ASSESSMENT OF COMMUNITIES' PERCEPTIONS OF THE SOCIO-ECONOMIC SUSTAINABILITY OF THE HUNGER PROJECT'S AID, A CASE OF APAU-WAWASE EPICENTER.

by

KNUST

Takyiwaa, Comfort
(PG4144810)

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DECLARATION

I hereby declare that this submission is my own work towards the Executive Masters of Business Administration and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text.

Comfort Takyiwaa
PG4144810   ……………….   ………………
Student's Name & ID   Signature   Date

Certified by:

 Mr. Ernest Fianko Quartey   …………………   ………………
Supervisor's Name   Signature   Date

Certified by:

Prof. I. K. Dontwi   …………………   ………………
Dean, IDL   Signature   Date

DEDICATION

This thesis is dedicated to my husband and son for their continuous love, support, patience and encouragement.

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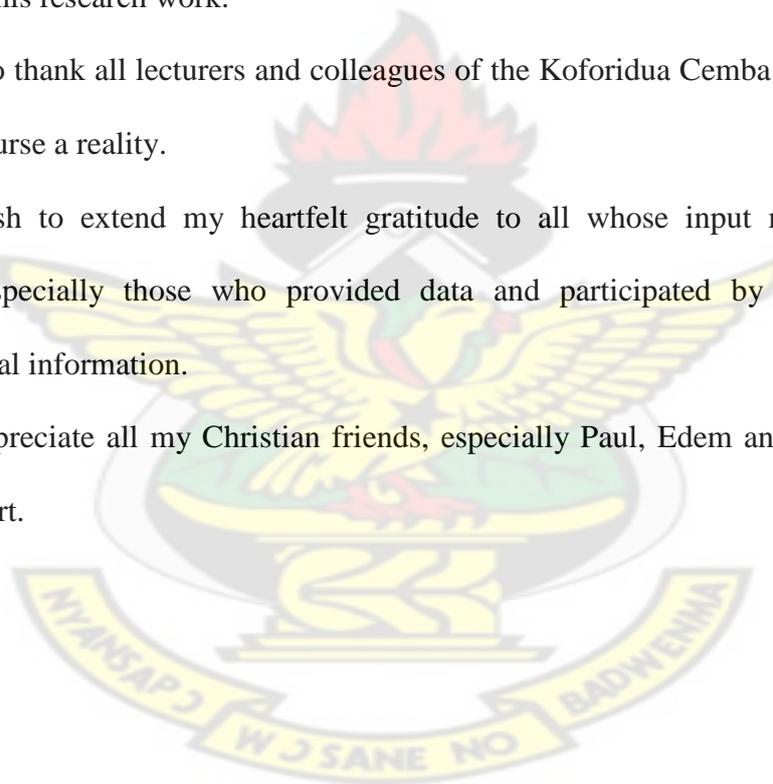
ABSTRACT

The study was conducted in Apau-Wawase Epicenter to assess the communities' perception of the socio-economic sustainability of The Hunger Project's aid. A total of 150 respondents were selected for the study through cluster random sampling and purposive sampling techniques. Questionnaire and interview were used to gather information from the respondents. The study sets out to find the purpose of the aid from the recipients' point of view, the recipients' view of the sustainability of the projects and their future as self-reliant, challenges faced by NGOs whiles implementing Aid projects in the rural communities and measures for implementing rural community Aid projects successfully. The findings revealed that the purpose of THP's aid through the Epicenter strategy was to provide the communities with access to basic facilities like health care and also empower the communities to sustainably fight hunger and poverty and become self-reliant. The study further revealed that even though THP continues to support the epicenter with funds, facilitate training seminars and workshops, the opinion of the people of the communities is that the programmes are sustainable and is making them self reliant. The study has revealed that the challenges to the implementation of the THP's programmes are repayment of the credit facility from the micro credit scheme and the level of education of members of the communities. The study again identified that the programmes were successful mainly due to the active involvement of the members of the communities at every stage and the fact that they considered THP as partners. It is recommended that a phase out plan is made clear to all stakeholders and facility managers' competences are upgraded to enable them manage the projects professionally. Again, investment advisory services should be given to beneficiaries of the credit facility.

TABLE OF CONTENTS

KNUST

LIST OF TABLES

LIST OF FIGURES

ABBREVIATIONS

NGOs   Non Governmental organizations

THP   The Hunger Project

TOTs   Trainer of Trainers

CDF   Comprehensive development Framework

MDGs   Millennium Development Goals

HIPC   Highly Indebted Poor Country

WTO   World Trade Organization

CAF   Contemporary Acronym Facility

WB   World Bank

CHAPTER ONE

INTRODUCTION

This chapter covers the background analysis of major components of the study. It also includes the research problem, questions, relevance, objectives, scope and limitation, ethical consideration and how the study is organized.

1.1. BACKGROUND TO THE STUDY

Non Governmental Organisations (NGOs) have a propensity to work in small locations, achieving impact on the ground, as compared to the Government services that usually address the needs of a majority with little attention given to members of the civil society, who have no voice. Vulnerable groups such as women, children and people with disabilities, have always needed support from the voluntary sector to articulate issues. Experience shows that NGOs have made a great contribution in poverty alleviation, redressing gender balance, combating environmental degradation and involving the poor, in participatory development (Save The Children Fund, 1997).

Present day developments favour a participatory, community based approach, complementing and liaising with Government plans and services, and working with all the stakeholders' groups. NGOs and Governments vary in their capacity to change their working practices to achieve these aims. However, NGOs have developed a reputation for their ability to elicit participation from the communities they serve (Carroll, 1992).

NGOs have grown in numbers over the past years and also widened their scope of work in all aspects of human need. This has influenced the status quo in favour of a people centred approach to development (Bennett, 1997).

These organisations, even the small and locally based ones, usually get most of their financial support from international organisations. The international NGOs range from

multilateral, to bilateral funding agencies such as OXFAM and World Vision (Lang, 2000), and usually have an international influence. Funding and donor support are also usually remitted over a period of time.

NGOs working in rural communities have the potential to be an important instrument and catalyst for social change. For this to happen, there must be a quantum shift in how donor support is perceived, and crucially, in the roles of all professionals, social activists and the community members involved.

The Hunger Project (THP) is a global, non-profit, strategic organization committed to the sustainable end of world hunger. In Africa, South Asia and Latin America, THP seeks to end hunger and poverty by empowering people to lead lives of self-reliance, meet their own basic needs and build better futures for their children. THP Partner Countries, which provide funds for programs in the developing world, include: Australia, Belgium, Canada, Germany, Japan, The Netherlands, New Zealand, Sweden, Switzerland and the United Kingdom (THP's newsletter, 2010).

The Hunger Project-Ghana is an impressive organization with an audacious goal to end Hunger and poverty in rural communities. The Hunger Project works in partnership with local government bodies to ensure that they are effective, include the leadership of women, are directly accountable to local people, and provide access to resources and information (THP's newsletter, 2010). In order to strengthen local governance, The Hunger Project also works from the top down, lobbying for state and national law changes, and in some cases court rulings, to shift power into the hands of the people.

The Hunger Project's methodology is implemented through the Epicenter Strategy which is an integrated rural development approach that mobilizes clusters of villages where women and men are mobilized to create and run their own programmes to meet basic needs. The Epicenter Strategy is a proven, replicable, low-cost methodology for

empowering the women and men of rural communities in Africa to be self-reliant (THP's newsletter, 2010).

Support is therefore given to the rural communities in the form of community banks (micro finance), clinic, pre-school centre, food bank storage facility, conference centre all in a physical infrastructure called epicenter. After several phases over a five-year period, an epicenter becomes self-reliant, meaning it is able to fund its own activities and no longer requires further investment from The Hunger Project.

The Hunger Project's (THP's) Microfinance Programme is a savings, training, and credit programme for the end of hunger in Africa, that address the economic empowerment of Africa's women, the most important but least supported food producers on the continent. THP's Microfinance Programme was originally implemented as an independent programme in 1999 (under the title, the African Woman Food Farmer Initiative-AWFFI). In 2003, the programme was incorporated into THP's Epicenter Strategy. THP's micro-finance programme is one of the strategic interventions being used to address discrimination against women in access to financial resources and to promote their economic empowerment. Women are therefore the main target of the micro-finance programme. Consequently, in 2008, they received about 80% of the GH ¢ 182,790 loans disbursed (The Hunger Project-Ghana's Annual Report, 2008). The loans are disbursed through the community banks managed by members of the committee in the epicenters and are expected to be repaid on time.

According to The Hunger Project-Ghana 2008 annual report, several communities were supported with farm inputs such as fertilizers, insecticides and improved seeds to ensure increased food production and security in line with their capacity building and community empowerment principles. The supply of farm inputs to farmers is demand driven and based on one's ability to pay the subsidized cost. THP has resorted to the training and use

3

of Agricultural Trainers of Trainers (Agric. TOTs) as an innovative way of overcoming the shortage of Agricultural Extension Officers. The trained Agric. TOTs have played a major role in sensitizing communities on improved and modern methods of farming to ensure increased food production and security (THP's newsletter, 2010). The Hunger Project also facilitates the provision of food bank storage technology that is supposed to store produce of farmers in the community to help reduce post harvest loss. Furthermore, a school facility is provided in the epicenter to cater for the education of the children and non educated adults in the communities.

The conference centre serves as facility where skills are learnt, meetings are organized seminars and workshops are conducted to build the capacity of the community members to become self reliant.

Health sector reforms in Ghana during the late 1980s and 1990s have been shaping and changing the health service delivery systems. Considerable efforts have been made to decentralize health services through capacity strengthening at the district level. The national level has also undergone structural and organizational changes to strengthen the policy and planning of the nations Ministry of Health (World Health Organization, 1991). In 2006, the Hunger Project-Ghana and the Apau Wawase epicenter with the collaboration from the ministry of health through the Ghana Health Services established a clinic at Apau Wawase epicenter to enable the people access quality health care.

When the communities in partnership with The Hunger Project completes the epicenter building, the local government provides nurses, teachers and supplies learning materials and medicals equipments for the pre-school and health clinic respectively (THP's newsletter, 2010).

Six years of its operation, it is imperative to ascertain the perceptions of the communities of the Social-Economic Sustainability of the interventions provided at Apau Wawase

Epicenter. The study will examine the recipients' opinion about the support and what they think about their possibilities to take over projects that donors have helped initiated and supported for a period of time. These and other important issues will occupy the attention of the researcher in this research work. This paper therefore seeks to assess the perceptions of rural communities in the Apau Wawase Epicenter in the suhum/kraboa/Coaltar District of the Eastern Region of Ghana of the Socio-Economic Sustainability of The Hunger Project's programmes.

1.2. STATEMENT OF THE PROBLEM

The motive of The Hunger Project's aid is to empower recipients to become self-reliant, meaning they are able to fund their own activities and no longer require further support from The Hunger Project (THP). THP does so through the Epicenter strategy where a compound that houses facilities such as clinic, bank, school, food storage warehouse, and conference centre is constructed in a cluster of villages. THP runs programmes to empower the communities to be able to operate the facility and hands over to the communities after a period by which time the epicenter would have been self reliant and sustainable. After five years of support from The Hunger Project, it has been observed that, repayment of the credit facility given to members of the community is not forthcoming. There is lack of patronage of the food bank storage technology and conference centre, and attendants to the clinic have been declining over the years. The question is, would the Epicenter strategy be sustainable without support from THP? Would the people become self reliant when THP withdraws its assistance? How do the recipients at the epicenter feel and think about the aid they receive? And what do they think about their future as independent people? How do recipients at the epicenter feel

5

about the donors' intention to empower them? These are pertinent issues NGOs like The Hunger Project Ghana, and the local Governments will like to find answers to.

1.3. OBJECTIVES OF THE STUDY

The broad objective of the study was to examine the perception of rural communities in the Apau Wawase Epicenter of the Socio-Economic Sustainability of The Hunger Project's programmes.

The specific objectives are:

1. to identify the purpose of the aid, from the recipients' point of view

2. to discuss the recipients' view on the sustainability of the projects and their future as self-reliant people

3. to identify from the recipients' view, challenges faced by NGOs while implementing Aid projects in the rural communities

4. to suggest successful measures for implementing rural community Aid projects

1.4. RESEARCH QUESTIONS

To fulfil these objectives the following research questions were used:

1. what is the purpose of the aid, from the recipients' point of view?

2. what are the recipients' views on the sustainability of the projects and their future as self-reliant people?

3. what are the recipients' views of the challenges NGOs face while implementing Aid projects in rural communities?

4. what measures should be adopted to make the implementation of rural community Aid projects successful?

1.5. SIGNIFICANCE OF THE STUDY

The research intends to reveal the perceptions of rural communities of the socio-economic sustainability of The Hunger Project's epicenter strategy. It is relevant in many ways as:

➢ The research will assist the NGOs to understand the usefulness of integrating diverse community values into their decision making process and alert their staff to be aware of social equity concerns

➢ It will bring to the fore the impact and magnitude of the NGOs development support on the community's social and economic well-being

➢ The research will afford the District Assembly in its effort to provide developmental projects to the rural areas the opportunity to know some of the challenges as well as measures to meet the developmental needs of the rural people. It will also help avoid future inequities associated with new developments by pre-emptively considering the potential impacts of a project.

