Introduction

The Livelihood Empowerment Against Poverty (LEAP) programme was introduced in 2008 as Ghana’s flagship social protection programme, and was implemented by the LEAP Management Secretariat (LMS) under the guidance of the Ministry of Gender, Children and Social Protection (MoGCSP). The programme provides cash transfers and free access to the national health insurance scheme (NHIS). LEAP 1000 was piloted in 2015 by extending programme eligibility to households with pregnant women and children under the age of 12 months. Beyond reducing poverty, LEAP 1000 had the primary objective of improving young children’s nutrition and wellbeing. This eligibility group has been integrated into mainstream LEAP and is now a fourth category under the programme.
A first impact evaluation of the LEAP 1000 programme was implemented between 2015 and 2017 in the Northern and Upper East regions, with the primary aim of examining the impacts of the programme on consumption, poverty and young child wellbeing in the short term. The 2022 impact evaluation described in this brief (and the full report) is a follow-up of the original evaluation with the objective to assess the seven-year, longer-term impacts of the LEAP 1000 programme.¹

A specific focus on child labour was added for this follow-up, motivated by the fact that child labour is persistent in Ghana, with relatively high prevalence in the study regions (49.5 per cent in the Northern Region and 36.7 per cent in the Upper East Region). Through their poverty reduction potential, social protection programmes have an important role in the elimination of child labour, and the Ghana Accelerated Action Plan Against Child Labour 2023–2027 also recognizes the importance of cross-sectoral interventions, including social protection, to address the root causes of child labour.

**LEAP 1000**

LEAP 1000 started as a pilot in two regions (Northern and Upper East) in 2015 but was quickly mainstreamed in the national LEAP programme, adding pregnant women and women with young infants as a new category. Households that met the demographic criteria of having an infant or pregnant woman were administered a proxy-means test (PMT) and assigned a score to verify the poverty criterion. Households scoring below the PMT threshold were enrolled into the programme.

LEAP 1000 transfers a bi-monthly amount to beneficiaries, ranging from GHc 64–106 depending on the number of beneficiaries in the household.² In addition, all members of LEAP households are entitled to a fee waiver for the NHIS. As a formal requirement, beneficiaries must renew their registration with the NHIS every year. The programme is unconditional, although beneficiaries are requested to meet certain ‘co-responsibilities’, such as enrolling and retaining children in school, registering the birth of newborns and ensuring children are not engaged in the worst forms of child labour.

**Evaluation design and outcomes**

The 2022 follow-up closely followed the original evaluation design implemented between 2015 and 2017. It used a mixed methods design, including both quantitative and qualitative analyses. For the quantitative component, the evaluation identified eligible households based on the programme PMT threshold. The baseline sample included 2,497 households, of which
1,262 had a PMT score below the threshold (treatment) and 1,235 had a PMT score above the threshold (comparison). Households covered the following five districts: Yendi, Karaga and East Mamprusi in the Northern Region and Bongo and Garu-Tempone in the Upper East Region. The long-term follow up in 2022 attempted to revisit all 2,497 baseline households and was successful in obtaining a panel sample of 2,141 households (86 per cent) that were interviewed in all three rounds (2015, 2017 and 2022). This panel of households served as the main sample for the analysis described in this brief.

Figure 1. Sample selection and flow diagram
Key outcome measures of interest were retained from the original evaluation and included household consumption, poverty, food security and child wellbeing. In addition, due to the unique target population in 2015 at the start of the LEAP 1000 programme (infants), the seven-year follow-up also focuses on the schooling, time use and child labour outcomes for children aged 6 to 17 years in 2022, because the original infants have now matured to primary-school age.

Quantitative data analysis followed the same method as the 2017 evaluation by employing a difference-in-differences strategy, comparing changes over time between treatment and comparison households. For a subset of outcomes for which data were only collected in 2022, a single difference method was employed, estimating the difference between treatment and control households in 2022.

