Family for every child

IDS Institute of Development Studies

Centre for Social Protection


# Researching the linkages between social protection and children's care in Ghana

## LEAP and its effects on child well-being, care and family cohesion

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# Acknowledgements

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# List of acronyms

| | |
|---|---|
| AOB | Asikuma Odoben Brakwa |
| CH | Challenging Heights |
| CLIC | Community LEAP Implementation Committee |
| CRC | Convention on the Rights of the Child |
| CS | Case study |
| CSP | Centre for Social Protection |
| DSW | Department of Social Welfare |
| ECD | Early childhood development |
| FGD | Focus group discussion |
| GI | Group interview |
| GW | Gomoa West |
| IDS | Institute of Development Studies |
| KII | Key informant interview |
| LEAP | Livelihood Empowerment against Poverty |
| MICS | Multiple Indicator Cluster Survey |
| MOESW | Ministry of Employment and Social Welfare |
| MOGCSP | Ministry of Gender, Children and Social Protection |
| NHIS | National Health Insurance Scheme |
| NSPS | National Social Protection Strategy |
| OVC | Orphans and vulnerable children |
| SSA | Sub-Saharan Africa |

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# 1 Introduction

The large majority of national governments around the globe have recognised their responsibilities towards safeguarding and promoting children's rights. The 1989 United Nations Convention on the Rights of the Child (CRC) has been ratified by more than 190 countries. The CRC calls for freedom from child protection violations, equal treatment of all children and access to basic services such as nutrition, health and education. It also stipulates that governments have a duty to support caregivers in providing quality care to their children:

*"...States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children."* (CRC, Article 18) (UN 1989)

In 2009, in celebrating the 20th anniversary of the CRC, the UN General Assembly welcomed the Guidelines for the Alternative Care of Children (UN 2009). These guidelines aim to ensure that children are cared for within their own families or, if this is not in their best interests, to find permanent alternative solutions that protect and promote the child's well-being. The role of national governments is explicitly stipulated:

*"...efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the care giving role."* (Guidelines for the Alternative Care of Children, Article 3) (UN 2009)

Evidence from Sub-Saharan Africa (SSA) suggests that for many children, rights to adequate care are being violated. Country estimates of the percentage of children who are living without their parents range between 12 and 34 per cent depending on the country under consideration, and the numbers of children outside of parental care are growing (UNICEF 2008). Whilst many such children are well cared for by grandparents and other relatives, the effects of the loss of parental care on children can be devastating, particularly if children live outside of families or with more distant relatives where they are more likely to be inadequately cared for. Children without adequate care find themselves at greater risk of discrimination, abuse and exploitation. Inadequate care can also impair children's education, emotional and physical development and health. Poverty and deprivation have a major impact on children's ability to stay with their parents, and may also affect the ability of extended or other families to offer homes for children. In addition, poverty interacts with other determinants of children's care choices, such as HIV, migration, child labour and abuse or neglect in the home, and can affect the quality of care that children receive. The existence of support structures and access to basic services is imperative in addressing these other determinants of children's care (Family for Every Child 2013, 2014).

Social protection may play an important role in various aspects of children's care through its primary objective of reducing and mitigating poverty and its potential linkages to other services such as social work and child protection services. Recent years have seen a push towards more 'child-sensitive social protection'. This term denotes social protection policies and programmes that are recognisant of and responsive to children's particular needs and vulnerabilities (Roelen and Sabates-Wheeler 2012). Despite this trend, understanding of the links between social protection and children's care is limited and little guidance is offered on ensuring that social protection promotes better care for children, through reducing family separation and enhancing the quality of caring relationships. The aim of this research is to gain an understanding of the interactions between social protection programmes and the quality of care, loss of parental care, family separation, reunification and care choices (primarily foster and kinship care).

The need for research and more robust evidence regarding linkages between social protection and child protection outcomes is increasingly recognised. The body of evidence on the impact of social protection on objective and measurable outcomes for children – such as nutrition, health and education – is rapidly expanding, and largely points towards positive effects. At the same time, little is known about the effect of programmes on outcomes that are less observable and generally not included in programmes' theories of change (see Barrientos et al. 2013; Sanfilippo et al. 2012).

Following these considerations, this research is guided by three research questions.

1. **What are the linkages between social protection and the quality of children's care?** This question examines the links between social protection and the relationships between children and carers, with consequent implications for the psycho-social well-being of children. It is linked to questions 2 and 3, as the quality of caring relationships is likely to have an impact on choices between different care options.

2. **What is the link between social protection and the loss of parental care?** This question examines the impacts of social protection on key factors which lead to a loss of parental care, including poverty and access to basic services.

3. **What is the link between social protection and decisions between care options (e.g. between residential care, foster care, kinship care etc.)?** This question explores the impacts of social protection on decisions about children's alternative care. It examines whether the provision of social protection can offer incentives or disincentives for placing children in alternative care options such as kinship care or foster care. This question is related to question 1 in that children can be pulled out of parental care if alternative forms of care appear to be particularly attractive options.

The research in this project is a joint initiative by Family for Every Child and the Centre for Social Protection (CSP) at the Institute for Development Studies (IDS) in the UK. It is undertaken in three different countries in Sub-Saharan Africa: Ghana, Rwanda and South Africa. The choice of this region was based on a number of considerations. Firstly, it has seen a particular rise in the number of children living outside of parental care in recent years due to factors such as the spread of HIV, child trafficking and bonded labour, migration and the widespread use of residential care. In addition, social protection programmes are expanding rapidly, in terms of both scale and coverage. Finally, and partly as a result of the preceding two factors, social transfers are increasingly considered as a policy response to the need for foster and kinship care. Within the three countries included in the study, the research focuses on national social protection programmes that are implemented by national governments. This allows for the possibility of tying into national policy-making and maximising the impact of the study.

In Ghana, the research focuses on the Livelihood Empowerment Against Poverty Programme (LEAP). This national social protection programme aims to reduce extreme poverty in the country and is centred on providing cash transfers to the most vulnerable. It is targeted at three demographic categories of poor beneficiaries: the elderly, the disabled and those unable to work, and orphans and vulnerable children (OVC). Ghana operates several other national social protection programmes, aimed at children, which link into LEAP. These include the education capitation grant, school feeding programme and free school uniforms programme.

Ghana has long acknowledged its commitment to safeguarding children's well-being and protection. It ratified the CRC without reservations in 1990 and enacted the Children's Act in 1998 (Act 560) to give national meaning to the CRC treaty. The Act lays down the State's obligations towards children and stipulates that it is:

> *"…to provide for the rights of the child, maintenance and adoption, regulate child labour and apprenticeship, for ancillary matters concerning children generally and to provide for general matters…"* (Quashigah 2008, p. 70-71)

Additional legislative changes complementing this Act include the 1998 Criminal Code (Amendment) Act; Act 554 (criminalising certain harmful traditional cultural practices and forms of child abuse); the 2003 Juvenile Justice Act; Act 653 (setting out the response to young and juvenile offenders); and the Domestic Violence Act, 2007 (Quashigah 2008).

The wider response to orphans and vulnerable children (OVC) in Ghana is strongly embedded in the country's social protection policy. In 2005, the National Policy Guidelines on orphans and other children made vulnerable by HIV and AIDS were developed, drawing on the National Social Protection Strategy (NSPS) (MOESW and UNICEF 2010). In 2010, a three-year National Plan of Action for OVC was published (MOESW and UNICEF 2010). This plan is strongly framed around a social protection response, acknowledging the role that LEAP and other programmes can play in efforts to move away from institutional care towards other forms of alternative care such as extended family care, fostering and adoption. It is against these strategies and acknowledgements that

we investigate the interplay between social protection and issues of children's care and well-being in Ghana. Fieldwork for this research took place in two different districts in the Central Region of Ghana, namely Asikuma Odoben Brakwa (AOB) and Gomoa West District Assemblies. AOB was included in the first cohort of LEAP roll-out (2008) and Gomoa West became a cohort of LEAP in the following year (2009). Data collection was carried out by Ghanaian child rights NGO Challenging Heights with support from the Centre for Social Protection and Family for Every Child.

# 2 Data and methods

This chapter discusses the sampling framework, methods, research process and ethics procedure used in the research in Ghana.

## 2.1 Sampling

Fieldwork for this research took place in two different localities in Central Region in Ghana. The selection of the region and districts was largely based on research and practical considerations. Guiding criteria included (1) the prevalence of child protection issues which make it necessary for LEAP to make an impact on children's care and well-being within the research areas and (2) practical considerations.

Gomoa West was selected as a first district as it is a source area for child labour for the fishing industry on Lake Volta. AOB was selected because of its high levels of child labour, which are due to the many cocoa plantations that are one of the district's most important sources of livelihoods. The highest incidence of children working on cocoa plantations is found in areas which run smaller plantations, such as those found in the Central Region (Bøås and Huser 2006). In practical terms, Challenging Heights (CH) (which was leading the qualitative data collection) operate anti-trafficking initiatives in the Gomoa West District and have good relations with local authorities in the district. Similarly, in 2009 CH built strong community relationships in AOB as part of a project on child labour in the cocoa industry, so was able to draw on these in gaining community access for the current research project. The existing ties at district level facilitated the selection of villages as well as community entry.