➢ Again, it is believed that all data and information gathered during the study would serve as a means of useful information to academicians and researchers in general.

➢ The general public will also benefit from this research because it will serve as an addition to the body of knowledge and set the pace for further research to be conducted by future researchers.

1.6. SCOPE OF THE STUDY

The study focused on perceptions of members of rural communities in the Apau Wawase Epicenter in the suhum/kraboa/Coaltar District of the Eastern Region of Ghana of the Socio-Economic Sustainability of The Hunger Project's Aid. It also focused on available data from The Hunger Project-Ghana's operations in the communities. The personalities

that were interviewed included the chiefs, queens and elders of the communities, the Assembly Member of the area, a section of the people in the communities, committee members of the various programmes and the Project Officer of The Hunger Project-Ghana in charge of operations in the communities.

1.7. LIMITATIONS OF THE STUDY

The stipulated time frame for the submission of this work to the Graduates School and the bad nature of the roads in the area couple with the rainy season as well as language barrier were major limitations which delayed the data collection.

1.8. ORGANIZATION OF THE STUDY

This study is organized into five chapters. Chapter one is an introductory chapter, which covers the background of the study. This chapter also includes the research objectives, research questions, statement of problem, relevance, scope, limitation of the study, how the study is organized and operational definitions.

The review of the relevant literature was made to serve as the basis of the study in chapter two. Chapter three presented the methodology of the study to reflect the study type, its scope, data sources and kinds of data, instruments for the study, sampling method, sampled population, sampled size, ethical consideration and analytical techniques used in the study.

In chapter four, discussions of the results and findings of the research were presented. The concluding chapter, which is chapter five, provides a summary of findings of the study.

The conclusion of the study and relevant recommendations based on the findings of the study were then presented.

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

This chapter reviewed the relevant literature of work done on this subject. Literature is

reviewed under the following headings:

The purpose of Aid

Sustainability of Aid projects and self-reliance of recipients

Challenges of implementing rural community Aid projects

Measures to implement successfully rural community Aid projects

2.2. THE PURPOSE OF AID

In international relations, aid (also known as international aid, overseas aid, or foreign

aid) as defined by the Organisation for Economic Co-operation and Development, is a

voluntary transfer of resources from one country to another, given at least partly with the

objective of benefiting the recipient country (OECD, 2006). It may have other functions

as well: it may be given as a signal of diplomatic approval, or to strengthen a military

ally, to reward a government for behaviour desired by the donor, to extend the donor's

cultural influence, to provide infrastructure needed by the donor for resource extraction

from the recipient country, or to gain other kinds of commercial access. Humanitarianism

and altruism are, nevertheless, significant motivations for the giving of aid (Lancaster,

2007). Aid could be classified as humanitarian or development aid.

2.2.1. TYPES AND SOURCES OF AID

Humanitarian aid or emergency aid is rapid assistance given to people in immediate

distress by individuals, organisations, or governments to relieve suffering, during and

after man-made emergencies like wars and natural disasters. The term often carries an international connotation, but this is not always the case. It is often distinguished from development aid by being focussed on relieving suffering caused by natural disaster or conflict, rather than removing the root causes of poverty or vulnerability.

Development aid is aid given by developed countries to support development in general which can be economic development or social development in developing countries. It is distinguished from humanitarian aid as being aimed at alleviating poverty in the long term, rather than alleviating suffering in the short term.

Aid from various sources can reach recipients through bilateral or multilateral delivery systems. Bilateral refers to government to government transfers. Multilateral institutions, such as the World Bank or UNICEF, pool aid from one or more sources and disperse it to many recipients (OECD, 2006).

2.2.2. AID CONDITIONALITY

Aid often comes with conditions on its allocation. This is called Aid Conditionality. The two types of conditionality are Outcome and Process based conditionality. Outcome conditionality ties aid to a certain goal, while process conditionality ties aid to a certain method of implementation. These two forms of conditionality are often seen together. The problem with aid conditionality is that it does not only restricts the local legislatures in how they shape their own country, but often removes local populations from the goal setting and decision making process entirely (http://www.unrisd.org). Academic research has shown that in many instances, aid is conditionally tied due to political motives, rather than notions of proper policy and implementation.

As pointed out by Dugger (2007), The World Bank and the International Monetary Fund, as primary holders of developing countries' debt, attach structural adjustment

11

conditionality to loans which generally include the elimination of state subsidies and the privatization of state services.

2.2.3. ECONOMIC MOTIVE AS A CONDITION FOR AID

A major proportion of aid from donor nations is tied, mandating that a receiving nation spend on products and expertise originating only from the donor country. For example, Eritrea is forced to spend aid money on foreign goods and services to build a network of railways even though it is cheaper to use local expertise and resources (http://ipsnews.net/interna.asp). US law requires that food aid is spent on buying food at home, instead of where the hungry live, and, as a result, half of what is spent is used on transport (http://www.newsweek.com). A notable example of this is US aid to fund HIV/AIDS treatment in Africa. According to Thalif Deen's Tied Aid Strangling Nations, Washington conditioned African governments to purchase anti- HIV/AIDS drugs only from American companies which cost $15,000 annually to a patient who lives below a $1.00 a day compared to purchasing South African made generic drugs that would cost $350 annually (http://ipsnews.net/interna.asp).

Economic objectives have overshadowed foreign aid assistance since the 1970s. Anup Asha in her article, Aid for Development Assistance, noted that donor countries condition their recipients to only purchase their products or hire their expertise to qualify for aid. This conditionality completely ignores the objective of aid to finance development because the prescribed purchase of goods and services from the US will be more expensive than the locally available alternatives. This strategy in effect ensures that the US gets back its money into its economy. She further argues that while the European Union and the US strongly advocate for trade liberalization when awarding development

aid assistance to developing countries, they heavily subsidizes their agricultural sectors by about $ 35-40 billion and $190 per year respectively.

2.2.4. INTERNATIONAL POLITICS AS MOTIVE FOR AID

As cited by Carter and O'Meara, Asante (1985), argues that Aid is seldom given from motives of pure altruism; for instance it is often given as a means of supporting an ally in international politics. It may also be given with the intention of influencing the political process in the receiving nation. Whether one considers such aid helpful may depend on whether one agrees with the agenda being pursued by the donor nation in a particular case. During the conflict between communism and capitalism in the twentieth century, the champions of those ideologies, the Soviet Union and the United States, each used aid to influence the internal politics of other nations, and to support their weaker allies. Perhaps the most notable example was the Marshall Plan by which the United States, largely successfully, sought to pull European nations toward capitalism and away from communism. Aid to underdeveloped countries has sometimes been criticized as being more in the interest of the donor than the recipient, or even a form of neo-colonialism.

S. K. B. Asante lists some specific motives a donor may have for giving aid: defence support, market expansion, foreign investment, missionary enterprise, cultural extension. In recent decades, aid by organizations such as the International Monetary Fund and the World Bank has been criticized as being primarily a tool used to open new areas up to global capitalists, and being only secondarily, if at all, concerned with the wellbeing of the people in the recipient countries (Asante, 1985).

2.2.5. ECONOMIC GROWTH TO RECIPIENTS AS MOTIVE FOR AID

Statistical studies have produced widely differing assessments of the correlation between aid and economic growth, and no firm consensus has emerged to suggest that foreign aid generally does boost growth. Some studies find a positive correlation, but others find either no correlation or a negative correlation. In the case of Africa, Asante (1985) gives the following assessment: Summing up the experience of African countries both at the national and at the regional levels, it is no exaggeration to suggest that, on balance, foreign assistance, especially foreign capitalism has been somewhat deleterious to African development. It must be admitted, however, that the pattern of development is complex and the effect upon it of foreign assistance is still not clearly determined. But the limited evidence available suggests that the forms, in which foreign resources have been extended to Africa over the past twenty-five years, insofar as they are concerned with economic development, are, to a great extent, counterproductive.

The Human Development Report (1997), for example, suggests that economic growth can be a powerful means of reducing poverty, but its benefits are not automatic. Essentially, people must be educated and enjoy relatively good health to contribute and benefit from growth. In this context, individuals need the capabilities to access gainful employment and participate fully in the society to which they belong.

2.3. SUSTAINABILITY OF NGO PROJECTS AND SELF-RELIANCE OF RECIPIENTS

The main concepts considered in this section, include capacity building, participation and empowerment. It is important to point out that none of these concepts are unambiguous, and that all the three concepts correspond to each other. The concepts focus on the power within the people concerned and deal with people's influence on their situation. They all

14

unite as they concentrate on people's capacity and emphasize that it is the people themselves who have the power to change their lives. Since capacity building, among other things, means that people will be able to help themselves (Eade, 1997), and empowerment implies among other things that people are able to control and influence their own lives (Narayan, 2002) it is obvious that these concepts unite. Participation also unite with empowerment since the former for example means that people are able to shape their own lives (Cornwall, 2002), which is an important part of an empowering approach. Also participation and capacity building unite as people's participation leads to strengthening the people's capacity.

The concepts are important in developing issues since they are all connected to the sustainability of aid projects. There are, however, limitations of the use of the concepts even in development context. For example the concepts are inapplicable when talking about emergency aid since this kind of aid does not aim at being sustainable but only to give immediate help.

2.3.1 CAPACITY BUILDING

Today one of the most commonly used concepts concerning development is 'capacity building'. Still there are many different definitions of what 'capacity building' means in practice (Kaplan, 2000). In a survey among European and North American development NGOs, most organizations would place capacity building somewhere between 'helping people to help themselves' at a personal, local as well as a national level, and strengthening civil society organizations in order to promote democratization. Capacity building cannot, however, be seen in isolation. It must be seen and undertaken in a wider economic, social and political environment; to understand the lack of people's capacities one has to understand the context. Capacity building should not be separated from

development either. Instead it should be seen as an approach to development (Eade, 1997). As cited in Kaplan (2000), development must start in somebody's sense; development is not about things you see, it is about the way somebody is developed in their thinking (Kaplan, 2000). The essence of a capacity building approach is to strengthen people's capability of creating and maintaining organizations, which can both represent them and be answerable to them. Capacity building means a long-range investment in people and their organizations. It also implies an obligation to different processes, which will lead to the people being able to shape the forces that affect their lives. Capacity building is not a separate activity that should be done instead of supporting other activities, e.g. education and health programs (Eade, 1997).

Micro Enterprise Training and Development or Small-scale enterprise development is being seen as a viable strategy for creating economic opportunity for self-selected individuals who are low-income and unemployed. Micro enterprise development programs focus on creating jobs, increasing the economic stability of individuals and communities, alleviating poverty, and increasing economic self-sufficiency. Encouraging micro enterprise development also has spin-off effects. Micro enterprises create jobs in a community; they provide for financial stability of neighbourhoods and also help in restoring and building communities through a philosophy of self-help (Dumas, 2001). Participants in micro enterprise development programs are more likely than any other control groups to become self-employed and remain self-employed, experience significant asset accumulation and decreases in welfare assistance received, and create secondary employment opportunities. This is possible if the micro enterprise programs effectively target and reach large numbers of clients (Dumas, 2001).

2.3.2 PARTICIPATION

Participation as a concept has many definitions. The World Bank Participation Sourcebook (1998) defines participation as, a rich concept that means different things to different people in different settings. For some, it is a matter of principle; for others, a practice and for still others, an end in itself. There is no one comprehensive definition that describes how participation works in development. The definition depends on the approaches of the development organization and their capacity to implement participation approaches.

Participation is concerned with the organised efforts to increase control over resources and regulative institutions in given social situations on the part of groups and movements of those hitherto excluded from such control (Pearse and Stifel, 1979).

Participation can be seen as a process of empowerment of the deprived and the excluded. This view is based on the recognition of differences in political and economic power among different social groups and classes. Participation in this sense necessitates the creation of organisations of the poor which are democratic, independent self-reliant (Ghai, 1990). The 1993 UNDP's Human Development Report stated people's participation as an imperative – a condition of survival, as an overall development strategy that enables people to gain for themselves access to a much broader range of opportunities (Cornwall, 2002). Participation can also be defined as a process by which people take an active and influential hand in shaping decisions that affect their lives (ibid :36). Participation was defined by the World Bank's Learning Group on Participation in 1994 as a process through which stakeholders influence and share control over development initiatives, decisions and resources which affect them (ibid: 35).

Participation in an activity depends on the extent to which a person has been able to meet a range of primary and secondary needs and the influence of positive and negative forces.

Abraham Maslow (1954), developing his hierarchical theory of human needs believed that people are not controlled by mechanical forces (the stimuli and reinforcement forces of behaviourism) or the unconscious instinctual impulses of psychoanalysis. Maslow focused on human potential believing that humans strive to reach the highest levels of their capabilities (Maslow, 1970).