The qualitative component included 48 in-depth interviews (24 with parents and 24 with children) and 16 focus group discussions with children, with the objective of gathering study participants’ perspectives of recent changes in their lives, especially related to schooling and labour outcomes. Participants in treatment households were also probed on the role of LEAP 1000 as a driver of change.

**Key findings**

**Operations**

The implementation of LEAP suffered from considerable payment delays, with most beneficiaries having received their last payment three to four months before the interview. Beneficiaries were largely unaware of when their next payment would occur. Operational performance was considerably poorer compared to 2017, when most beneficiaries received their last payment in the two months before the survey and also expected their next payment within two months. Moreover, in the absence of indexation, the real value of the grant decreased further, representing on average less than 8 per cent of total household consumption in 2022.

Spending patterns of LEAP cash were similar in 2017 and 2022. Over 90 per cent of respondents reported food and nutrition as the most important use of the transfer, followed by health care and education. Respondents also reported spending part of the transfer in productive investment and small businesses, shelter and accommodation, savings and formal social occasions.
Qualitative findings were consistent with the above, with parents and children generally expressing a positive perception of LEAP 1000, including recounting positive effects on education, livelihood and health. However, participants also reported the irregularity of payments and inadequacy of the amounts paid. See, for instance, the following quotes:

“All that I want to say is that, we need support to be able to carry out our farming and other activities, this will help us to take proper care of our children’s education. We want the LEAP money to be coming regularly so that we can use it to solve our problems, especially this year we had low yield due to drought. Some of us use this money to buy food to feed our families.”

– 51 year old male parent – treatment

“We can’t afford all our children’s needs, even now that they are about to resume school, they have a lot of needs concerning school, they need sandals and uniforms so if the LEAP payment group can provide us with some of these needs to reduce our burden, and it will also motivate the children.”

– 41 year old female parent – treatment

**Consumption, poverty, food security and wellbeing**

The evolution of consumption is shown in Figure 2. While treatment households had lower consumption at baseline, they surpassed the comparison group by 2017 and this positive difference persisted through 2022. LEAP 1000 had a positive impact of 26.5 GHc on total consumption in 2022, mostly driven by an impact on food consumption of 21.4 GHc. Impacts were slightly higher in 2022 compared to 2017. As a result, the programme produced a 3.1 percentage point (pp) reduction in poverty, and a 5.7 pp decrease in extreme poverty by 2022, compared to a 2.2 pp and 4.9 pp decrease in poverty and extreme poverty in 2017, respectively. Despite the impact on consumption and poverty, over 90 per cent of the individuals in the sample are still living in poverty, with over 40 per cent living in extreme poverty. Consistent with these figures, and similar to 2017 findings, LEAP 1000 had no impact on food insecurity, as measured by indicators such as number of meals per day or never being worried about food. There were positive impacts on children’s material wellbeing, though smaller in magnitude than in 2017, and a weakly significant increase in reported happiness.
In qualitative interviews, both parents and children shared positive perceptions on the effect of LEAP 1000, indicating that the programme improved both material and psychological wellbeing:

“We are happy receiving those monies, because it has reduced our burden, it has helped us in our daily feeding.”

– 39 year old female parent – treatment

“It reduces poverty. For example, if we farm, and our produce did not yield, it helps to support the feeding of the family.”

– Child focus group participant

Household economic activities
In terms of participation in economic activities, there were no impacts on the likelihood of livestock rearing nor in the operation of non-farm enterprises, which was similar to the 2017 findings. There were also no impacts on the time use by adults across these economic activities.
Qualitative findings somewhat deviate from these quantitative results and indicate that some households partly used the LEAP 1000 cash to buy livestock or fertilizer, or to hire farm labour.

“It has brought great improvement in our lives because, when there is school, we don’t think too much about giving the children chop money. I also use some of the money to buy animals to rear, whenever there is a financial problem, I can sell some of the animals to solve it.”

– 51-year-old male parent – treatment

“Currently, she [the mother] is selling roasted groundnuts with the LEAP support [which she previously couldn’t afford] but at first, she was selling ‘kulikuli’ [local biscuits].”