Within each district, the sample was stratified by programme participation (LEAP participants, non-LEAP participants), age (adults, young carers and children), gender and carer-child relationships (in parental care/biological children and in kinship care/non-biological children[1]). Table 1 summarises the stratification framework per district across the various qualitative data collection methods.

**Figure 1 Map of Ghana**


1 In this research in Ghana, we denote kinship care to include kinship care by blood relatives and informal foster care by non-blood relatives. The term foster care is used to denote formal foster care only, which is very uncommon in Ghana.

**Table 1 Ghana stratification framework**

| | Adults | | | |
|---|---|---|---|---|
| | Women | | Men | |
| | With biological children | With non-biological children | With biological children | With non-biological children |
| **LEAP** | Group discussion | | Group discussion | |
| | Case study | Case study | Case study | Case study |
| **Non-LEAP** | Group discussion | | Group discussion | |
| | Case study | Case study | Case study | Case study |
| | **Young carers** | | | |
| | Women | | Men | |
| | With biological children | With non-biological children | With biological children | With non-biological children |
| **LEAP** | Group discussion | | | |
| **Non-LEAP** | | | | |
| | **Children** | | | |
| | Girls | | Boys | |
| | With parental care | With kinship care | With parental care | With kinship care |
| **LEAP** | Group discussion | | Group discussion | |
| | Case study | Case study | Case study | Case study |
| **Non-LEAP** | Group discussion | | Group discussion | |
| | Case study | Case study | Case study | Case study |

Within each district, fieldwork was undertaken in multiple communities. This combination of communities was necessary due to the small numbers of beneficiaries per community. Fieldwork was undertaken in Awiamu, Fosu Ansah, Jamrah and Baako villages in AOB and in Mprumaem, Apam, Mumford, Assin and Ajumako villages in Gomoa West. The choice of villages was primarily informed by pragmatic considerations. The potential pool of villages was narrowed because many have few or no LEAP beneficiaries. Small villages with only two or three households were excluded due to inadequate numbers to form focus groups. Only those villages accessible as a day trip (including driving from Winneba in Central Region and walking from the nearest traversable road to the village) were considered. Of the remaining villages, CH prioritised contacting those where they had previously worked. One village was excluded because the village leaders were unwilling to facilitate introductions to the residents.

Twenty-seven activities were undertaken in each district. In each district, approximately 60 adults and 45 children participated across the different communities. The research findings presented in this report are therefore a reflection of the experiences and opinions of more than 120 adults and 90 children. The full sampling frame is presented in Table 2.

It should be noted that although fieldwork took place in areas where CH is operational, the research did not include respondents who received direct support from the NGO, in order to avoid response bias.

**Table 2 Ghana sampling frame**

| | | | Districts in Central Region | | Method | Total |
|---|---|---|---|---|---|---|
| | Respondent category | | Gomoa West (Apam, Mprumaem, Ajumako, Assin, Mumford) | AOB (Awiamu, Fosu Ansah, Jamrah, Baako) | | |
| 1 | LEAP Programme manager | | 1 | 1 | KII | 2 |
| | Social worker | | 1 | 1 | KII | 2 |
| 2 | Adults in households with biological and non-biological children | | | | | |
| | 2a | With LEAP | 4 (2 male, 2 female) | 4 (2 male, 2 female) | GI | 8 |
| | 2b | Without LEAP | 2 (1 male, 1 female) | 2 (1 male, 1 female) | GI | 4 |
| 3 | Young carers (20-30) in households with biological and non-biological children | | | | | |
| | 3 | With/without LEAP | 1 (mixed) | 1 (mixed) | GI | 2 |
| 4 | Children in households with parental/ kinship care | | | | | |
| | 4a | With LEAP | 4 (2 male, 2 female) | 4 (2 male, 2 female) | FGD | 8 |
| | 4b | Without LEAP | 2 (1 male, 1 female) | 2 (1 male, 1 female) | FGD | 4 |
| 5 | Household case study with biological child and parent | | | | | |
| | 5a | With LEAP | 4 (2 male, 2 female) | 4 (2 male, 2 female) | CS | 8 |
| | 5b | Without LEAP | 2 (1 male, 1 female) | 2 (1 male, 1 female) | CS | 4 |
| 6 | Household case study with non-biological child and main carer | | | | | |
| | 6a | With LEAP | 4 (2 male, 2 female) | 4 (2 male, 2 female) | CS | 8 |
| | 6b | Without LEAP | 2 (1 male, 1 female) | 2 (1 male, 1 female) | CS | 4 |
| | | Total | 27 | 27 | | 54 |

Note: full terms for the acronyms for the methods can be found in the list of acronyms (p2 ).

## 2.2 Research tools

This research is qualitative in nature and employs a set of different tools and instruments. These include group interviews, focus group discussions, participatory exercises and individual interviews. This combination of methods aims to obtain information about people's living arrangements and participation in social protection programmes as well as to elicit experiences and perceptions about child well-being and care in relation to social protection programmes. This type of data collection was deemed most appropriate for gaining insight into the complex and sensitive situations around children's care and well-being and for developing an understanding of how these can or may be affected by a social protection programme such as LEAP.

Three main qualitative techniques were used in the fieldwork: (1) in-depth interviews, including case studies and key informant interviews; (2) focus group interviews and discussions; (3) participatory techniques. These methods provide complementary and appropriate tools to gain access to the different perspectives (perceptions, opinions, experiences) of different individuals and social groups with respect to care choices and the potential role of social protection in influencing those choices. Importantly, they can also be used to validate actual and perceived changes that are attributable to social cash transfer programmes.

In-depth interviews are semi-structured discussions with individuals who are purposively selected for their specialist knowledge or expertise on specific research questions. Two types of in-depth interviews were

conducted: (1) case studies (CS) of LEAP beneficiary and non-beneficiary households that comprise interviews with parents/carers and a biological or non-biological child living in the household; (2) key informant interviews (KII) with programme staff, community leaders, and others.

Focus group discussions (FGD) and group interviews (GI) typically bring together six-eight people who engage in a facilitated discussion on the basis of pre-defined discussion guides. Focus group participants were purposively selected and stratified along characteristics that created either homogeneous or mixed groups. Relevant characteristics for stratification, beyond those outlined in the matrix above, included: male- and female-headed households; older and younger carers; wealthier and poorer households. The purpose of conducting these discussions with stratified groups was not to gather 'collective' opinions or shared experiences but rather to stimulate debate and explore differences in attitudes and perceptions within and between these groups.

Participatory techniques are specific methods to elicit adults' and children's voices and opinions. Techniques used included drawing of life history diagrams and child activity clocks, and mapping indicators of child well-being and care. These techniques were not undertaken as separate exercises but integrated into the individual in-depth interviews and focus group discussions.

## 2.3 Process

Fieldwork was undertaken by CH. The research team consisted of three CH programme staff and two junior researchers who were previously CH community volunteers, but then recruited especially for this research project. Translation of the fieldwork instruments from English into Twi and Fanti, and of the transcripts from Twi and Fanti into English, was done by programme staff who are fluent in Ghanaian languages and in English. In preparation for the data collection, local researchers were trained by colleagues from Family for Every Child and IDS and fieldwork instruments were pilot-tested. In Ghana, this process was undertaken across four and a half days – two and a half office-based days and two days of pilot testing – in November 2013.

## 2.4 Ethics

The CH research team signed a code of conduct for researchers, provided by IDS. As CH employees, they were also bound by CH's child protection policy. In the course of the research – especially during the lifeline exercise for the household case studies – several participants became distressed when discussing difficult issues in their past. Researchers responded by consoling the participant, and in some cases, discontinuing the interview due to the participant's distress. When participants raised questions about LEAP, such as wanting relatives to become beneficiaries, CH staff referred their questions to the social welfare department, providing contact addresses and numbers to research participants as needed. CH's policy is that those working in its projects should be alert for potential child protection issues. If such issues emerged in the course of the research, researchers would discuss concerns with their CH supervisor, who would agree a course of action to protect the child. This would be likely to involve a referral to the district social worker. CH has capacity for community liaison and social work to provide follow up in such cases, but in practice, no child protection concerns requiring action were identified during the course of the research.

The names of all respondents quoted in this research have been changed to protect their identities.

# 3 Setting the scene

This chapter discusses the context in which the linkages between LEAP and children's care were studied in this research project. It discusses people's general livelihoods in terms of demographics, family composition, children's outcomes and the situation with respect to poverty. It also explains the LEAP programme and respondents' experiences of the programme. The discussion in this chapter is based on secondary information as well as on findings from this research.

## 3.1 General livelihoods

This section provides an overview of the general livelihoods of families and children in Ghana, including issues around demographics, the family unit, livelihoods and poverty and children's outcomes.

