that beneficiaries are confident about the future survival of the project, at least in the next five years. This result appear credible in view of the fact over 85% of the respondents from the fish smoking centre, for example, have pursued this occupation for between 11 and 30 years. There is therefore the strong likelihood that they would endeavour at all cost to ensure the project's future sustainability so that they continue to enjoy the numerous positive attributes of the project as enumerated above.

Empirically, they supported the assertions made above with the following reasons ( Table 4 ).

Table 4 : Ranked order of Reasons for Future Sustainability of Projects

No.	Fish Processing Centre	%	No.	Health Facility	% involved
1.	Expect better business	45	1.	Resourcefulness of project	30
2.	Support may be available	25	2.	Good Accessibility and Good Patronage	20
3.	Better health and long life	10	3.	Future Hope	15
4.	Existence of a Long term Plan	5	4.	Community Interest and Involvement	15

The above table demonstrates that most of the respondents from the fish processing unit based their views on expectations of better business in the future (45%). Others mentioned better health and long life due to less tiredness (10%) and the existence of an effective long term plan for the project (5%). Fifteen percent (15%) of the respondents, however, expressed the view that unless some micro financing is made available to them to procure some inputs for their businesses, it is most unlikely that the project would survive in the future.

The major reasons cited in support of the likely future continuity of the health facility include the apparent resourcefulness of the project (30%), good accessibility and therefore good patronage (20%), future hope ( 15% ) and community's interest and involvement (15% ). Those who thought differently cited worsening living conditions that may reduce patronage (10%) and the deterioration of facility in the future due to poor maintenance culture of Ghanaians (5%).

## **6. Study Conclusion**

This case study has assessed the relative roles of two CBOs in the implementation of two poverty alleviation programmes in a poor neighbourhood in Central Accra, Ghana. Issues investigated were the perceptions of project beneficiaries on the meaning and causes of poverty within the neighbourhood, the benefit derived from project participation and their views on the future sustainability of the projects.

It was realized that respondents views on the meaning and causes of poverty were quite divergent, embodying some of the traditional and contemporary notions of the concept. Generally, however the meaning was strongly linked to poor earnings while the causes were attributed largely to lack of employment avenues. Differences between projects on these issues were minimal.

Numerous benefits were cited as emanating from the project. They include reduced occupational hazards, increased sales and profits as well as better physical access to health care. Participants were generally agreed on the future sustainability of these projects indicating that future prospects for good business existed and also the presence of these projects within very accessible locations increased the likelihood of continuous patronage.

A cursory look at the above issues gives an indication that the projects have impacted quite significantly on the living conditions of beneficiaries. It is hoped that they would be expanded and replicated in other places that are in dire need for these interventions.

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