– 14 year old female child – treatment

**NHIS enrolment, health seeking and morbidity**

At the household level, impacts on current NHIS coverage were still positive and significant, but lower and weaker in 2022 compared to 2017. While there was a strong impact of more than 15 pp on the share of members with a valid NHIS card in 2017, the impact on this indicator was significantly lower, at 6.6 pp, in 2022. The impact on the proportion of household members ever having NHIS insurance is also lower and statistically weaker in 2022 (3.5 pp in 2022 significant at 10 per cent level, compared to 5.6 pp in 2017 significant at 1 per cent level). Similar to the 2017 findings, there are no significant consistent impacts on health seeking behaviour, morbidity and child health indicators.

However, in qualitative interviews, parents described the benefits of having health insurance, as it allows for free access to the hospital, and mentioned using LEAP money to pay for medicines and NHIS card renewal.

“The health insurance has helped us a lot. When you go to the hospital without the card you are asked to pay but with the card we do not pay. But we might use some of the money given to us to go and buy medicine.”

– 38 year old female parent – treatment
Schooling
Lack of money was the most reported reason for dropping out of school or never having attended school, followed by lack of interest in school. Similar to 2017, there were no statistically significant impacts on current school enrolment in 2022. Similarly, total household expenditure on education was not significantly affected by the programme. On the other hand, LEAP 1000 increased the probability that children ever attended school and improved their literacy, with stronger impacts among younger children (6 to 11 years old) and boys.

Qualitative findings are consistent with the above-described results, as indicated both by parent and child participants:

“At first, whenever they needed items for school and we couldn’t provide for them, they used to go and work, but now the monies we receive is used to buy their school uniforms, pens, books and even give them some to buy food in school.”

– 51 year old male parent – treatment

“At first when we needed items for school, we suffered to get it, but now our mother knows she will get money at the end of the month so she can get the items we need for school for us.”

– 16 year old female child – treatment

However, several responses in qualitative interviews indicate that these positive perceptions were not always observed. For example, when asked if all children in her household were attending school, a girl replied:

“Some yes, others too no. Some take the money but their children are not schooling.”

– 17 year old female child – treatment

Children’s engagement in household chores
About 45 per cent of children aged 6 to 17 years were performing any chores during the day before the interview, with participation being significantly higher for girls and older children.
In qualitative interviews, participants reported that children typically performed household chores in the early morning before going to school, which often delayed their entry in school.

“They fetch water, fetch firewood, cook, sweep the compound, wash plates, bath their younger siblings, wash clothes before going to school.”

– 32 year old female parent – treatment

“I do not go to school early; I have to do house chores before I go. I start around 6 am and finish around 9 am.”

– 14 year old female child – control
The quantitative estimates show that LEAP 1000 did not significantly change overall participation nor time spent by children in any household chores during the day before the interview, in line with the findings from the 2017 evaluation. Qualitative findings are consistent.

Children’s engagement in economic activities
Almost half of all children aged 6 to 17 years participated in any economic activities during the week before the interview, with participation higher for boys and older children. The most common type of economic activity is agricultural work for the household, followed by tending household livestock, and working outside the household (either for paid or unpaid work), again mostly on farming activities. Children also engage in ‘market day jobs’, such as carrying items or helping traders to sell their items. These types of activities are also reflected in children’s responses to qualitative interviews:

“Sometimes, I work on people’s farm, go to the market to help people sell their products or help someone fetch water.”

– 17 year old female child – control

“At school, when we are on first break, I rush home to convey our sales table and to set it up at the market. I then also convey our stock (bread) from home, to set it up on display on the table and then return to school. When we finally close, I then move into the sale of the bread.”

– 16 year old female child – control

The most reported reason for children’s participation in economic activities is to supplement household income, followed by supporting the household farm or enterprise, and to learn skills.