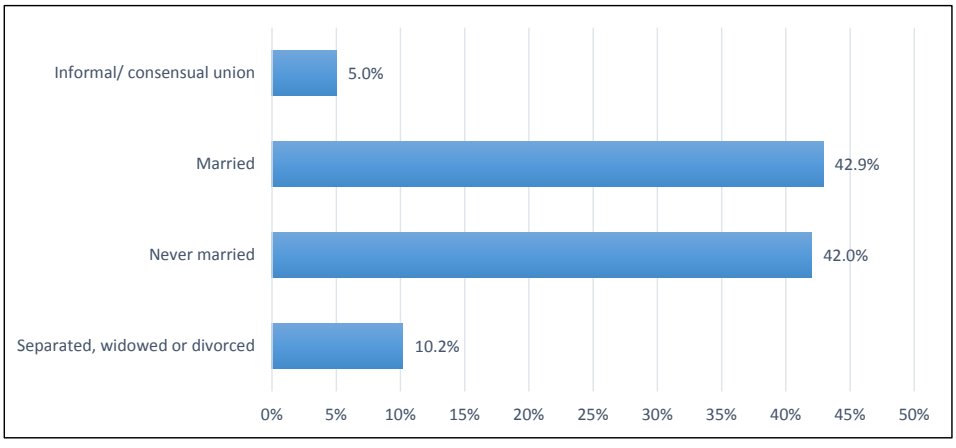
### Demographics and the family unit

Almost half of the case study respondents included in this research were married with the remainder being single, divorced, separated or widowed. This demographic profile is largely in line with nationwide statistics (see Figure 2), which indicate that around 42 per cent of the population aged 12 years and older are married, and that almost the same percentage have never been married. Five per cent are in informal or consensual unions, and a further 10.2 per cent are separated, widowed or divorced.

Living in a household with married household heads does not mean that these families can be considered nuclear as many children are not residing with one or both parents. The most recent Multiple Indicator Cluster Survey (MICS) data suggests that 57 per cent of Ghanaian children aged 0-17 live with both biological parents, while 17 per cent live with neither. The overall proportion of children in Ghana with one or both parents deceased is 8 per cent (GSS 2011).

Family sizes in Ghana are relatively large, which can be mostly attributed to high fertility rates. The nationwide total fertility rate is estimated at 4.0 children. In the region of focus for this research – the Central Region – this figure is higher at 5.4. Among the respondent households in this research, the numbers of children per household range from 2 to 22. The large numbers of children per household also translate into a high nationwide average age dependency ratio[2] of 73.9, indicating the proportion of dependents per 100 working-age population (World Bank 2014b). In other words, 100 persons of working age are supporting 73.9 dependents, including elderly people, children and people living with disabilities. The high number of dependents and children is likely to have strong implications for the link between child well-being and the effectiveness of LEAP.

**Figure 2 Marital status by percentiles in Ghana**




Source: GSS 2012

2 The dependency ratio is calculated by dividing the total number of household members aged 15-64 by the total number of younger and older household members and multiplying that by 100.

## Livelihoods

The research areas AOB and Gomoa West are rural districts of semi-deciduous forest and coastal savannah. Forty-two percent of the working population in the Central Region is engaged in agriculture; the next highest percentages are for work in industry and sales (GSS 2012). The main livelihoods in the two districts vary slightly. In Gomoa West, most people are engaged in agricultural production, primarily the cultivation of root crops and fruit trees. In addition, 15 per cent of the active labour force is active in fishing activities (MLGRD 2006).[3] In AOB, 85 per cent of the population are farmers. Crops cultivated include cash crops such as cocoa, citrus and avocado, and staple crops like maize, cassava, yam, plantain, and banana. The remainder of the active population in both districts are engaged in petty trade and small-scale industrial activities (MLGRD 2006).

The importance of agriculture as the main livelihood was confirmed in this research. Respondents' main livelihoods in both districts were agriculture and petty trade. A number of respondents in Gomoa West were also engaged in the fishing industry. Various respondents in AOB were working on plantations growing cash crops such as cocoa. Other activities included day labouring, tending livestock and working as 'sellers' vending foodstuffs at roadside stalls and markets. Many of those involved in the research were unemployed due to old age or disability.[4] Economically-active adult respondents indicated that they spent their days doing farming activities or petty trade. Almost all children involved in this research were attending school. Findings also suggest that housework was divided between women and children and that this was undertaken alongside other activities (farming, going to school).

*"My mother and father do nothing. I go to farm with my husband and the children go to school after sweeping and cleaning the house. The children farm with us on weekends and during holidays."* (AOB, adult female, LEAP, household with biological children)

Children are expected to help their parents and carers after school, at weekends and during holidays. This includes farming, working at their parents' stalls and doing housework.

*"My mother sells mats and rice and I sell sugar cane and oranges while the children go to school. When they are not in school, they come with me to sell oranges. My husband is a chainsaw machine operator."* (AOB, adult female, no LEAP, household with biological children)

Given the strong dependency on agriculture, climatic shocks were considered big challenges in the region in terms of maintaining livelihoods. LEAP staff also referred to the lack of non-agricultural jobs and migration to the cities as major challenges for the Central Region.

*"Generally, life is very difficult for majority of the people in the district. Most of them are farmers. They don't have irrigation systems. So the farmers depend on the natural rainfall. In cases when the rain does not come [...], they lose all their harvests. Sometimes, some of the farmers take loans to do their farming. So when their farms fail, they have to find money to pay for their debt. They even become poorer. There are few government jobs in the district. So the youth who finish school are not able to find jobs to do. They all run to the big cities in Ghana. And the majority do not return to help develop the district."* (AOB, LEAP programme manager)

3 This figure varies according to the prevalence of bumper catches which attract people from other areas.
4 This can be attributed to two of the categories of eligibility for LEAP being age and disability.

### Box 1 Children's activity clocks

Andy is a 15-year-old boy from AOB living with his grandparents and nine other siblings and cousins. His parents were no longer able to take care of him and his brothers so he moved in with his grandparents. All the children attend school and help their grandparents with house work before and after attending classes. During weekends and holidays they also help with farming. Andy's activity clock differs from his siblings because he is the oldest so he does more chores.

| | |
|---|---|
| 5.00am | Sweep, fetch water, wash dishes, cook breakfast, bath |
| 6.50am | Go to school |
| 2.20pm | Finish school |
| 3.00pm | Get home |
| 3.01pm | Fetch water and cook |
| 6.00 pm | Finish cooking and eat |
| 6.10 pm | Finish eating |
| 6.15 pm | Go out to learn with a friend |
| 7.00 pm | Finish learning |
| 7.02 pm | Go home to sweep |
| 7.05 pm | Go back and learn |
| 8.00 pm | Go home and go to bed |

Sonya is a 14-year-old girl from Gomoa West living with her father, mother and five older brothers. Her parents receive the LEAP cash transfer due to old age and low income generation. Before school, Sonya helps with fetching water and housework. After classes she also sells tomatoes, cassava and water. Sonya says that she fetches water with her siblings and sells products with people her age so she can chat with them.

| | |
|---|---|
| 6:00am | Fetch water |
| 7:00am | Wash dishes, because my younger sister can't do it well |
| 8:00am | Go to school to acquire knowledge |
| 2:30pm | Finish school |
| 3:40pm | Sell tomatoes so that I can get money to go to school the next day |
| 4:00pm | Sell gari [cassava flakes – a type of local food] before we can eat in the evening |
| 5:00pm | Sell water to help my parents |
| 6:00pm | Cook food for me and my parents |
| 7:00pm | Go to classes to learn with my friends or to learn what I don't understand |
| 8:00pm | Go to bed to sleep because I will feel tired |

## Poverty and children's outcomes

Ghana has made considerable progress towards poverty reduction. In 2006, the country had successfully lowered extreme poverty rates by 50 per cent, making it the first Sub-Saharan country to reach the first Millennium Development Goal (UN Stats 2014). Despite this success poverty remains endemic in parts of the country. In 2006, the poverty headcount was 29 per cent (World Bank 2014a).

The reduction in nationwide poverty has been coupled with better living conditions, with improvements in access to clean water, sanitation and electricity. National estimates indicate that on average 86 per cent of households have access to an improved source of drinking water. This represents 94 per cent of urban households and 78 per cent of rural households (GSS 2012). Nationally, three in 10 rural households have no toilet facilities. Thirty-eight per cent of rural households have access to electricity, compared to 80 per cent in urban locations (GSS, GHS and ICF Macro 2009).

The situation with respect to living conditions in the districts included in this research is mixed. The majority of households in Gomoa West have access to improved water sources through pipe-borne water outside of their home (twenty-six per cent), a public tap (twenty-six per cent), water sachets (nearly seventeen per cent) or tanker supply (nearly thirteen per cent) (GSS 2013). In AOB, the majority of households rely on boreholes (nearly thirty-eight per cent), a river or stream (nearly eighteen per cent), a public tap (fourteen per cent) or a protected well (eleven per cent) (GSS 2013). In Gomoa West, seventeen per cent of the population have no toilet facilities; in AOB this figure is lower at six per cent (GSS 2013). AOB also has a higher number of publicly accessible toilets (nearly fifty-three per cent) compared to Gomoa West (thirty-five per cent) (GSS 2013). Access to electricity mains amounts to seventy per cent in Gomoa West and nearly forty-four per cent in AOB (GSS 2013).

Nutrition is still sub-standard for many children in Ghana. In 2011, almost a quarter of all children were moderately or severely stunted (too short for their age); one in seven children under the age of five were moderately or severely underweight and six per cent moderately or severely wasted (GSS 2011). These national figures mirror the situation in Central Region where 23 per cent of children were moderately or severely stunted and 14 per cent of children under five were considered to be underweight (GSS 2011).