There are different types of participation. Collaboration, consultation and empowerment are three commonly found views of this concept. If at least a few of the stakeholders are informed about the project that is aimed to benefit them, one can talk about participation (ibid: 36). People should not be seen as passive recipients of development programs. If they are given social opportunities they will be able to shape their own destiny (Sen, 2001). In rural development work, the focus for some time has been on participatory processes, aid partnerships, civil society organizations and sometimes the private sector too. These are advocated as the keys to success (Belshaw, 1995).

2.3.3 EMPOWERMENT

The concept of empowerment has different meanings in different contexts. The definition used depends on the local value and belief system. Some terms associated with empowerment are: self-strength, control, self-power, self-reliance, own choice, life of dignity in accordance with one's values, capacity to fight for one's rights, independence, own decision making, being free, and capability. Empowerment can be used both at the individual and the collective level. There is not one single model for empowerment. What is possible and appropriate when working with empowerment will vary by context (Narayan, 2002).

One definition of empowerment stated in Narayan (2002) is 'Empowerment is the expansion of assets and capabilities of poor people to participate in, negotiate with,

18

influence, control, and hold accountable institutions that affect their lives'.

Mohanty (2001) defines empowerment as giving power to certain unprivileged sections of society. Lashley (2001) gives an example of what empowerment can mean: 'If you give your 12-year-old daughter money to buy jeans, that's delegation…If you give her a clothes allowance which she can spend as she chooses, that's empowerment'. Empowerment means focusing on how to increase poor people's freedom of choice and action. An empowering approach sees the poor people as the most valuable partners when reducing poverty. To build people's self-confidence and the belief in one's selves and to respect their dignity are some of the aspects of empowerment (Narayan, 2002).

Empowerment cannot be given to people; it is something that people have to get for themselves (Cornwall 2002). Still, however, empowerment is more an ideal than a reality in developing countries (Narayan, 2002).

Mohanty (2001) gives a more critical view of empowerment. He argues that the concept implies that an external organization gives power to or empowers another organization, which he sees as a patronizing method instead of a process through which the power is redistributed or struggled for. Many experts on poverty talk about empowerment when they talk about defining poverty. As MCHugh Kathleen (2006) of Save the Children, defines, Poverty should be defined by an individual's inability to affect change in their lives. Empowerment refers to the ability of an individual to make choices regarding his or her life. Often, the poor are not empowered - they are forced to work at certain jobs or do certain things, and often, this state of existence can be linked to poverty. When people are disempowered, many times, they are in poverty. Most of the empowerment projects and income generation schemes combine direct action by low-income women and men working in community based organizations along with local NGOs and with some support negotiated from one or more external agency (local government, national agency,

national or international donor). These initiatives include community based organizations and NGOs developing savings and credit schemes for emergency credit or credit for micro-enterprise and/or housing; building or housing improvement initiatives; installing some infrastructure; and setting up and managing some basic services. Most have recognized the need to act on different fronts - in response to the many different kinds of deprivation that most low-income groups face (Anzorena et al, 1998). Making people aware of their own capacities and resources can help increase the options available to them. Professional advice and support can increase the choices further - but successful professional intervention requires that the value of such intervention is recognized and accepted by low-income households (Anzorena et al, 1998).

Empowerment is more than citizens and their organizations being allowed to act and make choices. It also includes the institutional and judicial framework that guarantees their right to act, to organize and to make demands within representative political structures - and that regulates or controls the power of other groups to limit their choices or contravene their rights (Anzorena et al, 1998).

A recent study on low-income micro entrepreneurs conducted by the Aspen Institute (as cited in Dumas, 2001) found that among the 53 per cent who moved out of poverty, many derived their income not from a micro business alone, but from a combination of self-employment and wages.

2.4. CHALLENGES TO IMPLEMENTING RURAL COMMUNITY AID PROJECTS

2.4.1 NEGATIVE EFFECT ON LOCAL ECONOMY

Some analysts, such as researchers at the Overseas Development Institute, argue that current support for the developing world suffers from policy incoherence and that while

some policies are designed to support the third world, other domestic policies undermine its impact. For example, encouraging developing economies to develop their agriculture with a focus on exports is not effective on a global market where key players, such as the US and EU, heavily subsidise their products (Hudson and Jonsson, 2009). Similarly, in an interview by Thilo Thielke, translated by Patrick Kessler, it came out that Kenyan recipients of donated Western clothing will not buy clothing from local tailors, putting the tailors out of business.

The economist William Easterly and others have argued that aid can often distort incentives in poor countries in various harmful ways. Aid can also involve inflows of money to poor countries that have some similarities to inflows of money from natural resources that provoke the resource curse (Collier 2005; Djankov et al. 2005).

2.4.2 POLICY PRESCRIPTIONS FROM DONORS

Policy prescriptions from outsiders can do more harm as they might not fit the local environment. Funds from the International Monetary Fund (IMF) and World Bank, for instance, are linked to a wide range of free-market policy prescriptions that some argue interfere in a country's sovereignty.

In his book The White Man's Burden, Easterly argued that if the IMF only gave adjustment loans to countries that can repay it, instead of forgiving debts or lending repetitively even if conditions are not met, it would maintain its credibility.

2.4.3 CULTURAL BACKGROUND OF RECIPIENTS

A critique of Aid by Habibzadeh, Yadollahie, and Kucheki (2008) gave an example of earthquake in Bam, Iran in 2003 that left tens of thousands of people in need of disaster zone aid. According to them, although aid was flown in rapidly, regional belief systems,

cultural backgrounds and even language seemed to have been omitted as a source of concern. Items such as religiously prohibited pork, and non-generic forms of medicine that lacked multilingual instructions came flooding in as relief. They argue that an implementation of aid can easily be problematic, causing more problems than it solves.

2.4.4 INVOLVEMENT OF LOCAL POLITICIANS

James Shikwati, a Kenyan economist, has argued that foreign aid causes harm to the recipient nations, specifically because aid is distributed by local politicians, finances the creation of corrupt governments such as that led by Dr Fredrick Chiluba in Zambia and hollows out the local economy. In an interview in Germany's Der Spiegel magazine, Shikwati uses the example of food aid delivered to Kenya in the form of a shipment of corn from America. Portions of the corn may be diverted by corrupt politicians to their own tribes, or sold on the black market at prices that undercut local food producers. In an episode of 20/20, John Stossel demonstrated the existence of secret government bank accounts which concealed foreign aid.

2.4.5 AVAILABILITY OF LOCAL PROFESSIONALS

A United Nations report on international migration stated that by the end of 2005 Ghana lost over 50% of her highly skilled labour. Of this 50%, 90% were health professionals. Ghana was the only country to lose most of her professionals during the 1980s "lost decade". Ghana's predicament was reported around the world, from Taipei Times with the headline banner "Ghana bleeding from brain drain" (Monday 31st October 2005) to Los Angelos times. Health care and education were the areas that suffered most.

Meanwhile Ghanaian nurses, pharmacists, dentists, doctors and researchers were being hailed in most western countries as the best medical professionals to emerge from sub-

Saharan Africa. The brain drain in Ghana at the period in the 1980s was attributed to poor economic management, bad policies, high income inequalities and corruption (Peter, 2008).

Providing aid to developing economies' health sectors and the training of personnel is undermined by migration policies in developed countries that encourage the migration of skilled health professionals (Hudson and Jonsson, 2009).

2.5. MEASURES FOR SUCCESSFUL IMPLEMENTATION OF RURAL COMMUNITY AID PROJECTS

Currently, donor institutions make proposals for aid packages to recipient countries. The recipient countries then make a plan for how to use the aid based on how much money has been given to them. Alternatively, NGO's receive funding from private sources or the government, and then implement plans to end their specific issues. In the views of many scholars, this system is inherently ineffective. Sachs (2005) stated that if we hope to eliminate poverty, we must re-examine how we distribute funding, and how we attack problems.

According to Sachs, we should redefine how we think of aid. The first step should be to learn what developing countries hope to accomplish and how much money they need to accomplish those goals. Goals should be made with the Millennium Development Goals in mind for these furnish real metrics for providing basic needs. The actual transfer of funds must be based on rigorous, country-specific plans that are developed through open and consultative processes, backed by good governance in the recipient countries, as well as careful planning and evaluation (Sachs, 2005).

2.5.1 POVERTY REDUCTION THROUGH INCOME GENERATION PROGRAMMES

Since 1997 or thereabouts, the Comprehensive Development Framework (CDF), also known as the Post-Washington consensus, has, for many developing countries and aid donors, replaced the much criticized Structural Adjustment Programmes (but not all their objectives). The CDF has brought with it the MDGs and PRSPs, not to mention the HIPC Initiative and the latest WTO round, how's your CAF – contemporary acronym facility – standing up?(WB, 2000).

For many decades, the concept of poverty has been mostly identified with economic deprivation. People are considered as poor when they lack sufficient purchasing power. Economic well-being relates to the ability of individuals to acquire a basic level of consumption or human welfare (Wagle, 2002). In supporting this concept, Sarlo (1996) defines poverty as deprivation of economic resources that are required to meet the food, shelter and clothing needs necessary for physical well-being. Similarly, the World Bank (1992) states that people are considered as poor if their standard of living falls below the poverty line, that is, the amount of income (or consumption) associated with a minimum acceptable level of nutrition and other necessities of everyday life. These definitions are primarily concerned with income and consumption and generally, presume that poor people only suffer from limited incomes to meet their daily needs. However, evidence abounds that poverty has dimensions that transcend these simplistic and prescriptive definitions. If well-being and quality of life are to be considered, then vulnerability, physical and social isolation, insecurity, lack of self-respect, lack of access to information, distrust of state institutions and powerlessness can be as important to the poor as low income (Robb, 2000). Therefore, economic deprivation cannot be the only kind of poverty that impoverishes human lives as Sen (1999) maintains. In fact, income

only represents a means to a more basic end, which Sen interprets as the expansion of human capabilities. What this implies is that focusing on income alone in poverty reduction will not overcome all the problems associated with poverty. Rather, it will continue to divert attention away from these important problems with serious implications for poverty reduction.

2.5.2 COOPERATION

Some organizations argue that participation is about the relationship between donors and recipients. The participation is higher the more influence the recipients' organizations have in the project. Gyllensvärd & Sandberg (1989), state that to avoid the recipients' dependency, the cooperation with the donors should be carried on in dialogue and be based on mutual respect and trust. There should not only be a transfer of knowledge from the donor to the recipients. If the donors want the recipient to become autonomous they must listen to what the people concerned have to say. Autonomy means the poor people's capacity to organize their own lives without having physical, political or socio-economic constraints upon them (Falkman, Hagström & Eade, 1997). Evaluations have also shown that projects built on participation tend to be more sustainable (Cornwall, 2002). According to Narayan (2002), an empowering approach to participation treats the recipients as co-producers, even though the party that empowers is always in a more powerful position than the empowered (Lashley, 2001).

 The recipients must be actively involved and be given opportunities. They should not be seen as passive recipients (Sen, 2001). It is however not only the donors' responsibility to make the recipients participate. Cornwall (2002) says that the recipients must take the opportunities that are available to them.

According to Eade (1997) cooperation between the unequal is difficult and partnership is

impossible, and inequality never builds capacity.

It is important that the donors understand that it is not for certain that the methods and approaches preferred by them, are the best for the recipient to become autonomous. Such autonomy is not easy to achieve in practice. Since the recipients need the funding they do everything to satisfy the donors, in order to receive the support (ibid: 108).

When empowering people the donors should build on the recipients' strengths, i.e. their knowledge, skills, values, initiative, and motivation. They should also treat the recipients with honour, respect, and dignity. An empowering approach sees the poor people as the most important resource and not as a problem. It puts the poor people at the centre of development (Narayan, 2002). If the objective is to reach sustainable development, the local recipients should be seen as having the only stake that counts (Cornwall, 2002).

2.5.3 RESPONSIBILITY, LEADERSHIP AND INVOLVEMENT

As stated by Karlström (1996) the recipients must show responsibility and participate actively in projects if the aid is to be sustainable and produce positive effects. The donors should not rush in to identify and solve the recipients' problems. Before intervening in the situation the donor should try to be familiar with it (Eade, 1997).

If the primary and secondary beneficiaries are involved in the project the probability that the project will be sustainable is higher. If the participation is based only on the advantages that are given from the donors, and not on the ideas that the project may benefit the participants, the probability that the processes and activities will continue when the donor has left, is low (Riddell, Bebbington & Peck 1996).

It is important that the recipients own the project. This makes the project sustainable. The recipients must also ensure that there are resources, time and staff for implementation. They must also be responsible for administration and management. This is important for

26

the sustainability of the projects and to guarantee their survival after the aid is withdrawn (Cornwall, 2002).

Donors should be careful joining activities or becoming part of the management structure in the recipient's organization, according to Eade (1997). This could, she implies, lead to the weakening of people's capacity in acting for themselves instead of strengthening their capacity. Thus there is an essential difference between supporting the recipients' own efforts, and solving their problems. Even if it is more time-consuming, the recipients should always be chiefly responsible for assessment, decision-making, planning and evaluation activities. If the donor takes over the responsibility for these activities it makes the recipients powerless and may also lead to people getting involved mainly because of the benefits that are offered (Eade, 1997).