Our quantitative findings show that LEAP had no impact on overall participation and time spent by children in any economic activities. However, the LEAP programme increased participation in any economic activities for boys in 2022, driven by higher participation in agricultural work for the household. This is probably related to boys supporting with farming tasks, for instance related to livestock acquired with LEAP cash transfers. Indeed, households reported investing part of the transfers in productive activities, including buying livestock.
In qualitative interviews, both parents and children viewed children’s work as normal given their difficult circumstances and it represented a poverty mitigation measure, to pay for living expenses and schooling costs.

“It’s because we are still living in poverty. Sometimes we have no other option but to engage them in some of the activities, you know we farm because of food, if you don’t farm, you will not get food. You will need money to buy their books, pay fees, slippers and other things. You need money to do these things.”

– 51 year old male parent – treatment

“If a child is working and going to school, it will help them to get money to continue schooling since their parents are poor and can’t afford [it].”

– 16 year old female child – control

A few respondents reported having seen some decline in children’s participation in economic activities, which they attributed to a general increase in the perceived value of schooling:

“We have realized that we need to take proper care of our children’s education. In those days we were not concerned about the children’s education but now we ensure that they get up early and go to school without the child doing this work. Sometimes we even give money to them to go to school so that they would not be waiting in the house to eat before going to school.”

– 38 year old female parent – treatment

Child labour
The study measured child labour, considering both economic activities and household chores, following the methods used by UNICEF’s Multiple Indicator Cluster Survey (MICS). In relation to economic activities, child labour includes hazardous work (economic activities under hazardous conditions for all children, or work for more than 43 hours for children aged 15 to 17) and other child labour (economic activities for children below age 12, or non-light work for children between 12 and 17 years). In relation to household chores, child labour includes long hours spent in activities such as fetching water, taking care of children, cooking and cleaning.
Considering both economic activities and chores, about 44 per cent of children aged 6 to 17 were in child labour in the study area (47 per cent in the Northern region and 40 per cent in the Upper East region). Considering economic activities and chores separately, about 43 per cent of children were engaged in child labour in relation to economic activities and 5 per cent of children performed long hours in chores during the week before the interview. The prevalence of child labour was higher for boys than girls, but girls were significantly more likely than boys to spend long hours on household chores (9 per cent of girls, vs. 1 per cent of boys).

**Figure 4: Proportion of children aged 6 to 17 years in child labour**

Child labour mostly occurred within the household in agriculture or tending livestock, with a smaller share of children working for pay outside the household (mostly as daily agricultural workers; a smaller share was engaged in domestic work, *kayayo* work, service and handicraft production). The most common hazards for children in child labour were working with dangerous tools, carrying heavy loads, exposure to extreme temperatures and working without basic personal protective clothing.
Qualitative interviews confirmed that children are frequently exposed to hazardous conditions while doing economic activities or chores, and often work for long hours, which can have negative consequences on schooling.

“We sometimes get contracted to tend to large farms, and in cases like that, we do close as late as 6 pm and this weakens one, rendering one unable to learn.”

– Child focus group discussion – control

“The shea nuts I used to carry from the farm for my mother, were very heavy and I used to carry it alone, so I had to force myself.”

– 14 year old female child – treatment

LEAP 1000 did not have statistically significant impacts on any measure of child labour. This holds both when considering economic activities and chores jointly, and when using separate measures of child labour for each of the two.

In qualitative interviews, while most parents reported no changes in the extent to which children engage in economic activities, some parents in treatment households reported reductions in children’s engagement in hazardous work because of the LEAP support.

“Since we started taking the money, they don’t engage in works that’s beyond their strength. Even if you know that this work is beyond a child strength you won’t allow him to go and do it.”

– 40 year old female parent – treatment

However, in a few of these cases parents reported that children shifted from one type of hazardous activity (such as weeding using a hoe and cutlass) to another activity which they perceived as less hazardous (such as spraying weedicide on the farm). This remains a risk for children.