Utilisation of health services shows a more positive picture. Vaccination coverage is high in Ghana. In 2008 more than three-quarters of all children aged 12–23 months had received all recommended vaccines (GSS, GHS and ICF Macro 2009). Figures for vaccination coverage for children aged 12-23 months in Central Region were in line with national averages with 78 per cent of children having received all available vaccinations (GSS 2011). Nationally, more than half of the children under five who had had diarrhoea in the two weeks prior to the MICS survey had received oral rehydration treatment. This figure was lower in the Central Region at 38 per cent (GSS 2011).

## Education

National primary school enrolment rates are generally high in Ghana (UN Stats 2014). The net national enrolment ratio is currently eighty-seven per cent (UN Stats 2014) and the gross national enrolment ratio is one hundred and seven per cent[5] (World Bank 2014a). Central Region has achieved 100 per cent Gross Enrolment Ratio for primary education (GSS 2012). Findings in this research corroborate these figures: all the children who were interviewed as part of household case studies were going to school.

Despite these high enrolment figures, completion rates fall behind, as do attendance rates in middle and secondary school: fifty-four per cent of children have middle school as their highest level of education and sixteen per cent have attended secondary school (GSS 2012). Girls were more likely than boys to have primary or middle school as their highest level of education (GSS 2012), which implies they are more likely to drop out of secondary school than boys. The following quote illustrates how this also came up in this research:

*"The boys are well taken care of because they can go to school and learn and take care of their parents while the girls go to school until they get pregnant."* (Gomoa West, male child, LEAP)

5 This represents the total enrolment in primary education, regardless of age, as a percentage of the population of official primary education age. "GER can exceed 100 per cent due to the inclusion of over-aged and under-aged students because of early or late school entrance and grade repetition" (World Bank website 2014a).

The MICS report also found that those from lower income households were less likely to attend school than those from wealthier families (GSS 2011).

## Child protection

As discussed above, legislation for various child protection measures is in place in Ghana. However, implementation remains weak and laws are yet to become contextually appropriate. Violence and abuse of children persists with estimates of over 90 per cent of children having experienced physical violence in the home and at school (UNICEF 2011). Ghana also experiences a high incidence of child labour and is a country of origin, transit, and destination for adults and children subjected to forced labour and sex trafficking. Internal trafficking of children is more widespread than international trafficking. Ghanaian children are exposed to conditions of forced labour in agriculture, fishing, domestic service, street hawking, begging, portering and gold mining (Department of State, United States of America 2013).

Internal trafficking and bonded labour were considered pertinent issues in the study sites included in this research, particularly in Gomoa West.

*"... in the fishing communities, the children become stressed and tired and the parents wouldn't be able to feed them so they will send the children to reside with other people, even to the Volta lake to work for other people."* (Gomoa West, LEAP programme manager)

Family separation and loss of parental care is also an issue of considerable concern in Ghana. Reasons for separation can include poverty, high fertility rates, trafficking of children into child labour, the death of one or both parents and migration. Ghana is in the process of moving away from institutional care in favour of other forms of care such as kinship care and adoption. Nevertheless, recent figures suggest that approximately 4,500 children still live in institutions (MOESW and UNICEF 2010).

The country has a high rate of informal kinship care (MOESW and UNICEF 2010). Traditional cultural beliefs about child care play a role in the high prevalence of children living with relatives other than their biological parents. Children are viewed as belonging to the whole extended family, not just the parents, so that, for example, a Ghanaian father would cause offence to his relatives if he referred to 'my child' rather than 'our child'. Most parents believe that compared to the parents themselves, other family members can take as good or better care of the child, and it is common for children to move between households so that the children are evenly distributed amongst the extended family. Ghana also has relatively high rates of adoption, including inter-country adoption (MOESW and UNICEF 2010). In more recent times the lack of transparency and governance in the international adoption process has led to a ban being imposed on all adoptions, both national and inter-country, until such a time as this can be resolved (UNICEF 2011).

In both the districts included in this research, it is common for children to live outside of parental care. As indicated by LEAP staff, child care is split almost evenly between children living with their parents, and those living in the kinship care of relatives such as grandparents or aunts and uncles. A further small percentage of children live within families of no blood relations. LEAP staff also stated that there are no residential children's homes in either district.

## Programme implementation

Eligibility is based on two criteria, namely (1) the household being considered poor, and (2) the household having a member in one or more of three demographic categories: (a) orphans or vulnerable children,[6] (b) elderly people, or (c) people with disabilities and unable to work. The transfer is awarded to the household rather than the individual but the transfer amount is dependent on the number of 'eligible beneficiaries' per household. As such, the programme targets caregivers of OVCs, the elderly and other dependents.

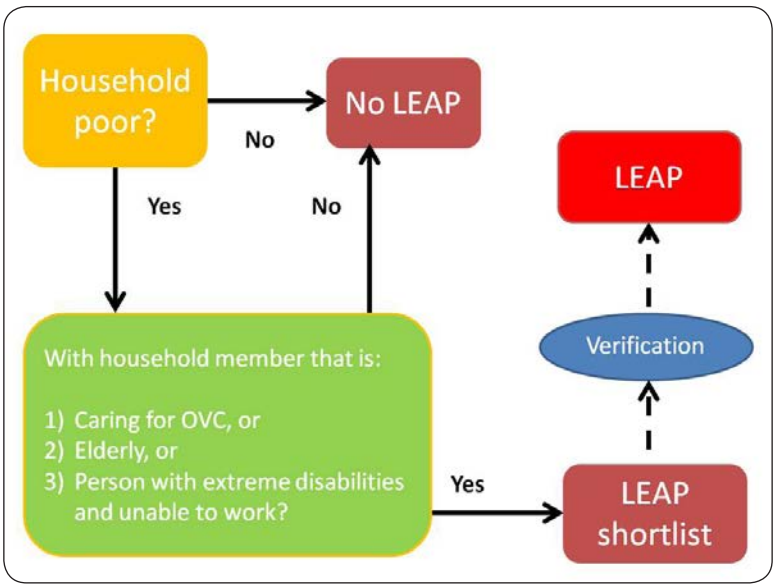
The selection of households is done at the community level by Community LEAP Implementation Committees (CLICs) and verified centrally by a proxy means test (Handa et al. 2013). CLICs undertake an initial identification and produce a list of potential beneficiary households. Following this initial identification, a means testing questionnaire is administered to households.

6 The definition of orphans and vulnerable children (OVC) in LEAP includes: single or double orphans, disabled children, chronically ill children, children in a child-headed household, children in a family with a head that is chronically ill, children in a family with a parent whose whereabouts are unknown (MOESW 2012).

Data is entered into a LEAP database and analysed based on weights given to the proxy variables that make up the eligibility formula. A list of proposed beneficiaries is then generated within a resource limit set for each community. This list is sent back to the CLICs for verification and approval. The targeting and selection process is illustrated in Figure 3 below.

Participating households receive a bi-monthly payment, the amount of which is based on the number of 'eligible beneficiaries' who fall into one or more of the three demographic categories within the household. The maximum number of 'eligible beneficiaries' is capped at four people per household; even if more household members are part of the three demographic categories mentioned above, the amount does not increase. Table 3 presents the transfer amounts received by eligible households since 2012, when the cash transfer amount tripled (Handa et al. 2013). Despite this increase in the transfer amount, LEAP constitutes only 11 per cent of average household consumption nationally (Handa et al. 2013), which is exceptionally low when compared to other cash transfer programmes in Sub-Saharan Africa.

**Figure 3 LEAP targeting and selection**




Source: authors' representation based on information from different sources

**Table 3 LEAP transfer amounts by number of eligible participants in a household**

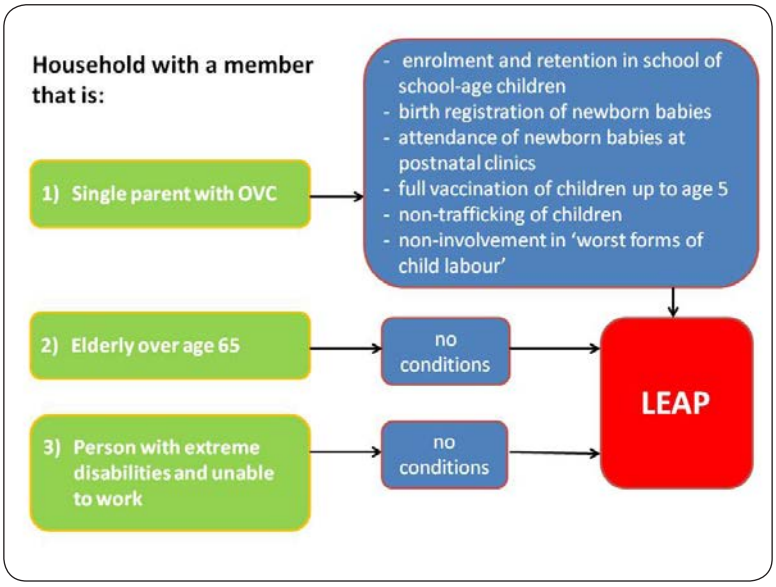
| Number of eligible beneficiaries | Total cash transfer per household |
|---|---|
| 1 | 24 GHS (Ghanaian cedis – around $7.50) |
| 2 | 30 GHS (around $9.43) |
| 3 | 36 GHS (around $11.31) |
| 4 | 45 GHS (around $14.14) |

Source: MOGCSP 2013

In addition to the cash transfer, LEAP households receive free enrolment in the National Health Insurance Scheme (NHIS), meaning that all household members receive NHIS cards and are exempt from paying premiums and registration fees. The NHIS component in LEAP has been successful in expanding health insurance coverage to the poorest households. In 2012, 90 per cent of all LEAP participant households were enrolled in the NHIS, constituting a significant increase in comparison to those not participating in LEAP (Handa et al. 2013).