According to Eade (1997) an organization should not rely on one or two individuals. The best strategy is to train a large number of men and women in leadership skills. This will help to build the organization's capacity. It is also essential that the leaders of the organization are chosen in an equitable way (ibid : 121).

2.5.4 EDUCATION AND TRAINING

According to Kaplan (2000), the need of training alters in different phases of the project. All aid projects should, however, contain education (Gyllensvärd & Sandberg, 1989).

Eade (1997) argues that education and training are activities which invest in people. Therefore, they are important when striving for capacity building in practice. But training is not effective if it is not part of an overall strategy which enables the participants to use what they have learned. Often there must be a combination of training and other types of learning.

By the submission of Johnston & Wohlgemuth (1997), to make a project sustainable the

individuals have to be in focus. But it is not enough that a few people get to learn how to perform different tasks. There is then a risk that the organizations cannot sustain the projects, should these people leave. Therefore, donors must work with the organization as a whole.

2.5.5 RECIPIENTS' PRIORITY

To build capacity, it is important to enhance people's capacity to express their own interests (Eade, 1997).

Narayan (2002), states that it is essential when having an empowering approach, that the local people are involved in the decision-making so that it is their priorities that build the project. This brings about commitment to change. If the project is not the local people's priority, there is a risk that the project will not be sustainable. Therefore donors should not come up with package solutions. If the project is to be successful it is usually necessary that the beneficiaries have an interest in the result of the project. The beneficiaries should participate in all phases of the project: planning, priority setting, policy design, implementation and evaluation. If the people concerned are involved there is a better chance of efficiency, effectiveness and equity of access to benefits. Or as Julius Nyerere once said: 'People cannot be developed; they can only develop themselves by participation and co-operative activities which affect their well being. People are not being developed when they are herded like animals into new ventures.' (Riddell et al, 1996; Cornwall, 2002).

2.5.6 LOCAL COMPETENCE

In a participatory approach local views and knowledge are sought and respected (Cornwall 2002). Before starting an aid program, it is important to examine the

knowledge in the recipient country. Donors should use external staff only if there is no local competence or if the local competence is not adequate (Falkman Hagström 1997). If the donors send aid workers, these should help the local staff so that they themselves are able to implement the project. Even the local people should have an active role when framing and implementing the projects (Ehrenpreis 1997), (Eade 1997). Julius Nyerere argued the importance of people contributing their resources in the process of their own development (Cornwall, 2002).

The development workers also have to be conscious of their presumptions and avoid projecting them onto the societies and cultures they are working in (Eade, 1997). It is essential, when building capacity, that the donors understand the social and cultural context and reflect about local norms, values and behaviour (Narayan, 2002).

2.5.7 PHASE OUT AND SUSTAINABILITY OF THE PROJECTS

Eade (1997), states that supporting a recipient project is usually for a certain time and the aim is to reduce the funding gradually. When the funding has come to an end it is the donor's responsibility to ensure that there is a proper completion.

According to Catterson & Lindahl (1999), the phase out process is a complex process. There are many different interests involved. They argue that people involved in the project do not have any interest in finishing it. They would rather like to increase the project since a completion means considerable changes when the aid is withdrawn. Their suggestion is that a phase out period should be included in the project document, i.e. the document that is written before the project was started. A phase out period should preferably last for three years. There should also be a project management responsible for the phase out. A clear phase out process may reduce some problems related to the withdrawal of aid.

Many recipient organizations never go beyond the external funding. This may be because there was, when the funding started, a lack of clear agreements about when the funding should cease. Another cause may be that the process is slower than expected. To prevent the organizations from collapsing according to Eade (1997), may lead to suspension of the phase out plans.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. INTRODUCTION

This chapter embodies the procedure for this study and entails the area of the study, description of the research design, the population of the study, sample size and the sampling procedure, data sources, data collection methods and analysis plan, and considers ethics in research.

3.2. AREA OF THE STUDY

The study area was chosen primarily because it is among the typical rural communities where The Hunger Project has operated the epicenter strategy and is scaling up its operations. The Apau Wawase epicenter is located in the Suhum/Kraboa/Coaltar District in the Eastern region of Ghana, twenty kilometres from Suhum, the district capital. The communities, Apau-Wawase, Awisem, Dagbe, Govinakrom and Agbodzi have existed for over fifty years now with three dominant tribes-Akwapim, Dangme and Ewe who have co-existed happily. The major occupation of the people is farming. Therefore the research would help assess the perception of the rural communities of the socio-economic sustainability of The Hunger Project's Aid to communities.

3.3. RESEARCH DESIGN

The research design for the study is a descriptive survey. Bell (1999) is of the view that surveys aim at obtaining information from a representative selection of the population as a whole. The aim of a descriptive survey therefore is to make generalisation from the sample to some characteristics or behaviours of the population.

Cohen and Manion (1980) also see a survey, among other things typically as gathering data at a particular point in time with the intention of describing the nature of the existing situation. Furthermore descriptive research survey seeks to determine the nature of a group or situation as it exists at the time of the study. The descriptive survey was chosen because it would help the researcher to draw meaningful conclusions that applies to the population studied.

3.4. POPULATION OF THE STUDY

The target population comprise all the epicenter communities, chiefs, queens and elders, members of the committees of the various programmes, the Assembly Member of the area, and the Project Officer of The Hunger Project-Ghana in charge of the operations in the epicenter. The population at Apau Wawase epicenter is estimated to be 1150 with 550 being children (2010 population Census).

3.4.1. SAMPLE SIZE

Since the total population could not be studied, a sample of 150 (that is, 1/4 of the target adult population) was used for the study. This was made up of 1 officer of The Hunger Project and 149 community members including four chiefs and four queens, eight elders, fifteen committee members of the various programmes and an Assembly Member.

3.4.2 SAMPLING PROCEDURE

Two sampling methods were used in selecting the required sample size and these included, cluster random sampling and purposive sampling. These techniques were used to select 150 respondents for the study. The respondents were made up of 117 ordinary members of the communities and 33 opinion leaders made up of chiefs, queens, elders,

Project officer, Assembly Member, and committee members to the various programmes. According to Cohen and Marion (1980), cluster random sampling is the process of sampling which is based on naturally occurring groups. Purposive sampling is the selecting of respondents based on basic assumptions with good judgment, and respondents can be handpicked to develop sample which are satisfactory to ones needs.

3.5. DATA SOURCES

The quantitative method comprise of extensive desk research whiles the qualitative method consist of responses to questionnaire and interviews. The respondents were required to answer both closed and open ended questions.

3.5.1. DESK RESEARCH

By this method, extensive reviews of the relevant data available on the perception of socio-economic sustainability of Aid or donor assistance were made for the study. The materials that were reviewed include manuals, books, annual narrative reports and specific information reports, and brochures.

3.6. INSTRUMENTS OF THE STUDY

Questionnaire and interview were used to gather information from the respondents. According to Mayer (2003) questionnaire is a set of questions which are prepared for respondents to answer. The questionnaires were administered on the inhabitants of the communities. The questionnaire consisted of closed and open-ended items. Closed-ended questions are questions that were given response options, whilst open-ended questions were without any given response options. The reason is that apart from some responses that the researcher expected, there were others which were not envisaged. The open-

ended questions helped to elicit those pieces of information. The questionnaires were explained to respondents in their local dialects and responses translated from the local dialects.

Interview is a face to face interaction with respondents to elicit information (Mayer, 2003). Guided interviews that lasted a minimum of fifteen minutes were held with the rest of the participants due to the number involved. These participants included an Assembly Member, fifteen committee members, and an officer from The Hunger Project. Data that were elicited from them centred on the operational performances and perceptions of the socio-economic sustainability of The Hunger Project's programmes, opinions and overviews, challenges and general comments.

3.7. DATA COLLECTION PROCEDURE

Prior to the questionnaire administration, three research assistants were trained to understand the questions, role play as interviewer and interviewee, and agree on a common translation of questions into the local languages. The researcher personally conducted the interviews and administered some of the questionnaires to the respondents. The researcher took four weeks to collect the questionnaire responses from the respondents at a retrieval rate of 82%

3.8. DATA ANALYSIS PLAN

The data collected were sorted, coded, collated and analyzed using version 16.0 of Statistical Product and Service Solution (SPSS) software programme and MS Excel 2007 to show findings of the study. Data analysis involved frequencies and percentages. The analysis covered the purpose of the aid from the recipients' point of view, the recipients' view of their future as self-supporting and the sustainability of the projects, and

34

challenges encountered and measures to the successful implementation of community development projects.

3.9. ETHICAL CONSIDERATION

The study was well explained to participants for their full comprehension and consent to participate before the study was conducted. Respondents were assured of confidentiality of the information they provided so that other outside parties would not access the study for other purposes than this study.

All information that was obtained from the participants was carefully recorded and presented to avoid distortions and misrepresentations so as to depict the original meaning of the data collected.

Finally, the study was carried out with the participants at their convenient places and times and in very conducive atmospheres for better research exercise. This ensured the full cooperation of respondents for better information gathering.
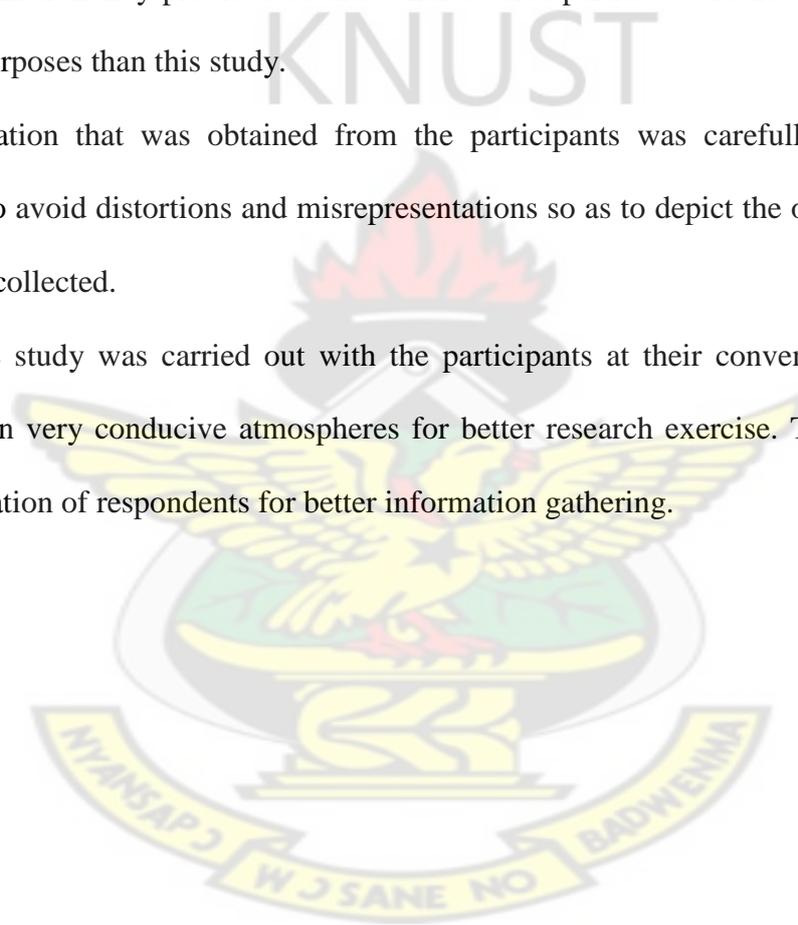
CHAPTER FOUR

PRESENTATION OF RESULTS AND ANALYSIS

4.1. INTRODUCTION

This chapter presents the analysis of data which was collected from the study sites of five communities around the Apau Wawase Epicenter in the Eastern Region of Ghana. The full results of the data were analysed based on the researcher's assessment and judgment from the questionnaire and interview responses.

4.2. SEGMENT PROFILES

The analysis of the study covered a total of 123 questionnaires that were retrieved out of the 150 distributed to respondents. This represents about 82 percent recovery. The respondents included chiefs, queens, community elders, Assembly member, epicenter committee executives, residents of the communities, workers at the facility as well as an officer of The Hunger Project.

4.3. BACKGROUND CHARACTERISTICS OF RESPONDENTS

Table 1: Gender Distribution

Variable	Frequency	Percent
Male	57	46
Female	66	54
Total	**123**	**100**

Source: (Author's field survey, May 2012)

Table 1 shows that, out of the 123 respondents 46 percent were males and 54 percent were females. The data suggest that the females dominated in the study. The research also revealed that, women participated more in the programs of The Hunger Project at the Apau Wawase Epicenter in the Suhum/Kraboa/Coaltar District.

36

Table 2: Age Distribution

Variable	Frequency	Percentage
18 – 25yrs	49	40
26 – 35yrs	16	13
36 – 45yrs	25	20
46 – 55yrs	8	7
Above 56yrs	25	20
Total	**123**	**100**

Source: (Author's field survey, May 2012)

Table 2 displays the age distribution of the respondents in the study. The ages of the respondents ranged between eighteen years and over fifty-six years. The highest age group felled between eighteen and twenty five years (40%).