“Honestly, the children used to weed and plant using hoes and cutlass but because they earn a bit, they buy weedicide to spray on the farm …”

– Parent – treatment
Conclusions and recommendations

The seven-year follow up of the LEAP 1000 programme showed that some of the impacts detected in 2017 were sustained, including on household consumption and poverty reduction. However, over 90 per cent of individuals in the sample still live in poverty, with 40 per cent living in extreme poverty. Consistent with these figures, LEAP 1000 had no impact on food security, nor on household productive investments. Long-term impacts on children’s material wellbeing were smaller than in the short term. Impacts on reported happiness, already found in 2017, were confirmed in 2022.

Health-related indicators remained mostly unchanged. Impacts on NHIS coverage are still positive and significant in 2022, but lower than in 2017, signaling the need for further strengthening of the take up of this key service by poor households. As in 2017, the 2022 study did not find impacts on current school enrolment. However, it showed positive impacts on ever attending school and literacy. As in 2017, children’s time use remained mostly unchanged. As a result, the 2022 study did not find any statistically significant impact on the prevalence of child labour. This can be explained by various factors, including insufficient transfer amounts and lack of awareness by parents and children on the hazards related to children’s work. These aspects are reflected in the qualitative interviews.

Programmatic recommendations

• Strengthen implementation aspects of LEAP, especially payment amount and regularity. The transfer amount was doubled in both 2023 and 2024, acknowledging household socio-economic challenges and the key role of LEAP in eradicating extreme poverty (this policy change is not reflected in the results described here, which were obtained using data collected in 2022).

• Further support and simplify enrolment in NHIS, especially as pertains renewal. This aligns with the Integrated Social Services (ISS) strategy, which includes an objective on strengthening the linkages between social protection and health. Examples of how to improve NHIS coverage include extending the validity period of NHIS enrolment beyond one year; introducing remote renewal, such as via mobile phone, without the requirement to physically change the card;\(^6\) and/or fully transitioning from the use of a physical card to a digital card on a mobile phone.\(^7\)

• Expand and intensify sensitization interventions to improve awareness on the benefits of schooling and the hazards related to child labour, especially working for long hours or in hazardous conditions. At the household level, social behavioural change interventions can be applied to sensitize or ‘coach’ parents and children. In Burkina Faso, for example, this was implemented through monthly family sessions where multiple family members
received information on the norms and risks associated with child labour. While ISS already introduced linkages across social protection and child protection, such linkages can be strengthened with a focus on child labour. Community-level awareness is also key, as well as active participation by the community in designing and implementing solutions to this issue. Sensitization activities also need to reach the agencies that are responsible for enforcing national provisions against child labour.

- **Strengthen the supply of quality schooling** at all levels, including early childhood; this will also be important in achieving a sustainable reduction in child labour in the study context.

- As most child labour is found in agriculture, agriculture-related strategies are also essential, including supporting the modernization of agriculture and securing adequate adult wages.

These recommendations align with the New Ghana Accelerated Action Plan Against Child Labour 2023–2027. They also align with UNICEF’s multi-sectoral approach to child labour, which indicates critical areas for collaboration, including education, social protection, child protection and responsible business practices.

Effective implementation of the above activities requires a clear strategy that specifies the priorities for each responsible agency in a coordinated manner and ensures availability of resources. Where resources are limited, it is recommended to prioritize those geographical areas with a higher prevalence of child labour.

**Research recommendations**

- Using the available data, identify those children who were engaged in child labour at baseline (2015) and measure their long-term outcomes in 2022, to assess the association between child labour and later developments in the life trajectory.

- Still using available data, analyse how the impacts of cash transfers vary across different types of households, such as households with different demographic compositions.

- Conduct further longer-term surveys for the LEAP 1000 sample (one option is to integrate the LEAP 1000 sample into the future LEAP + ISS data collection exercises) to track longer-term outcomes, such as youth employment, and capture the impact of the recent increase in the LEAP transfer amount.
• Prioritize areas with a high prevalence of child labour and test the child labour impact of different Social and Behavior Change (SBC) interventions to assess which ones are more cost-effective in reducing or preventing child labour.