LEAP's implementation manual stipulates that programme participants have to comply with 'co-responsibilities' in order to receive their transfers (see Figure 4). This includes enrolment and retention of school-age children in school; birth registration of newborn babies and their attendance at postnatal clinics; full vaccination of children up to age five; and non-trafficking of children and their non-involvement in the 'worst forms of child labour' for caretakers of orphans and vulnerable children. Elderly programme participants and persons with disabilities are exempt from these conditions. The CLICs monitor adherence to these conditions (FAO 2013).

**Figure 4 LEAP conditionality**




Source: authors' representation based on information from different sources

In practice, these 'co-responsibilities' or conditions are not enforced or implemented (Handa et al. 2013). This was confirmed by programme staff in this research:

*"There are no conditions but we educate them on what they should use the money for and so far the business education we give them has been effective."* (AOB, social worker)

The large majority of LEAP beneficiaries are not aware of any co-responsibilities or rules that they need to abide by in order to receive transfers (Handa et al. 2013).

The programme is funded from both general revenues of the Government of Ghana and the UK Government's Department for International Development (DFID). LEAP is managed by the Ministry of Gender, Children and Social Protection (MOGCSP) and implemented by the Department of Social Welfare. As of June 2013, the LEAP programme was reaching over 70,000 households and provided benefits to 177,500 beneficiaries across Ghana's 10 regions (FAO 2013).

In terms of the districts included in this research, LEAP was rolled out in AOB in 2008 onwards and in Gomoa West in 2009. According to programme staff, LEAP targets households in approximately 30 per cent of communities in Gomoa West. In 2012 this amounted to 363 people in total receiving LEAP within the Gomoa West district (MOFEP 2012a p.16).

## Implementation challenges

The implementation of LEAP suffers from a number of challenges. These include payment delays and arrears, lack of knowledge about the programme and limited use of opportunities for programme complementarities and sensitisation.

Although payments are due to be paid on a bi-monthly basis, this has proved unfeasible. In an evaluation spanning a period of 24 months, Handa et al. (2013) found that households received only 20 months' worth of payments. The long gaps in cash transfers in 2011 were followed by a triple payment in February 2012 to settle arrears (FAO 2013). Issues with delays in payment and payment arrears were also consistently identified as challenges related to the LEAP programme by respondents in this research:

*"Sometimes I wait for four months before I receive the money and when it does come, the entire four months will be accumulated."* (AOB, adult female, LEAP, household with biological children)

*"We face a lot of difficulties with the LEAP programme in terms of payment, and little information about the programme. The payments are always late [...]."* (Gomoa West, adult male, LEAP, household with biological children)

A second challenge pertains to knowledge and awareness of LEAP, both with non-participants and participants. Despite the community-based selection process, approximately one-third of respondents not receiving LEAP were not aware of the programme. Those who had heard of LEAP, including some participants, were unclear of the eligibility criteria and were generally able to identify only one of three criteria. Handa et al. (2013) found that 10 per cent of LEAP participants had never actually heard of LEAP. Efforts are currently underway to improve awareness and knowledge of LEAP for both participants and non-participants.

A final challenge pertains to the limited use of opportunities for the provision of complementary services and sensitisation. The manual payments of the cash transfers necessitate regular interactions between programme staff and beneficiaries, allowing for the provision of advice or support regarding health, nutrition and other aspects of well-being of OVCs and other 'eligible beneficiaries'. The 2012 budget for AOB district indeed indicates that funding was allocated for sensitisation and awareness activities to accompany LEAP (MOFEP 2012b). The extent to which CLICs and social workers use the opportunities for such discussions and sensitisations is erratic and dependent on individual capacities. If enforced, the element of 'co-responsibilities' could constitute a valuable opportunity for facilitating discussions, sensitising the community and offering sources of support to programme participants around child protection and care, for example (UNICEF and ODI 2009).

## Other support

Despite the existence of several other governmental social welfare programmes targeted at children within the Central Region (MOFEP 2012a, 2012b), the majority of respondents in both AOB and Gomoa West stated that they did not receive any other support from the Ghanaian government. Respondents in Gomoa West who indicated that they had received support from the government referred to the national capitation grant and free school uniforms. Respondents in AOB referred to a loans scheme.

*"The only support we receive from the government is free education and free uniform."* (Gomoa West, adult female, no LEAP)

*"Yes, the government gives us a loan and we pay monthly."* (AOB, adult female, LEAP, household with non-biological children)

When asked about support offered by NGOs, only respondents in Gomoa West indicated that they had received assistance. This was linked to the faith-based NGO Compassion.

# 4 LEAP and quality of care

This chapter discusses the linkages between LEAP and quality of care. In doing so, it firstly provides an overview of what respondents considered to constitute child well-being and care before moving on to discuss the linkages between LEAP, quality of care and child well-being.

## 4.1 Child well-being and care

An important component of the qualitative research focused on eliciting opinions about what constitutes child well-being and care. An understanding of such opinions is imperative when analysing and interpreting findings about the effect of social protection on child well-being and care.

### Material and non-material needs

Responses to questions around what it means for a child to be 'happy, healthy and well cared for' and what a child needs to be 'happy, healthy and well cared for' can be divided into two main categories: (1) material basic needs, and (2) non-material basic needs.

Material basic needs identified by respondents included food, health care, clothes, money, education, shelter and sanitation. The importance of meeting these needs to promote child well-being was referred to by most respondents, including adults and children.

*"The things needed in place in order to ensure that children are happy, healthy and well cared for are money, food, clothes, advice, education and housing."* (AOB, adult female, LEAP)

The majority of respondents identified such aspects of material basic needs as contributing to child well-being. Non-material basic needs that were acknowledged by respondents as components of child well-being included love, affection, security, peaceful family life and guidance.

*"Parents must show some kind of love and affection and even if they don't have money, they have to learn how to talk to their children to understand them."* (AOB, adult male, LEAP, household with non-biological children)

Individual respondents rarely referred to both basic and non-basic needs in conjunction with each other but focused on either one of these elements. Children were the only respondents to identify health care and sanitation as contributing to child well-being. Likewise, only adult respondents indicated the role of security, moral guidance and family relationships as being integral to child well-being.

The most frequently mentioned challenge in ensuring that children are happy, healthy and well cared for was poverty. The lack of resources was seen to be a considerable constraint in meeting both children's material and their non-material needs.

*"The biggest challenges parents face are all about money because money is the only thing you can use to provide all the things needed by the child."* (Gomoa West, adult female, no LEAP, household with non-biological children)

*"The children whose parents are well-to-do are happier than the ones whose parents can't afford their needs. If the needs of both boys and girls are met, they will feel happy and well cared for."* (Gomoa West, adult female, no LEAP)

Other challenges to ensuring child well-being and care included divorce or separation, single parenthood, death, large family sizes, a lack of employment opportunities and issues with children's moral guidance. Children and adults' conceptions of the main challenges were very similar. A number of children also identified the lack of other children's assistance with household chores as impacting upon well-being and care. This included "not listening to advice", "children not going on errands" and "not giving a helping hand".

Given this identified link between poverty and care and the widespread opinion that there is a positive correlation between wealth, child well-being and better childcare practices, we can expect to find LEAP having a positive impact on the quality of children's care. Such effects would be most direct and immediate in terms of material needs but are likely to expand to non-material needs as well.

### Inequalities: gender, age and biological versus non-biological children

Child well-being and care appears to differ substantially between groups of children. Both adult and child respondents pointed towards differences

between children depending on their age, sex and whether the children were biological or non-biological family members. When asked about inequalities within the household, child and adult respondents frequently explained how children of these different groups were treated differently.

In terms of age, adult and child respondents indicated that younger children generally received more attention. Adults attributed this to the belief that older children could look after themselves. However, a number of children also believed that the older children received better care due to them being able to work and help support the family as they are older. This better care could include greater access to education or better food. As was demonstrated by Andy's activity clock (see Box 1), older children are also expected to do more household activities and take on greater responsibilities.

*"The care differs based on age because the younger ones get more attention than the older ones."* (AOB, male child, LEAP)

*"The older child is well taken care of first so he/she can grow and get a job and then take care of the younger ones."* (AOB, male child, LEAP)

Findings from both adults and children also suggest that there were mixed opinions as to whether girls or boys were treated more favourably. Some respondents believed girls are taken better care of to avoid issues such as teenage pregnancy and due to boys' temperaments being 'more difficult'.

*"The girls are better cared for than the boys because they can get pregnant at any time if they are not well cared for."* (Gomoa West, adult female, LEAP)

Other respondents believed that boys are given better care, as they are the ones who will provide for the family in the future whilst girls will marry into other families.

*"The boys are well taken care of because they can go to school and learn and take care of their parents."* (Gomoa West, male child, LEAP)

*"Boys are better cared for than girls because it is believed that the girl would soon get a boyfriend who will look after her."* (Gomoa West, female child, no LEAP)

Some respondents also suggest that boys get more free time than girls, and that girls do more housework. However, an analysis of the children's activity clocks indicates that both boys and girls spent time doing chores such as fetching water, sweeping, cooking, washing up, and working on the family farm.