This was followed by the 36 – 45yrs and above 56yrs age groups (20%), 26 – 35yrs (13%) and 46 – 55yrs age group (7%). It was revealed that majority of the respondents in the communities were in age group ranging from 18 – 35 years. These are people in the active working class.

Table 3: Marital Status

Variable	Frequency	Percent
Single	41	33
Married	82	67
Divorced	0	0
Widowed	0	0
Total	**123**	**100**

Source: (Author's field survey, May 2012)

Whiles forty one (33%) of the 123 respondents were not married, 82(67%) were married and none of the respondents were either divorced or widowed. This means that majority of the respondents were married.

Table 4: Religious Practice

Variable	Frequency	Percent
Christianity	67	55
Islam	42	34
African Traditional Rel.	14	11
Others	0	0
Total	**123**	**100**

Source: (Author's field survey, May 2012)

Sixty seven (55%) of the 123 respondents said they were Christians, 42 (34%) said they practice the Islamic religion, 14 (11%) responded they practice the African Traditional religion and none of the respondents practiced any other religion. This means majority of the respondents were Christians.

Table 5: Educational Background

Variable	Frequency	Percent
No Education	25	20.3
Primary	8	6.5
MSLC	33	26.9
JHS	41	33.3
SHS	8	6.5
Tertiary	8	6.5
Total	**123**	**100.0**

Source: (Author's field survey, May 2012)

Table 3 above depicts that, twenty five (20%) of the respondents had no formal education, 33(26%) had middle school leaving certificates, 41(33%) had basic education whiles 8(7%) each were primary school, high school and tertiary school graduates. This means that eighty percent of the respondents have some form of formal education.

Figure 1: Occupation
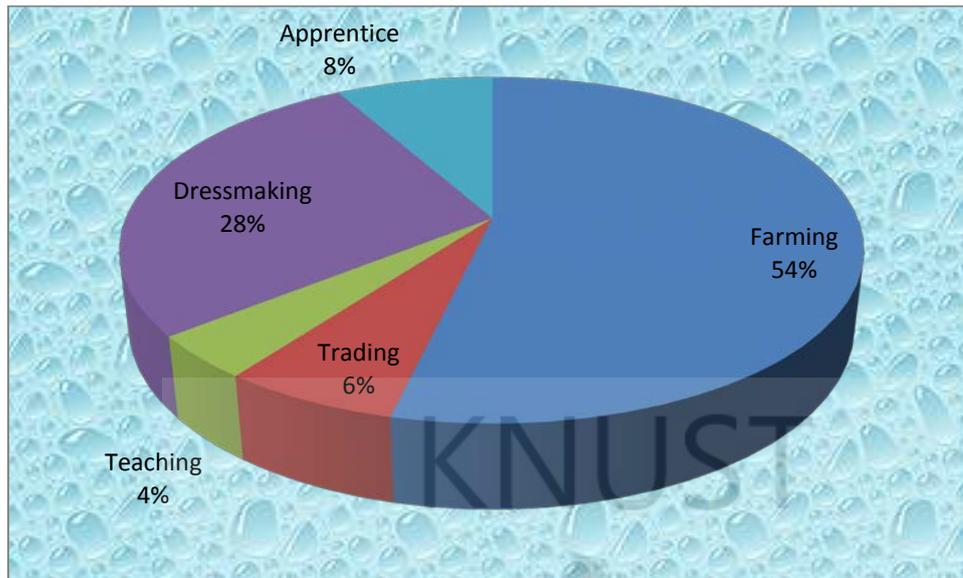
Source: (Author's field survey, May 2012)

Sixty six (54%) of the respondents said they were into farming, 34(28%) were into dress making, 5(4%) were teaching, 8 (6%) said they were traders and 10 (8%) responded they were apprentices. This means majority of the respondents were farmers.

4.4. PURPOSE OF AID

Table 6: Awareness of Epicenter

Variable	Frequency	Percent
Yes	123	100
No	0	0
Total	**123**	**100**

Source: (Author's field survey, May 2012)

All 123 (100%) respondents were aware of the existence of the Epicenter in the Apau Wawase community.

Figure 2: Construction of Epicenter
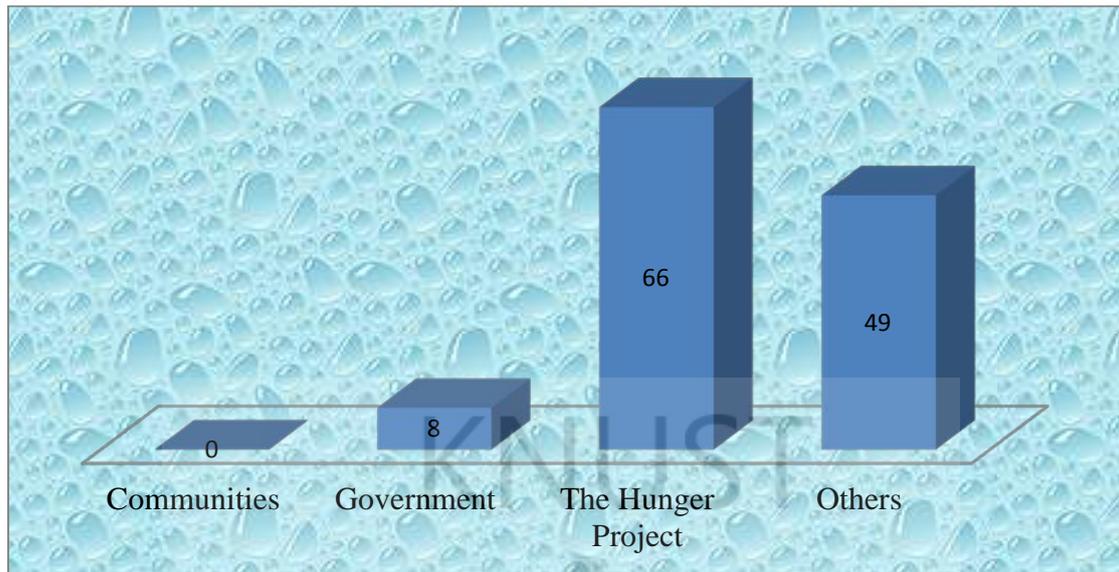
Source: (Author's field survey, May 2012)

Sixty six (54%) of the respondents indicated that the Epicenter was constructed by The Hunger Project, 8 (6%) thought it was constructed by the Government and none (0%) said that it was constructed by the community. Out of the forty nine (40%) who indicated others, a few did not know the constructor whiles majority thought it was a collaborative effort of the communities and The Hunger Project.

4.4.1. Purpose and Facilities at Epicenter

The respondents indicated that the facilities at the Epicenter included clinic, food bank storage, conference centre, bank, school, nurses' quarters, bore hole, police station, farm land, plastic chairs and generator.

When the respondents were asked to indicate in their opinion the purpose for constructing the Epicenter, there were varied opinions. While some could not tell the purpose of constructing the centre, others thought the purpose was to help the communities with facilities like clinic, bank, and conference centre. Some were also of the opinion that it

was to provide the communities with access to health care while others thought its purpose was to empower the communities to fight hunger and poverty.

4.5 SUSTAINABILITY OF AID PROJECTS AND SELF RELIANCE OF RECIPIENTS

Questions to find out the opinion of respondents on self reliance criteria used in accessing the extent of movement of an Epicenter towards self supporting status requested respondents to indicate their level of agreement to some statements. The tables below show how they responded:

Table 7: Community members take action to end poverty

Variable	Frequency	Percent
Agree Strongly	33	27
Agree	57	46
Disagree	16	13
Disagree Strongly	17	14
Total	**123**	**100**

Source: (Author's field survey, May 2012)

Thirty three (27%) of the 123 respondents agreed strongly that members of the communities take action to end poverty, 57(46%) agreed to the statement. However, 16 (13%) disagreed and a further 17 (14%) disagreed strongly.

Table 8: Community members demonstrate effective leadership

Variable	Frequency	Percent
Agree Strongly	41	33
Agree	66	54
Disagree	16	13

Disagree Strongly	0	0
Total	**123**	**100**

Source: (Author's field survey, May 2012)

Forty one (33%) of the 123 respondents agreed strongly that members of the communities demonstrate effective leadership, 66(54%) agreed to the statement. However, 16 (13%) disagreed and none (0%) disagreed strongly.

Table 9: Women are empowered to support the family

Variable	Frequency	Percent
Agree Strongly	16	13
Agree	66	54
Disagree	25	20
Disagree Strongly	16	13
Total	**123**	**100**

Source: (Author's field survey, May 2012)

Sixteen (13%) of the 123 respondents agreed strongly that women are empowered to support the family, whiles 66(54%) agreed to the statement. However, 25 (20%) disagreed and a further 16 (13%) disagreed strongly.

Table 10: Epicenter building has been completed and operating

Variable	Frequency	Percent
Agree Strongly	90	73
Agree	33	27
Disagree	0	0
Disagree Strongly	0	0
Total	**123**	**100**

Source: (Author's field survey, May 2012)

The table shows that 90 (73%) of the 123 respondents agreed strongly that Epicenter building has been completed and is fully operational, and 33(27%) agreed to the statement. Also, none of the respondents either disagreed or disagreed strongly to that statement.

Table 11: Access to basic services (education, food security, health, finance and water/sanitation)

Variable	Frequency	Percent
Agree Strongly	33	27
Agree	66	54
Disagree	24	19
Disagree Strongly	0	0
Total	**123**	**100**

Source: (Author's field survey, May 2012)

Thirty three (27%) of the 123 respondents agreed strongly that the communities have access to basic services like education, health, food, finance, water, and good sanitation whiles 66(54%) agreed to the statement. However, 24 (19%) disagreed and none (0%) disagreed strongly. A significant number of the respondents (81%) agreed that the communities have access to basic services.

Table 12: Presence of a fully operational Rural Bank

Variable	Frequency	Percent
Agree Strongly	66	54
Agree	41	33
Disagree	16	13
Disagree Strongly	0	0
Total	**123**	**100**

Source: (Author's field survey, May 2012)

The table indicates that 66 (54%) of the 123 respondents agreed strongly that the there was a fully operational rural bank at the centre whiles 41(33%) also agreed to the statement. However, 16 (13%) disagreed and none (0%) disagreed strongly. A greater portion of the respondents shared the opinion that a rural bank is operational at the centre.

Table 13: Generation of sufficient income to cover operational expenses of Epicenter

Variable	Frequency	Percent
Agree Strongly	0	0
Agree	66	54
Disagree	57	46
Disagree Strongly	0	0
Total	**123**	**100**

Source: (Author's field survey, May 2012)

The responses show that none (0%) of the 123 respondents agreed strongly that the Epicenter generates sufficient income to cover its operational expenses and 66(54%) agreed to the statement. However, 57 (46%) disagreed and none (0%) disagreed strongly to the assertion. The opinion of the respondents was almost divided on the issue of whether the centre generates sufficient income to cover its operational expenses.

Table 14: Provision of funds, facilitation of training seminars and workshops by The Hunger Project

Variable	Frequency	Percent
Agree Strongly	33	27
Agree	66	54
Disagree	24	19
Disagree Strongly	0	0
Total	**123**	**100**

Source: (Author's field survey, May 2012)

Thirty three (27%) of the 123 respondents agreed strongly that the communities have access to basic services like education, health, food, finance, water, and good sanitation whiles 66(54%) agreed to the statement. However, 24 (19%) disagreed and none (0%) disagreed strongly.

Figure 3: Ending of support from The Hunger Project
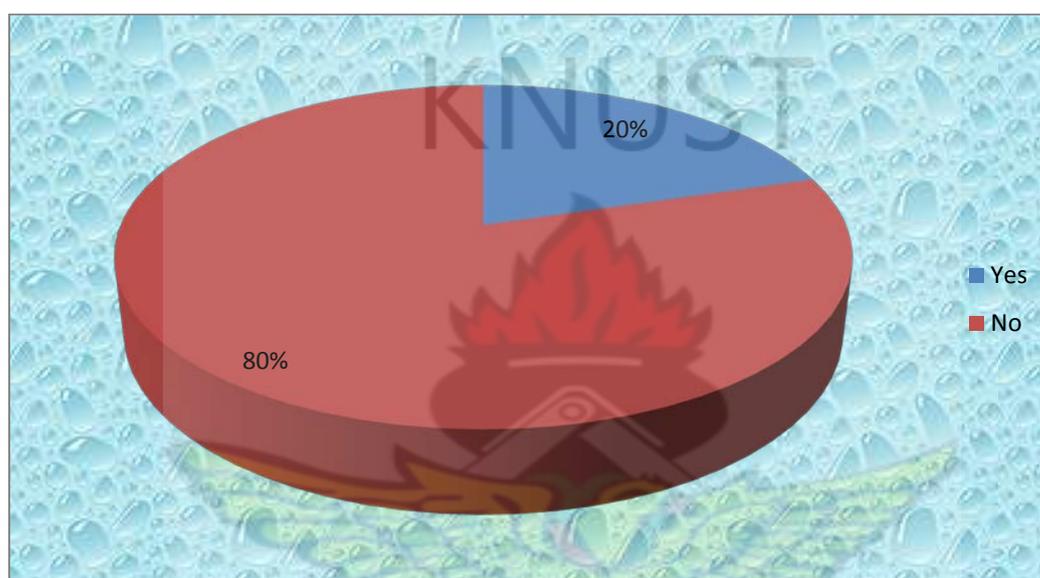
Source: (Author's field survey, May 2012)

A question on whether The Hunger Project will ever cease to support the communities with their programmes elicited the response above. Twenty five (20%) of the respondents were of the view that The Hunger Project will at a point cease to provide support. However, a large number of them 98 (80%) have the opinion that the organisation will never withdraw their support from the communities.