• Overall, mixed methods (quantitative and qualitative) are recommended to capture the mechanisms at play and the complex set of factors that influence child labour and schooling.
ENDNOTES

1 The research was carried out as part of the Transfer Project, a research and learning initiative of the Food and Agriculture Organization of the United Nations, the University of North Carolina at Chapel Hill and UNICEF [https://transfer.cpc.unc.edu]. For the full report, see Ghana LEAP 1000 Evaluation Team, Ghana LEAP 1000 Programme: Seven-Year Evaluation Report. Focus on child labour, UNICEF Innocenti, Florence, July 2024, [www.unicef.org/innocenti/reports/ghana-leap-1000-programme]. A list of journal articles produced using LEAP 1000 data is reported in the Annex.

2 The amounts were doubled in both 2023 and 2024 in response to the worsening economic situation in the country, but this happened after the evaluation took place.

3 In December 2018, a referendum was held in Ghana to split certain regions into new ones, which impacted some of the regions and districts in the study. The Northern region was split into Northern, North East and Savannah regions. As a result, the district East-Mamprusi is now located in the North East Region. The district of Garu-Tempa was also split into Garu and Tempa.

4 While the newly launched ISS also includes a component to improve linkages between LEAP and NHIS, it is important to consider that this study was not specifically designed to capture the effect of ISS. At the time of data collection in 2022, not all districts in our sample were covered by the ISS initiative.


11 Caution should be taken when conducting heterogeneity analyses, given that the study was not initially planned for this purpose, so the sample size may not be sufficient.
ANNEX

List of journal articles published using the Ghana LEAP 1000 data (as of July 2024)


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This report builds on the first impact evaluation of the LEAP 1000, conducted between
2015 and 2017. The above team is grateful to the 2015–2017 team, and in particular to
co-Principal Investigators Tia Palermo, Sudhanshu Handa, Clare Barrington, Isaac Osei-Akoto and Akalpa J. Akaligaung, who led the evaluation team during the first two survey rounds. We are also grateful to other members of the previous rounds’ evaluation team, including Elsa Valli, Clement Adamba, Robert Darko Osei, Francis Dompae, Nana Yaw, Sara Abdoulayi, Gustavo Angeles, Marlous de Milliano, Averi Chakrabarti and Raymond Aborigo.

The evaluation team also acknowledges the support of the Government of Ghana’s Ministry
of Gender Children and Social Protection (MoGCSP), particularly the Social Protection
Directorate, the LEAP Management Secretariat (LMS) and the Department of Social
Welfare as well as the Labour Department of the Ministry of Employment and Labour
Relations (MERL) in the implementation of this evaluation. In addition, the UNICEF Ghana
team was instrumental to the success of this evaluation: Christiana Gbedemah, Pauliina
Sarvilahti, Wonjun Bae, Lucia Soleti, Young Joo Lee, Agnes Arthur. We are also grateful
to Silvio Daidone and Alberto Posso for external review and feedback to the impact
evaluation report.

We would also like to acknowledge the hard-working field teams of ISSER and CSPS,
who conducted the data collection for this study to the highest standards.

Most of all, our highest appreciation goes to the Ghanaian households who kindly gave us
their time and told us their stories.
Funding for the 2015–2017 impact evaluation was generously provided by the Canadian International Development Agency (CIDA) and the United States Agency for International Development (USAID).

The 2022 evaluation round was generously funded by the United States Department of Labor (USDOL) to the UNICEF Office of Research – Innocenti under cooperative agreement number IL-2669414-75-K-36. One hundred per cent of the total costs of this examination were financed with USG federal funds, from the total cooperative agreement of US$1,730,500. This report does not necessarily reflect the views or policies of the US Department of Labor, nor does mention of trade names, commercial products or organizations imply endorsement by the US Government.
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**Published by**
**UNICEF Innocenti – Global office of Research and Foresight**
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50121, Florence, Italy

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**Suggested citation**