The most pronounced difference between well-being and care for groups of children as mentioned by respondents refers to biological versus non-biological children. Adults as well as children indicated that biological children are generally treated better than non-biological children. Many examples were mentioned of non-biological children receiving less affection, having worse access to education and doing more household chores.

*"A biological child gets more love and affection than a non-biological child. The non-biological child does more chores than the biological child and all these make the non-biological child feel less cared for and less happy."* (Gomoa West, adult male, LEAP)

*"[...] the biological children are happier than non-biological children because most of the parents love their own children more than others."* (Gomoa West, adult female, LEAP]

*"If you live with someone, the non-biological child does most of the house chores and he or she does not even go to school, while the biological child goes to school."* (AOB, female child, no LEAP)

*"The biological child goes to school and the non-biological doesn't , or when they both go to school, the biological child's tuition is paid while the non-biological child's fee is left unpaid. Parents buy gifts for their own children and do not buy for the non-biological [child] and it leads to quarrels between both children."* (AOB, male child, LEAP)

A few respondents also indicated that non-biological children are sometimes given better care than biological children. One respondent mentioned that parents are eager to prove to others that the non-biological children are well cared for and therefore give them better care. Another respondent stated that better care is offered when non-biological children behave better than biological children.

*"Some parents care more for the non-biological child because they don't want people to think such a child is being maltreated."* (AOB, male child, LEAP)

*"Others take better care of non-biological children than biological children in cases where the non-biological child is respectful, truthful and runs errands while the biological child behaves stubbornly."* (Gomoa West, male child, LEAP)

Although the majority of respondents pointed towards differences in child care between different groups of children, some adult respondents also recognised the need for equal care amongst all children.

*"All children should be treated the same and well cared for regardless of age, gender, [and whether they are] biological or non-biological."* (Gomoa West, male adult, no LEAP)

The analysis of the demographical situation above pointed towards large family sizes and high dependency ratios in Ghana and particularly in the region included in this study. Many respondents referred to the interface between child well-being and care and family size, and indicated that large family size can pose a problem in providing high-quality care and meeting children's needs:

*"The children's well-being dropped when the number of children increased. It meant more mouths to feed and the room we shared became too small for us."* (AOB, adult female, LEAP, household with biological children)

Large family sizes were also indicated to interact with existing inequalities between children within the household, such as between biological and non-biological children.

*"In my [community] some of the children are better cared for than others because if the number of children is low, the parents are able to care for them, but if there are more children, then there is a problem. For example, the biological children are always better cared for than the non-biological."* (AOB, adult female, LEAP, household with non-biological children)

## 4.2 LEAP and effects on child well-being and care

This section discusses the effects of participation in LEAP as identified by adults participating in LEAP, children in households participating in LEAP and adults and children who are not included in LEAP. Findings point towards positive effects in terms of supporting carers to provide for children's material needs, and also contributing positively to improving the fulfilment of non-material needs. Adults and children also identified a number of challenges related to participation in the LEAP programme. These included payment delays and arrears, the small size of the transfer and the potential misuse of money.

### Benefits: improvements in child well-being and care

Findings from the qualitative data show that by and large, cash transfers received through LEAP improve carers' abilities to provide for children's basic needs. Respondents – both adults and children – indicated how participation in LEAP improves children's diets, helps them to go to school, increases family health and happiness and supports the general development of household livelihoods. These positive effects are achieved through increased income and access to the NHIS.

*"It has had a lot of impact on my life in my household because I couldn't feed myself and my children as well. I am now able to pay my hospital bills and my children's fees and provide them with their basic school needs."* (Gomoa West, adult male, LEAP, household with biological children)

*"Child well-being and care has changed over time because I used to have too little money to take care of them because I could not work and I was very sick and the children were very sick. But now I can take care of (them) because of the LEAP programme."* (Gomoa West, adult male, LEAP, household with biological children)

Many respondents - both adults and children - explained how the transfers particularly helped towards meeting educational costs, including school fees, meals, books and uniforms:

*"[...] it has helped me to pay for my children's school food and their school fees."* (Gomoa West, adult female, LEAP)

*"It is used to pay my school fees."* (Gomoa West, male child, LEAP)

Given the notable existence of free primary education in Ghana and other programmes for the provision of uniforms, books and school supplies, it is striking to learn that so many respondents consider LEAP vital to meet educational costs.

The positive effects following LEAP, particularly with respect to education, are corroborated by findings from previous reports. Handa et al. (2013) found that LEAP increased school enrolment among secondary school-aged children by seven percentage points, and reduced grade repetition among both primary and secondary-aged children. Among primary-aged children, LEAP has reduced absenteeism by 10 percentage points. In terms of NHIS coverage, 90 per cent of all LEAP households have at least one family member enrolled in the scheme (Handa et al. 2013). Although all household members are entitled to free enrolment in NHIS, in practice many beneficiaries still have to pay for registration and insurance premiums (FAO 2013).

Discussions with adults and children show that these improvements in children's basic material needs have also led to increases in family happiness and facilitated better relationships between parents or carers and children. This was particularly noted by adult respondents.

*"[The children] no longer go hungry and all their needs are met so the relationship between us is good."* (AOB, adult female, LEAP, household with biological children)

*"In fact, the LEAP programme has made us become better parents and the children are always happy with their life as well."* (AOB, adult female, LEAP)

*"Yes, there is happiness, more happiness because we have support from LEAP. The child is happy when his needs are met."* (Gomoa West, adult female, LEAP, household with biological children)

Positive impacts on basic needs can largely be attributed to the receipt of cash and enrolment into the NHIS. Programme staff mentioned the role that sensitisation activities (such as education on how cash should be spent to support further income generation) may play as part of LEAP, although these were rarely mentioned by respondents. Respondents who did mention sensitisation efforts linked these to the use of money for investments in livelihood and income generating activities as opposed to, for example, children's care or nutrition.

*"We educate them on what they should use the money for and so far the business education we give them has been effective. The only challenge is that some of the beneficiaries sometimes spend the money on other things rather than venturing into a small-scale business. We also ensure that we ask what the money is being used for at any point in time."* (AOB, social worker)

Respondents were split between those who indicated that transfers can have spillover effects that lead to positive impacts for children in households not participating in LEAP and those who believed that there were no impacts outside of beneficiary households. The most common effects that were mentioned referred to food or money given to other households.

*"When my children bring their friends home, they join my children to eat so in a way they have benefited."* (AOB, adult female, LEAP, household with biological children)

The LEAP manager in Gomoa West also noted that beneficiaries with extended families would also be expected to share some of the money with their extended family members.

*"It is possible that those who are not participating in LEAP may experience impact. For example, an extended family would have to give money to those who are not participating."* (Gomoa West, LEAP programme manager)

Respondents who indicated that LEAP had no spillover effects on other community members attributed this to the size of the transfer being too small.

*"The money is not enough to cater for our household so it is difficult to help other children."* (Gomoa West, adult male, LEAP)

## Challenges: small transfer amounts and large family sizes

The quote above refers to one of the main challenges with respect to LEAP and its impact on child well-being and care. As discussed previously, LEAP transfers are small as a share of average household consumption. This low transfer amount, in conjunction with the cap on the maximum number of beneficiaries, and large family sizes, undermines the potential impact of LEAP. Many respondents indicated that the amount of money was too small and that they should be receiving more given their family size.

*"We face a lot of difficulties with the LEAP programme in terms of payment, and little information about the*

*programme. Payments are late and the amount given is small. I should receive more than what [I] am being given depending on the number of people living in the household."* (Gomoa West, adult male, LEAP, household with biological children)

*"Some people benefit more than others because some families have many children, so the money is not enough for them, and some families do not have many children, so the money is enough for them."* (AOB, female child, LEAP, household with non-biological children)

The impact of LEAP is further undermined by irregular payments and payment arrears. Programme participants are supposed to receive bi-monthly payments but many indicate that this does not happen in reality. The issue of payment delays and arrears has been found to be a constraining factor with respect to LEAP in existing impact evaluation reports (Handa et al. 2013, FAO 2013).

## Challenges: the interplay with existing inequalities

As discussed above, the situation with respect to child well-being and care differs considerably between different groups of children. This holds most notably between biological and non-biological children. Although the LEAP programme does not cause these inequities, it may play a compounding role in two ways: (1) the additional resources available within the household may be spent in favour of biological rather than non-biological children, thereby widening the divide, and (2) OVCs are one of three groups of 'eligible beneficiaries', setting them apart from other children in the household.

Respondents in this research pointed towards the compounding effect of LEAP on existing inequalities. In particular, children indicated that the ways in which the transfers are spent confirm the relatively advantaged positions of different children within the household, including older children and, most notably, biological children.

*"The money given to [the] non-biological child is less than that given to the biological child."* (AOB, female child, LEAP)

*"Yes, the biological child gets more benefits because he is the person's child."* (Gomoa West, male child, LEAP)

Sensitisation of LEAP staff, beneficiaries and carers about the differential levels of care received by children within a single household, and the way in which transfers can or should be used to the benefit of all children, can be powerful in reversing the effect of LEAP on these inequities and reducing rather than perpetuating them.