Table 15: Awareness of phase out plan

Variable	Frequency	Percent
Yes	33	27
No	90	73

Total	**123**	**100**

The table shows that 33(27%) of the respondents are aware of a phase out plan for the operations of The Hunger Project while 90(73%) of them are not aware of the existence of such a plan. This suggests that majority of the respondents are not aware of any phase out plan by The Hunger Project.

4.6 CHALLENGES OF IMPLEMENTING RURAL COMMUNITY AID PROJECTS

Table 16: Place of seeking health care

Variable	Frequency	Percent
Epicenter Clinic	72	58
Prayer Camp	29	24
Herbalist	22	18
Others	0	0
Total	**123**	**100**

Seventy two (58%) of the 123 respondents said they obtained health care from the epicenter clinic, 29 (24%) said they visited prayer camps for divine healing, 22 (18%) responded they also visited herbalist for health care, and none of the respondents used any other facility. This indicates that, the majority of people in the community patronise the clinic.

Table 17: Political Party initiation of the Project

Variable	Frequency	Percent
Yes	123	100
No	0	0

Total	**123**	**100**

The table shows that, 123 (100%) of the respondents said the project was not initiated by any political party. None of the responded said that the project was initiated by a political party. This indicates that, politics has not delineated any member of the communities from the facilities at the Epicenter.

Table 18: Effect of women empowerment on marriages

Variable	**Frequency**	**Percent**
Yes	25	20
No	98	80
Total	**123**	**100**

The table shows that, 25 (20%) of the respondents said that the empowerment of women has affected marriages negatively. Ninety eight (80%) of the respondents said that the empowerment of women has not affected marriages negatively. In the opinion of many of the respondents marriages are not negatively affected by the empowerment of women by The Hunger Project's programmes.

Table 19: Beneficiaries of the Micro Credit

Variable	**Frequency**	**Percent**
Yes	41	33
No	82	67
Total	**123**	**100**

The table shows that, 41 (100%) of the respondents said that they have benefited from the micro credit scheme at the Epicenter. Eight two (67%) of the responded said that they

have not benefited from the scheme. This indicates that, a lot of people in the communities are yet to have access to credit from the scheme.

Table 20: Setting up income generating business with micro credit support

Variable	Frequency	Percent
Yes	19	46
No	22	54
Total	**41**	**100**

Source: (Author's field survey, May 2012)

Out of the forty one respondents who said they had accessed credit from the micro credit scheme, 19(46%) indicated that they had set up income generating businesses from the facility. Twenty two (54%) could not say they had set up any income generating business from the credit received from the micro credit scheme.

Figure 4: Repayment of the credit facility

Source: (Author's field survey, May 2012)

From the figure, none (0%) of the forty one respondents described the repayment of the credit facility as regular, 8(19.5%) described it as not regular and another 8 (19.5%) also indicated the repayment as difficult. Again none (0%) described the credit as bad debt,

48

however, 25 (61%) would not respond to that question. This indicates that the repayment of the credit advanced to beneficiaries in the community has some challenge.

4.7. MEASURES TO IMPLEMENT SUCCESSFULLY RURAL COMMUNITY AID PROJECTS

Table 21: Request to construct the Epicenter

Variable	Frequency	Percent
Yes	74	60
No	49	40
Total	**123**	**100**

Source: (Author's field survey, May 2012)

Seventy four (60%) of the respondents were of the view that the communities requested for the construction of the Epicenter, whiles 49 (40%) of them responded that the communities did not request for the centre to be constructed.

Figure 5: Are facilities at the Epicenter priority projects to the communities?
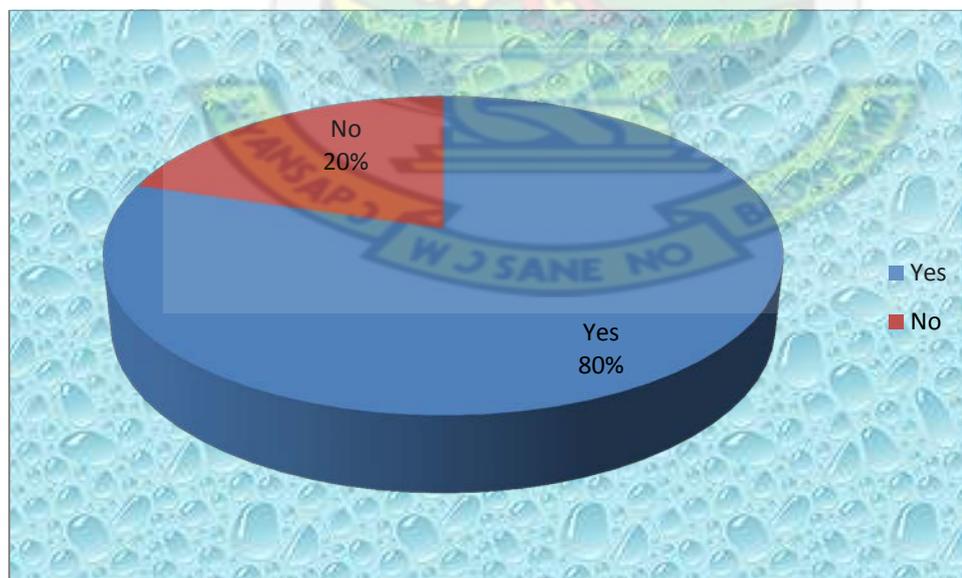
Source: (Author's field survey, May 2012)

The Figure shows that, 25 (20%) of the respondents view the facilities at the centre not to be priority projects for the communities. Ninety eight (80%) of the respondents indicated that the facilities at the centre are priority projects for the communities. This shows that many of the people in the community perceive the facilities at the Epicenter as priority to the communities.

Table 22: Engagement of local professionals in the construction of the Epicenter

Variable	Frequency	Percent
Yes	115	93
No	8	7
Total	**123**	**100**

Source: (Author's field survey, May 2012)

The table shows that 115(93%) of the respondents were of the view that local professionals were engaged in the construction of the centre whiles 8 (7%) of the respondents indicated that locals professionals were not engaged.

Figure 6: Contribution of communities towards the construction of the Epicenter
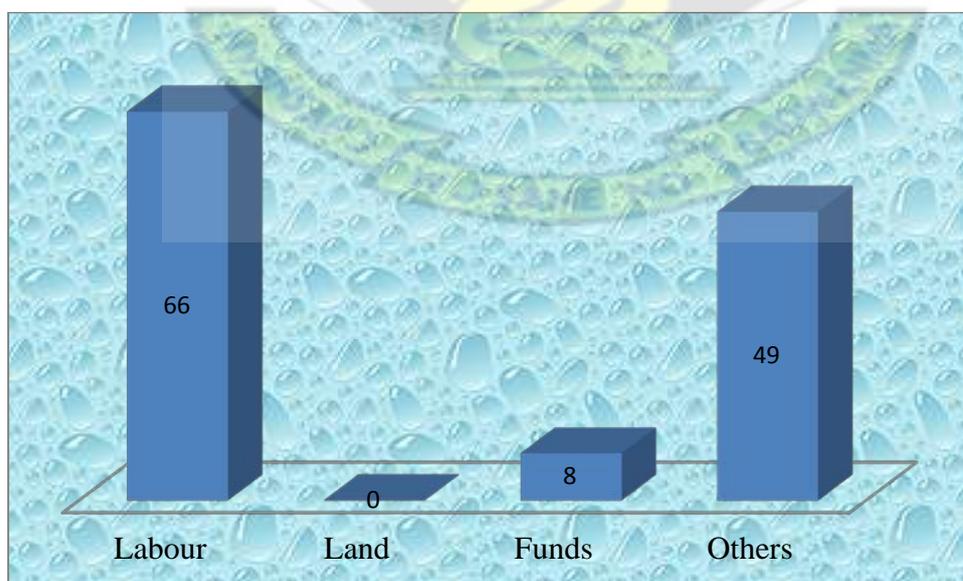
Source: (Author's field survey, May 2012)

Sixty six (54%) of the respondents indicated that the communities contributed land, 8 (6%) thought the communities contributed funds and none (0%) believed the communities contributed land. However, out of the forty nine (40%) who indicated others; they were of the view that the communities contributed both land and labour and other building materials.

Table 23: The level of patronage of the Epicenter

Variable	Frequency	Percent
High	49	40
Moderate	58	47
Low	16	13
Others	0	0
Total	**123**	**100**

Source: (Author's field survey, May 2012)

The table above depicts that 49 (40%) of the respondents believe that the level of patronage of the facilities at the Epicenter is high whiles 58 (47%) thinks it is moderate. However, 16 (13%) responded that the level of patronage is low and none (0%) responded to the others option.

Figure 7: The level of management control over Epicenter by community members
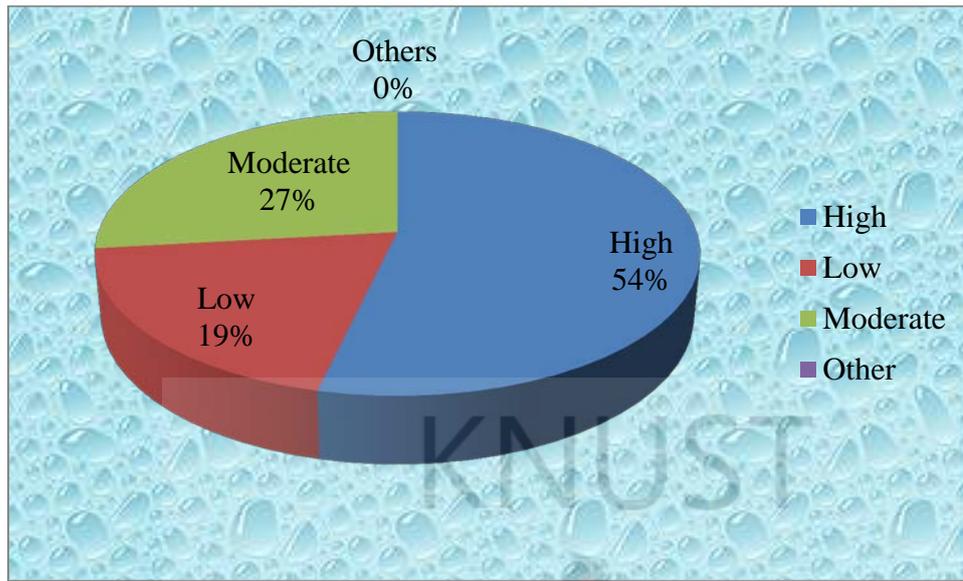
Source: (Author's field survey, May 2012)

As the figure above depicts, 66 (54%) of the respondents believe that the level of management control over the Epicenter by members of the communities is high whiles 33 (27%) thinks it is moderate. However, 24 (19%) responded that the level of management control by members of the communities is low and none (0%) responded to the others option.
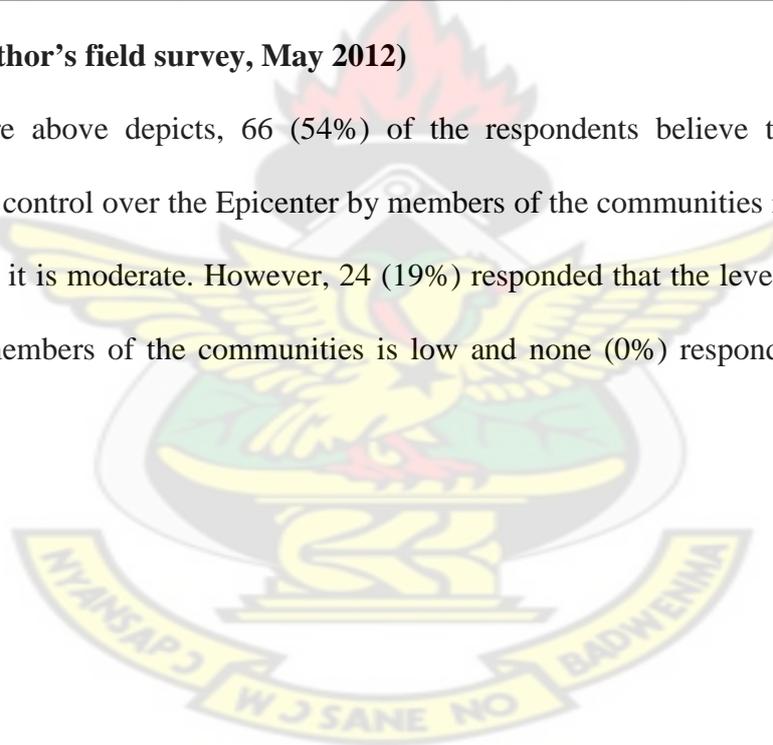
CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1. INTRODUCTION

This chapter summarises and concludes the study and finally makes recommendations to non- governmental organizations as well as local development agents. It basically touches on issues concerning the perception of rural communities of the socio-economic sustainability of externally funded projects.