The issue of direct targeting of OVCs and their carers, and the extent to which this plays into issues of stigmatisation or tensions at household level, did not emerge strongly from the data collected within this research. Findings from elsewhere in Sub-Saharan Africa, however, suggest that singling out non-biological children or OVCs as a particular category for the receipt of cash or food transfers can lead to feelings of resentment and jealousy from other children in the same household (Roelen et al. 2011). Reasons for this issue not having been observed strongly in this research likely include the widespread traditional practice of extended family care for OVCs and the fact that LEAP transfers are not targeted and awarded to the individual OVC but are delivered to his or her carer. Nevertheless, the potential adverse side effects following a narrow focus on a vulnerable and stigmatised target group should not be lost sight of in the future implementation of LEAP.

## Challenges: the misuse of money

A final challenge for the role of LEAP in supporting children's care and well-being relates to the use of the transfer. A number of respondents – adults and children – highlighted that the cash may not be used for its intended purpose to improve household living conditions, livelihoods or children's care. Respondents alluded to the 'good use of money' and how not everyone used the money well, with some suggesting that it was spent on alcohol and drinking. This was not always specific to the LEAP transfer in particular but considered an issue across income earnings more generally.

*"[...] Sometimes the children feel the parents don't spend the money on them or meet their needs so they in turn act waywardly towards the parents or caregivers. There have been cases where some children want to receive the money themselves due to the above reason."* (AOB, LEAP programme manager)

*"If they (fathers) work and earn money, they shouldn't use it to smoke and drink but rather use it to take care of their children."* (Gomoa West, male child, no LEAP, household with biological children)

# 5 LEAP and the prevention of loss of parental care and family separation

Before considering the linkages between LEAP and the loss of parental care, and the linkages between LEAP and family reunification, we discuss the causes of loss of parental care and family separation. These pertain particularly to children who are living in kinship care.

Respondents listed many causes of family separation, linked to a lack of resources within the family, death within the family and domestic conflicts. The most commonly mentioned causes include poverty and inadequate shelter (i.e. not enough rooms for all children), often compounded by large family sizes. Children more commonly referred to the issue of large family sizes and its interplay with lack of resources and inadequate shelter.

*"The reason why children are separated from their parents is [that] their rooms are not enough for the children to live with them."* (Gomoa West, adult male, LEAP, household with non-biological children)

*"Large family size: some have 6 or 10 children and can't afford to take care of them all so they give some out to relatives to cater for them."* (Gomoa West, male child, LEAP)

*"When parents do not have money to cater for their children, such a child might have to live with someone."* (AOB, female child, LEAP)

*"I don't live with my mother because she owed a debt she couldn't repay so she left home and I had to live with my uncle."* (AOB, female child, no LEAP)

Changes in family composition, due to death, migration or divorce, were also mentioned as a cause for separation. Adults and children both indicated that disrespectful or stubborn behaviour may also lead to children being sent to live elsewhere or choosing to leave home. Similarly, family tensions and conflicts may lead to parents or children initiating separation.

*"It is regular for children to stay with other parents. This usually happens when [the] parents of those children die. We have all [a lot] of grandparents for instance who are taking care of their grandchildren, most of whom have lost their parents."* (AOB, LEAP programme manager)

*"Some dads are late [deceased] so the burden becomes much on the mum and so someone else might offer to cater for the child."* (Gomoa West, male child, LEAP)

*"Where a child gives the parents trouble, such parents can decide to give the child out to someone who needs a child to live with him/her."* (AOB, female adult, no LEAP, household with biological children)

*"Some parents do not treat their children well and they don't give them money to go to school so they are always stranded and hungry. Such children might leave home to go to live with someone who treats them better."* (Gomoa West, female child, no LEAP)

A number of respondents – primarily adults – also attributed children leaving home to issues of internal trafficking and child labour. These include children being separated from their families on the premise of receiving better education, going to work for the fishing industry on Lake Volta and performing sex work.

*"Individuals also take people's children from their parents with the promise of caring for the child and providing the child [with] an education."* (AOB, adult female, no LEAP)

*"Yes, [it] is common that children are separated from parents because some [...] parents push their children into prostitution just to provide money for food."* (Gomoa West, adult female, no LEAP, household with non-biological children)

In response to the question: "*What could prevent family separation?*", answers were in line with the identified causes of separation. Respondents pointed towards the importance of alleviating poverty, ensuring better shelter, reducing family conflict and improving communication within the family. Other important factors included family planning, love and affection for children, children's good behaviour, better housing and more job prospects for parents. All respondents, both adults and children, pointed towards this wide set of

issues as important for preventing family separation.

*"It can be prevented if there is enough money and more rooms for the children. It can also be prevented with enough help from the LEAP programme."* (AOB, adult male, LEAP, household with biological children)

*"It can only be prevented if there is peace in the house. It can also be prevented if there is more room for the children."* (Gomoa West, female child, LEAP)

*"[...] rooms should be many so that children are able to live with their parents, to avoid bad treatment. It can also be solved if the parents have money. I think it can be also be solved if the children take their parents' advice."* (Gomoa West, adult female, LEAP, household with biological children)

*"[Separation can be prevented] when parents have jobs and sources of income. Love between parents and unity in the house can prevent separation."* (AOB, female child, no LEAP)

A number of adult respondents also indicated that sensitisation programmes would be beneficial in terms of preventing separation.

*"Help from the government to train parents and children on the implications of separation."* (Gomoa West, adult female, no LEAP)

*"[The] government should teach and sensitise the community on the need for family planning."* (Gomoa West, adult female, no LEAP, household with non-biological children)

The LEAP programme has the potential to impact on these reasons for family separation in various ways, both positively and negatively. The provision of cash transfers directly reduces poverty and can improve living conditions, including shelter. This improved ability to provide for children's basic material needs can prevent the need for placing children in the care of others and may lead to improved relationships between parents and carers, all of which could support the prevention of family separation and loss of parental care.

When asked directly whether LEAP could play a role in preventing family separation, respondents indeed largely referred to the programme's role in poverty reduction and the improvement of living conditions, leading to children not needing to live with other families.

*"It has helped some of the parents to get one or two houses for their children."* (AOB, adult female, LEAP)

*"Some of the parents are able to build up some rooms to prevent children being separated from their parents."* (AOB, female child, LEAP)

*"People give out their children due to poverty, so when they get LEAP, they will keep their children."* (Gomoa West, adult female, LEAP, household with biological children)

Respondents also gave examples of how LEAP has supported family reunification for households that they know. These examples mostly refer to the role of increased income as a result of participation in LEAP.

*"When I lost my husband, I could not meet all the needs of my children and I explained the situation to my children and they understood. Although my husband's family took away all my children, now they have all returned except for the one staying with the aunt."* (AOB, adult female, LEAP, household with biological children)

*"Even if the child resides outside the home, when the mother gets the money she can bring back the child and cater for him/her."* (AOB, female child, LEAP)

A potential negative effect of LEAP in terms of family separation and loss of parental care is the issue of misuse of transfers received through the programme, as discussed above. LEAP staff and children raised concerns about adults not using the money for the benefit of children within the household but spending it on alcohol instead. In such cases, the transfer fails to improve children's well-being and quality of care, at best, and can, at worst, increase domestic conflict and tensions, playing into causes for family separation.

# 6 Incentives for kinship care

Although LEAP is not designed to operate as a grant for sponsorship for kinship carers or to specifically support alternative care for children, the programme provides a valuable case study to investigate the potential role of a cash transfer in supporting alternative care for children. This holds particularly true as being a single carer for an OVC is one of the three eligibility criteria of LEAP. The programme therefore directly targets single and double orphans or vulnerable children within households, many of whom are in kinship care. Respondents were asked about the role of LEAP as well as cash transfers more generally in terms of incentivising and supporting kinship care.

In order to consider the potential incentive that a cash transfer may offer for kinship care, we firstly assess the reasons for providing care for non-biological children. Adult respondents who were taking care of non-biological children indicated that reasons for looking after the children included compassion, family ties, economic incentives for the future or the child serving as an extra source of labour.

*"What normally motivates families to care for other children who are not their own is that they have love and affection for the child and also have money to take care of them."* (AOB, adult female, LEAP)

*"If I care for another child and he/she grows, he will in turn take care of me."* (AOB, adult male, no LEAP, household with non-biological children)

*"The reason why I have also decided is because they will help me in the farm activities during the weekend and after school."* (Gomoa West, adult female, LEAP)

*"I am old and lonely so I need a child to be around me to make me happy and also run errands for me."* (Gomoa West, adult female, no LEAP)

When asked whether the provision of a cash transfer as an incentive to care for non-biological children was a good or bad thing, respondents provided mixed responses. Some believed that such transfers can offer the necessary assistance in providing for children's basic needs whilst others pointed towards some beneficiaries using the transfers for their own benefit or for biological over non-biological children.

*"It is a good thing. If a person loves a child and takes care of the child and then gets an incentive, it will help them to better care for the child."* (Gomoa West, adult female, LEAP, household with biological children)

*"Sometimes it is good and sometimes it is not good because most of the parents use the money to care for their own children or they use the money to provide for the needs of their children."* (Gomoa West, female child, LEAP)

*"Provision of a cash transfer can be good and bad: good in the way that most of the children need help from the government to achieve their aim, and it can be bad in that most of the parents will use the money to do their own thing. In most cases, parents use the money to buy expensive things for themselves and for their own children."* (Gomoa West, adult male, household with biological children)

Although not explicitly mentioned by respondents, an additional concern regarding the use of cash transfers in supporting kinship care is the potential creation of perverse incentives. As indicated above, incentives for caring for non-biological children include their role in caring for the elderly, providing labour capacity and acting as a future safety net. The explicit provision of cash transfers to families for supporting non-biological children may play into motives that are not underpinned by family ties or emotional attachment, exposing children to poor quality of care or harmful practices at work. This increased vulnerability to child labour is in line with a study focusing on the wider issue of child domestic work and extended family care or 'fosterage' in the Northern and Upper East Regions of Ghana. The study states that "the social arrangements for some girls can be viewed as an extension of the fostering structure, while for others the arrangements amount to child labour" and it suggests that there is a fine line between fosterage and child work which has "gone beyond the level of social arrangement and traditional training and has taken on an increasingly commercial nature" (MOESW and UNICEF 2010). Close monitoring of the use of cash transfers or sponsorships to support kinship care will be imperative in aiming to prevent perverse incentives and adverse consequences.

# 7 Conclusion and lessons learned

This chapter summarises the main lessons learned based on the research findings discussed in this report. We formulate recommendations for the way forward against the backdrop of ongoing policy initiatives and developments in Ghana.

## 7.1 Lessons learned

**LEAP plays a positive role in improving child well-being and quality of care.**
This research shows that LEAP has positive effects on both material and non-material aspects of care for children in households receiving LEAP. The transfers provide much-needed support to household heads and other members to purchase food, clothing and other basic needs. The transfers are also often used to cover educational expenses, including school fees, meals, uniforms and books. Benefits from LEAP have the potential to spill over to households and children not directly participating in the programme through the sharing of food and money within extended family or community networks, although this appears limited at this point. The link to the NHIS and exemption from fees has also helped programme beneficiaries to afford health care, particularly for their children.

The ability to provide for children's material needs subsequently positively impacts non-material aspects of well-being and care. Tensions and stress within the family – between carers, between children and between carers and children – are reduced and both adults and children indicate that relationships within the household improve due to the receipt of LEAP.

These findings underline the importance of embedding the National Action Plan for Orphans and Vulnerable Children (NPA-OVC) in the National Social Protection Strategy (NSPS) and the acknowledgement that social protection has a vital role to play in supporting OVCs, both in terms of material and non-material aspects of care and well-being.

**LEAP has the potential to prevent loss of parental care and support family reunification.**
LEAP has the potential to play a positive role in preventing loss of parental care and supporting family reunification. Poverty and lack of resources were identified as the major causes for adults or children leaving the family, and for children being cared for within the extended family. As such, the positive effects of LEAP on material and non-material aspects of care and well-being can set in motion a positive virtuous cycle. This is particularly pertinent in a context of high prevalence of child labour and occurrence of trafficking, as is the case in the region of focus in this research. By supporting families to stay together, LEAP could reduce the numbers of children entering into child labour and make families more resistant to the practices of traffickers.

**Benefits from LEAP do not benefit all children equally.**
The analysis of children's care and well-being indicates that great differences exist between the quality of care and levels of well-being for children across and within households. Non-biological children in particular are likely to be disadvantaged in comparison to their biological peers and household members. Although LEAP is not a cause for the creation of such inequities, the additional resources made available within the household can reinstate and compound existing differential treatments. LEAP transfers are sometimes spent in favour of biological rather than non-biological children, thereby widening the divide. Sensitisation activities can be a powerful tool for creating an understanding about existing inequities and their interface with LEAP, and for turning a negative effect into a positive cycle.

**Implementation challenges undermine LEAP's positive impact.**
LEAP suffers from a number of implementation challenges that compromise its potential to improve quality of care and reduce family separation. The widespread issues of payment delays and arrears within LEAP greatly undermine its potential positive effects. The lack of regularity and consistency of payments makes it difficult to plan or invest; the transfer is considered a windfall rather than a consistent and reliable source of income. The current limited use of opportunities for sensitisation on spending of cash for children's benefit or for promoting children's care as part of LEAP is a missed chance in terms of both supporting conducive spending of the transfer (thereby reducing potential misuse of cash) and creating awareness about differential treatment of biological and non-biological children. The programme also faces challenges with respect

to the implementation of its element of conditionality: conditions exist in theory but awareness around them is limited and they are not enforced in practice. Verification of adherence to conditions often allows for greater interaction between programme staff and beneficiaries and therefore opportunities to create awareness and sensitisation. That said, the extent to which the enforcement of conditions per se would improve outcomes for children is not clear from this research, given the current positive effects without the requirement to comply with conditions.

**Transfer sizes and beneficiary caps compromise LEAP's positive impact.**
Small transfer amounts undermine the potential positive impact of LEAP on children's care and well-being. Although the size of the transfers has tripled in recent years, it still constitutes a relatively small proportion of average household consumption and therefore provides a limited contribution to household resources. The potential positive effects are further compromised by large family sizes and the cap on the maximum number of beneficiaries per household who can be included in the programme. Particularly in large households, this reduces the per capita amount of the transfer to a tokenistic amount.

**The potential role of cash transfers in incentivising kinship care presents a mixed picture.**
Findings following questions about motives for caring for non-biological children and the role of LEAP or other benefits in such motives provided a mixed picture of the extent to which a cash transfer can positively support kinship care. Whilst most respondents suggested that feelings of affection, family ties and kinship were important reasons in deciding to care for a child that is not their own, others mentioned the role that children can play in housework or household production and in providing a safety net for the future. The provision of a cash transfer to carers of non-biological children was generally considered to be a good thing as it would allow resource-constrained households to afford the care for these children. LEAP or other forms of transfers can therefore provide much needed and positive support to households caring for children that are not their own and contribute to the care and well-being of non-biological children. That said, concerns were also raised over the extent to which caregivers use the cash for their own purposes rather than for the benefit of the non-biological children, particularly in households that have primarily economic motives for providing kinship care. At best, this presents a missed opportunity for non-biological children to benefit from the help provided. At worst, the cash incentive could play into economic motives for the provision of kinship care and create a harmful situation for children. Although research findings do not provide direct evidence of this happening in LEAP, the various incentives for caring for non-biological children as mentioned by respondents (caring for the elderly, providing labour capacity and acting as a future safety net), in conjunction with concerns raised about kinship carers prioritising their biological children's and their own needs over those of the non-biological child, suggest that the potential risk of secondary separation should not be lost sight of.

## 7.2 Recommendations

**Address implementation challenges,** particularly payment delays and arrears. Regular and reliable payments instil confidence in programme beneficiaries and help them to plan for and invest in the future. Payments that are made on time and to the full entitlement will contribute to LEAP's positive impact, improving outcomes with respect to the fulfilment of material needs and subsequently non-material needs.

**Increase transfer size in conjunction with removing or relaxing the cap on the maximum number of beneficiaries per household.** Although positive impacts have been observed for LEAP, these are constrained by the relatively small size of the transfer in relation to average household consumption. The potential is further undermined by the interplay with large family sizes and the maximum number of four 'eligible beneficiaries' per household, reducing the transfer amount per household member to an almost negligible amount in the case of large households. Children are disproportionately disadvantaged as they are more likely to live in larger households. An increase in the transfer size per 'eligible beneficiary', in conjunction with the removal or relaxation of the cap on the maximum number of 'eligible beneficiaries' per household, would strengthen the existing positive impact of LEAP on child well-being and care and increase the potential for spillover effects to non-beneficiaries.

**Strengthen sensitisation activities** within LEAP. A more strategic use of opportunities within

the programme to raise awareness and sensitise programme beneficiaries about issues regarding use of the transfer, the importance of spending on education and health, existing inequalities between biological and non-biological children and positive elements of children's care could reinforce LEAP's positive impacts with respect to improving child well-being and care and preventing family separation. It could also work towards counteracting unintended adverse effects such as compounding inequalities between biological and non-biological children and misuse of cash. Such sensitisation activities could be undertaken when beneficiaries come to collect their transfers. Further opportunities would exist during other interactions between programme staff and beneficiaries, for example when adherence to conditions is verified (in the event that these are enforced in the future). The value and pertinence of greater use of opportunities for sensitisation and awareness raising has already been pointed out by others in relation to improving gender equity within the programme (Gbedemah et al. 2010).

**Build stronger linkages to social services and child protection structures,** to fundamentally address inequities between biological and non-biological children and to support kinship carers when they need it. This research focused on the role of LEAP in improving children's care and well-being and identified current positive impacts as well as scope for improvements to reinforce that impact. That said, it also has to be recognised that a cash transfer and the programme staff administering and implementing the transfer have their limitations, particularly in addressing structural inequalities that are ingrained in the traditions and social fabric of society. In particular, the differential treatment of biological and non-biological children and the economic motives underlying the rationale for providing kinship care warrant the need for stronger linkages to social services and specialised social workers. This would ensure that LEAP programme staff have a referral mechanism when encountering situations of differential treatment, child labour or harmful practices. The need for stronger linkages between social protection, social work and child protection has been established in other studies in Ghana (UNICEF and ODI 2009) and the wider Sub-Saharan region (Roelen and Shelmerdine 2014; Roelen et al. 2012). It may also be valuable to create linkages between LEAP and more informal structures for protecting children, such as community-based committees. Appropriate models combining formal and informal structures will depend on available resources and capacities on the part of formal social service providers and within the communities themselves (Roelen et al. 2012.).

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