5.2. SUMMARY OF FINDINGS

The researcher found out that young people with majority being women live in the communities with low educational backgrounds and are predominantly engaged in farming. It was identified that the communities had embraced the Christian religion and most of the young people are married.

The researcher also realised that facilities at the epicenter included health centre, micro credit centre, conference hall and other projects that are very beneficial to the communities.

The researcher saw that, whiles The Hunger Project has self reliance and sustainability at the back of its mind, and were encouraging the communities to meet the criteria, the perception of the communities is that they would continue to enjoy an unending funding from THP.

The researcher further identified that a major challenge to the sustainability of the strategy was the repayment of the credit facility. This is because most of the beneficiaries have not been able to set up any profitable income generating ventures. Lack of adequate educational and professional competence of the local members of the communities to run programmes at the facilities was an identified difficulty. However, there is no perception

that the facilities were given by the government or political party and therefore patronage is good and the empowerment of women has not been met with any stereo-typed cultural resistance.

The study revealed that the facilities at the epicenter were actually needed by the communities and so they have given a lot of support including land, labour to THP and are completely involved at every stage of the programmes.

5.3. CONCLUSION

The study revealed that the population is young and that the people of the communities have been empowered through agricultural extension services, skills training, seminars and workshops to fight hunger and poverty.

The study identified that the THP's aid through the Epicenter strategy, has provided the communities with access to basic facilities like health care, conference centre, a pre-school and a rural bank.

It became evident that THP has improved the economic lives of the people with the credit facility at the bank and continues to support the centre with funds, and has empowered the communities to take action to end hunger and poverty to become self reliant.

The study also identified that even though the phase out plan is not known to majority of the community members, it existed and the people are being sensitized on it.

The researcher found that the epicenter strategy was economically sustainable with activities like renting of conference space, Epicenter plastic chairs, generator, food storage facility and produce from Epicenter farm running concurrently with the clinic, micro credit centre/bank, and school to generate income to sustain the programme.

The study identified that the Epicenter clinic was the main health care facility for members of the communities but they still believed in divine healing and herbal

treatment. Also, the patronage of the facilities at the centre is high since there was no perception of political affiliation in the construction.

The empowerment of women socially and economically to take up leadership roles and support homes has not affected marriages negatively.

The study revealed that repayment of the credit facility has become difficult and so the level of professional competence of the officers managing the facilities at the centre needed to be upgraded.

The researcher saw that the programmes are sustained because the communities actually owe the projects and considered THP as partners. Again the projects were priorities for the communities and so people of the communities were actively involved at every stage of the programmes including management.

5.4. RECOMMENDATIONS

On the basis of the findings of this study and for the sustainability of non-governmental or externally funded projects, the following recommendations were made.

➢ In order to reach sustainability, it is recommended that there should be good cooperation between the donor and the recipient based on respect and trust, and the recipients should be treated as partners.

➢ Donors should give advisory services to recipients of credits for economic ventures and clearly laid out repayment structures should be in place to ensure that credits do not go bad.

➢ Accountability sections should be organized regularly to monitor and evaluate the projects and disbursements to ensure the attainment of objectives.

➢ It is also recommended that the recipients are made responsible for the different phases of the projects and that the recipients themselves lead the programmes.

➢ Another recommendation is that the recipients should be educated and trained to upgrade their competence to the level where they will be able to manage the projects professionally.

➢ Further, the local people should be allowed to identify the problems and what their needs are.

➢ The culture of the recipients should also be analysed seriously before the assistance is given.

➢ Again, it is recommended that when local competence is available it should be used instead of external experts.

➢ Also, there should be a clear phase out process including period, preferably described in the project document that is known to recipients.

➢ Finally, it is recommended that a further study is done on the quality of health care delivered at the Epicenter clinic
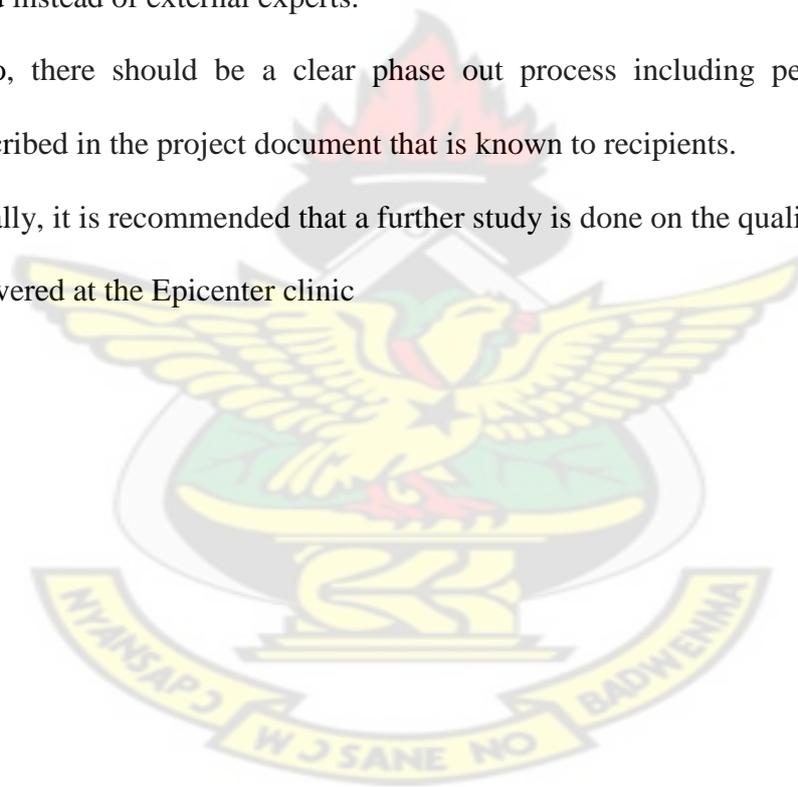
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APPENDIX 1

OPERATIONAL DEFINITIONS

Epicenter: A multi-purpose L-shaped building in a clusters of villages (communities) composed of a community bank (micro credit centre), clinic, nurses' quarters, pre-school or library centre, food bank storage facility, and conference room where people are mobilized to pursue development objectives to meet all their basic needs.

Community: A group of people in a specific geographical area organising themselves along a broadly common identity for collective action and requiring support from NGOs and government.

NGOs: Are groups and institutions that are entirely or largely independent of government, which are voluntary organisations and are mainly not for profit. Their objectives are primarily to relieve suffering and assist with developmental issues at the community level rather than commercial objectives. In very simple terms, NGO is a not-for-profit organisation that works in communities, assisting the poor.

The Hunger Project (THP): A global, non-profit organization committed to the sustainable end of world hunger and poverty by empowering people to lead lives of self-reliance, meet their own basic needs and build better futures for their children.

The Epicenter Strategy's Focus on Sustainability and Self-Reliance

The Epicenter Strategy is designed to be sustainable. The primary resources are the local people themselves and more effective use of local government services. Income generation is built into the strategy from the start. Moreover, an emphasis is placed on protecting the environment. People at our epicenters learn composting and small-scale, environmentally sound irrigation and fertilization techniques, as well as strategies for soil conservation, reforestation and water management.
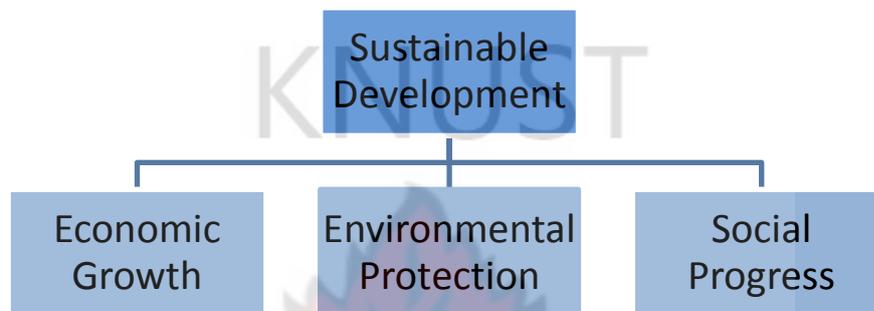
Furthermore, the Epicenter Strategy's goal of self-reliance is achieved through pursuing THP's program activities, all of which integrate sustainability measures (economic growth, social progress, environmental protection). Whether through mobilization sessions, capacity building workshops, skills training, healthy children, or financially-adept adults, THP's programs prepare communities to depend on their own know-how and resources to sustain their self-reliance. More specifically:

- **Active community members, effective leadership and empowered women** signify community ownership of its development path. These triple drivers of development ensure that the community is actively participating in their own development.

- **A completed epicenter building** provides the one-time investment that can be leveraged over time for continued community development. The building sustains adult literacy, farmer access to demonstration plots, student access to library books, financial-partner access to credit, and a leaders' forum for open discussions.

- **Access to basic services and a legally recognized Rural Bank** ensures that the community's utilization of critical development resources can be sustained over time. A community's desire to educate its youth, immunize its children, and expand its financial portfolio is self-sustaining; THP's support in creating these access points ensures the community's <u>use</u> of these resources is sustained over time.

- **Sufficient income to cover operating expenses** guarantees that the community's internally-generated revenues will permit it to sustain its development activities

without new injections of capital. In other words, the epicenter's programs are sustained through the community's own funding, as well as support in services and funds from other partnerships and local government.

Epicenter Self-Reliance Criteria

THP defines self-reliant epicenters as clusters of villages where community members are confident and have the capacity and skills to act as **agents of their own development,** as evidenced by the presence of:

1. Community members who take action to end their own hunger and poverty;
2. Effective leadership;
3. Empowered women;
4. A completed epicenter building;
5. Access to basic services (education, food security, health, finance and water/sanitation);
6. A legally recognized Rural Bank; and
7. Sufficient income to cover operating expenses, to ensure sustainable socio-economic growth.

To graduate from Phase III to Phase IV status, an epicenter must demonstrate the following criteria:

GOALS FOR SELF-RELIANCE	INDICATORS
1. **Community members who take action to end their own hunger and poverty, as evidence by:**	o Community members organized into well-structured entities (groupings, Associations, Cooperatives, etc.)[1] officially recognized by the Government o A minimum of three animator-initiated projects (topics align with MDGs) per year during Phase III o A minimum of three Trainer of Trainer (ToT) workshops per year during Phase III
2. **Effective Leadership, as evidenced by:**	o Well-trained and gender balanced Epicenter Committee, Village Sub-Committees and program Sub-Committees that keep the epicenter community mobilized *Suggested program sub-committees include:* (1) Microfinance sub-committee, (2) Agriculture and food security sub-committee, (3) Literacy and education sub-committee, (4) Health and nutrition sub-committee, (5) Access to safe drinking water sub-committee, (6) Environment and sanitation sub-committee, (7) Income generation sub-committee, and (8) HIV & AIDS sub-committee o Democratic processes • Regular elections at least every 2-3 years

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[1] Groupings are considered smaller local entities (on average ranging from 25-40 people); Associations are typically comprised of more than 1,000 members; Cooperatives are similar to Associations with a higher level of organization.

	- Leadership changes with two year term limits - Committee manuals and bylaws o Transparency 3-5 year committee work plans updated annually - Open Annual General Meetings - Clear and available documentation - Statistics and General Information Boards[2] o Strong partnerships with local government and other development agencies - Regular meetings with the local government - At least one funding source (either the local government or other development agencies) - At least one agreement or protocol signed with the local government or other aid agencies o Disaster management capabilities - Food bank filled to at least 10% of its capacity at all times - Enough food and/or funds in the food bank to supply 10% of the population during the lean season
3. Empowered Women, as evidenced by:	- Women serving on epicenter committees, and in executive positions (President, VP, etc.) in equal proportion to men (also an indicator of effective leadership) - A demonstrated increase in the number of local businesses owned and operated by women - A demonstrated increase of girl children enrolled in primary school and secondary school
4. An Epicenter Building, including:	- A community demonstration field - A well-stocked food bank (at 50% capacity on average, and never dropping below 10% capacity) - A health clinic (or nearby health facility) - A meeting hall - A preschool - A Rural Bank - An office for epicenter committees - A functioning water source (e.g., borehole, water tower, well) - Public Latrines - A functioning waste management system *Additional features of the epicenter building can be added*

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[2] Including information such as: Population, quantity of food produced on epicenter land, quantity stored in food bank, revenue generated and sources of revenue, expenditures, kindergarten/primary/tertiary enrollment statistics, clinic attendance, number of microfinance loans outstanding, value of microfinance loans outstanding, meeting information, any other information relevant to the community

	according to each individual country's criteria

5. Population has access to basic services, including:	o Government-provided services:
	  • Healthcare
	    ▪ A demonstrated increase of pregnant women are accessing pre- and post-natal care
	    ▪ A demonstrated increase of children (ages from 0 to 5) are immunized
	    ▪ Infant Mortality[3] has decreased
	    ▪ Maternal Mortality[4] has decreased
	  • Education
	    ▪ A demonstrated increase in the adult literacy rate (percentage of people age 15 and older)
	    ▪ A demonstrated increase of children (both boys and girls) enrolled in primary school with a target of gender parity by 2015
	  • Water and Sanitation
	    ▪ A demonstrated increase of the population has access to an improved drinking water source[5]
	    ▪ A demonstrated increase of households with improved sanitation facilities[6]
	o THP-support driven services:
	  • Agricultural inputs
	    ▪ A demonstrated increase of the population (both men and women) have access to technical agricultural extension services
	  • Increased food security
	    ▪ Each household has a demonstrated increase of the availability, access and utilization of grain from the food bank

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[3] Refers to the death of infants and children under the age of five years.

[4] According to the WHO, "A **maternal death** is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes."

[5] According the World Health Organization (WHO) "**Improved drinking water sources** are defined in terms of the types of technology and levels of services that are more likely to provide safe water than unimproved technologies. Improved water sources include household connections, public standpipes, boreholes, protected dug wells, protected springs, and rainwater collections. **Unimproved water sources** are unprotected wells, unprotected springs, vendor-provided water, bottled water (unless water for other uses is available from an improved source) and tanker truck-provided water."

[6] According to the WHO, "**Improved sanitation facilities** facilities are defined in terms of the types of technology and levels of services that are more likely to be sanitary than unimproved technologies. Improved sanitation includes connection to a public sewers, connection to septic systems, pour-flush latrines, simple pit latrines and ventilated improved pit latrines. Not considered as improved sanitation are service or bucket latrines (where excreta is manually removed), public latrines and open latrines."

		• Microfinance
		▪ A demonstrated increase of the adult population has access to financial services
6. A Rural Bank, as evidenced by:		*Please see list of criteria to graduate from Direct Credit to Rural Bank status*
7. Sufficient Income, as evidenced by:		o Epicenter Revenue equal to or in excess of Epicenter Expenses
		o The majority (>50%) of Revenue from internal sources
		o Bank accounts and good financial records

Typically, it takes approximately six years for THP to recognize an epicenter as self-reliant. Once an epicenter is self-reliant, it enters a two-year transition period, during which time:

- THP provides trainings to the epicenter committees and community upon request;

- THP provides training to the women running the newly recognized Rural Bank; and

- THP pays all Rural Bank operational costs, including the Bank Manager salary.

Following the transition period, **the epicenter stops receiving direct financial support from THP**. The epicenter must cover all of its own operational and programmatic costs, including training, either with funds mobilized from community members, epicenter activities or external sources. However, THP will continue to monitor the performance and progress of the epicenter.[7]

By achieving self-reliance, epicenters dramatically improve their social and economic conditions on a sustainable basis.

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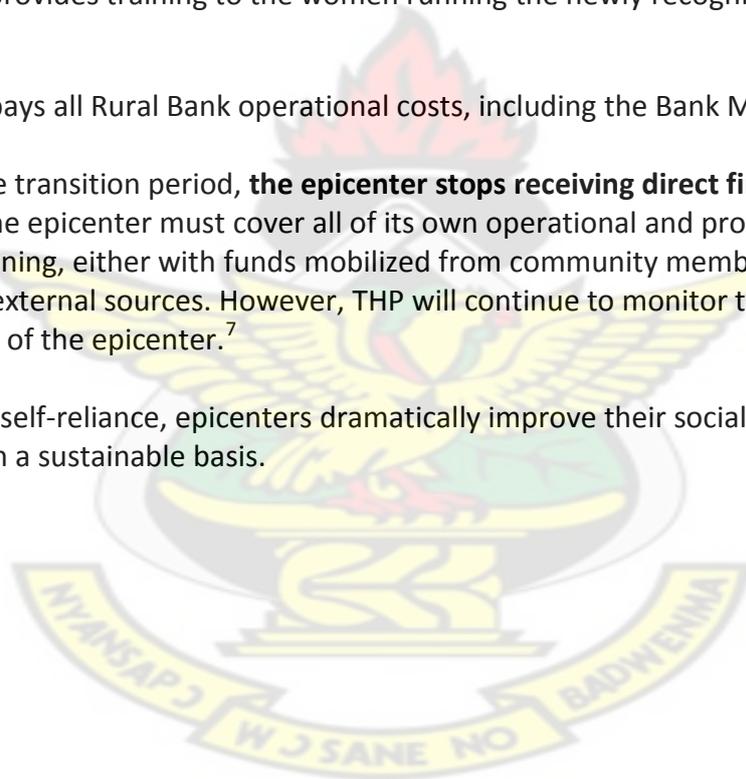
[7] THP will incur minor operational expenses to cover staff time and transportation to self-reliant epicenters.

Microfinance Program (MFP) Self-reliance Criteria

To graduate from Direct Credit to Rural Bank status, an epicenter MFP must…

- ✓ Demonstrate **profitability** by achieving an Operational Self Sufficiency ratio of 100%. Essentially, this means that financial Revenue must equal or exceed Expenses.

- ✓ Exhibit consistently good **portfolio quality**, as evidenced by two or more consecutive years of Portfolio at Risk over 30 Days (proportion of loans overdue) of 10% or less.

- ✓ Receive a minimum of $25,000 in **seed capital** from The Hunger Project and have minimum **assets** (cash, loan portfolio and interest receivable) of $35,000, with interest paid over the years. Epicenters that have received more than $25,000 must show 50% growth (ex: if they receive $50,000, they must have assets of $75,000).

- ✓ Accumulate minimum **total savings**, inclusive of required and voluntary, of $5,000.

- ✓ Achieve a minimum **membership** of 500, at least 75% of whom should be **women** and 50% of whom should possess basic **literacy** skills, or be enrolled in a literacy course.

- ✓ Elect a **Board of Directors** (and subcommittees) consisting of a majority of, and with all key positions held by, women. The board of directors must in turn hire a qualified **Bank Manager** and any other personnel deemed necessary and affordable.

- ✓ Identify another institution (other than THP) to provide **technical support** and training after becoming a Rural Bank and completing the two year transition period. This could be an association, BDS Center, government office, or something similar.

- ✓ An epicenter must have **government recognition** to operate a Rural Bank.

PLEASE NOTE: *Most of these criteria should be in line with national and regional microfinance legislation. But if not, the law should always supersede THP policy.*

Suggested Income Sources to Increase Sustainability of Epicenters

To increase the sustainability of an epicenter through income generating activities and partnerships an epicenter committee strives for…

1. **Income from farming and agricultural services**
   - Income generated from cropping the Epicenter communal lands
   - Income generated from gardening the Epicenter communal lands
   - Income generated from producing and selling tree seedlings

2. **Income generated from the Epicenter Infrastructures/Equipment**
   - Income generated from renting the Epicenter training center
   - Income generated from renting the Epicenter Dormitories
   - Income generated from the food bank (renting storing space, etc.)
   - Income generated from the epicenter shops
   - Income generated from the Epicenter grain mills
   - Income generated from renting Epicenter chairs and Generator
   - Income generated from showing movies on the Epicenter TV

3. **Income Generated from the Epicenter Rural Bank**
   - Income generated from borrowing at lower interest rate from the Rural Bank and conducting other income-generating activities
   - Income generated from buying shares from the Epicenter Rural Bank (in countries where microfinance legislation makes this possible)
   - Income generated from requiring the Rural Bank to pay Epicenter "rent"

4. **Building partnerships with the Government/NGOs**
   - Advocating for and receiving necessary services and funding from local, regional and national governments
   - Applying for grants and services from other NGOs and Foundations
   - Applying for grants and services through partnerships with in-country UN Agencies

5. **Income Generated from the Epicenter partner populations**
   - Income generated from yearly individual contribution (in-kind/financial)

QUESTIONNAIRE

This questionnaire is for academic purposes and any information given will be treated confidential.

Instruction: Kindly tick or write in the spaces provided where necessary and appropriate.

Socio-demographic background

1. Sex: {1} Male   [ ]   {2} Female   [ ]

2. Age: {1} 18 – 25   [ ]   {2} 26 – 35   [ ]   {3} 36 – 45   [ ]

      {4} 46 – 55   [ ]   {5} Above 56 [ ]

3. Marital Status: {1} Single [ ]   {2} Married   [ ]   {3} Divorced [ ]

      {4} Widowed   [ ]

4. What religion do you practice?   {1} Christianity   [ ]   {2} Islam   [ ]

{3} African Traditional Religion   [ ]   {4} Others, specify)…………...........

5. What is your educational status? {1} No education   [ ]   {2} Primary   [   ]

{3} MSLC [ ]   {4} JHS   [ ]   {4} SHS   [ ]   {5} Tertiary   [ ]

  6. What is your occupation? …………………………….…………………

Section B

 1. Are you aware of the Epicenter in Apau Wawase?

{1} Yes   [ ]   {2} No   [ ]

2. Who constructed the Epicenter? {1} Communities   [ ]   {2} Government [ ]

{3} The Hunger Project   [ ]   {3} Others   [ ]   specify………………………

3. What are the facilities at the epicenter? ....

4. What was the contribution of people of your community towards the construction of the epicenter? {1} Labour [ ]   {2} Land [ ] {3} Funds   [ ] {4} Others [ ]   specify………………………

5. Did members of your community request for the construction of the Epicenter?

{1} Yes   [ ]   {2} No   [ ]

6. Were local professionals engaged in the construction of the Epicenter?

{1} Yes   [ ]   {2} No   [ ]

7. Do you think the facilities at the epicenter are priority projects for the community? {1} Yes   [ ]   {2} No   [ ]

8. How long has the epicenter been operating?   {1} 1-3 yrs [   ]   {2} 4-6yrs [ ]

{3} 7- 9 yrs [   ]   {4} Others   [ ]   specify…………………………

9. How do you rate the level of patronage of the epicenter by members of your community?
{1} High [   ]   {2} Moderate   [ ]   {3} low   [   ]   {4} Others   specify…....................

10. How do you rate the level of management control by the people of the communities over the facilities at the epicenter?{1} High   [ ]   {2} low [ ]

{3} Moderate [   ]   {4} Others   [ ]   specify……...

11. In your opinion, why was the Epicenter constructed?

....

In your assessment, indicate the extent of your agreement to the following statements

(Choose between 1 and 4, 1 – Strongly agree, 2 – Agree, 3 – Disagree, 4 – Strongly

disagree)   {1}   {2}   {3}   {4}

12. Community members take action to end hunger and poverty [   ]   [ ]   [ ]   [ ]

13. Community members demonstrate effective leadership   [ ]   [ ]   [ ]   [ ]

14. Women are empowered to support the family   [ ]   [ ]   [ ]   [ ]

15. Epicenter building has been completed and operating   [ ]   [ ]   [ ]   [ ]

16. Communities have access to basic services (education, food security, health, finance

and water/sanitation)   [ ]   [ ]   [ ]   [ ]

17. There is a fully operational rural bank at the epicenter   [ ]   [ ]   [ ]   [ ]

18. The epicenter generates sufficient income to cover its operating expenses

                                                                [ ]   [ ]   [ ]   [ ]

19. The Hunger Project continue to provide funds, facilitate training seminars,

and workshops to keep the epicenter running   [ ]   [ ]   [ ]   [ ]

20. Do you think The Hunger Project will ever cease to provide support to the Epicenter?

      {1} Yes   [ ]   {2} No   [ ]

21. Are you aware of any phase out plan by The Hunger Project?

{1} Yes   [ ]   {2} No   [ ]

 22. Where do you seek health care when you are not well?

{1}The epicenter clinic   [ ]   {2} Prayer camp [ ]   {3}Herbalist [ ]   {4} Others

        Specify ……………………………………….

23. In seeking health care from the facility chosen above, what do you consider?

{1}Accessibility [ ]   {2} Affordability [ ]   {3} Beliefs[ ]   {4} Service Quality   [ ]

24. Do you think the project was initiated by a political party?

{1} Yes   [ ]   {2} No   [ ]

25. Have you accessed credit from the micro credit scheme run at the epicenter?

{1} Yes   [ ]   {2} No   [ ]

26. Have you been able to set up any income generating business with the micro

credit support?   {1} Yes   [ ]   {2} No   [ ]

27. How will you describe the repayment of the credit facility? {1}Regular   [   ]

{2} Not regular [ ]   {3} Difficult   [ ]   {4} Bad debt [ ]

28. Has the empowerment of women affected marriages negatively?

{1} Yes   [ ]   {2} No   [ ]

QUESTIONS GUIDE FOR INTERVIEW

1. For what purpose do you think was the epicenter constructed?

2. How can the operations of the epicenter become sustainable without support from THP?

3. In your opinion, how can the epicenter generate its own income?

4. In your view, how will people in the communities become self reliant?

5. What were the challenges to the implementation of the epicenter strategy?

6. What measures could be adopted to make the implementation of the epicenter strategy successful?