



This brief describes baseline characteristics related to household demographics, poverty, child nutritional status and intimate partner violence (IPV), in an effort to understand the situation of households prior to cash transfer receipt as well as potential areas for impact of the programme.

INTRODUCTION

This brief highlights key findings from the baseline survey of the Livelihood Empowerment Against Poverty (LEAP) 1000 programme. LEAP 1000 is an extension of the mainstream LEAP programme, Ghana's flagship social protection programme currently providing cash payments to more than 150,000 extremely poor households in all regions of the country. LEAP 1000 targets pregnant women and mothers with infants, reaching a unique group of beneficiaries not yet captured under the mainstream LEAP's focus on households with elderly, people with a disability and orphaned and vulnerable children. By directing support during the critical development window of the first 1,000 days of life, LEAP 1000 aims to alleviate household poverty and improve nutritional status of infants.

RESEARCH METHODOLOGY

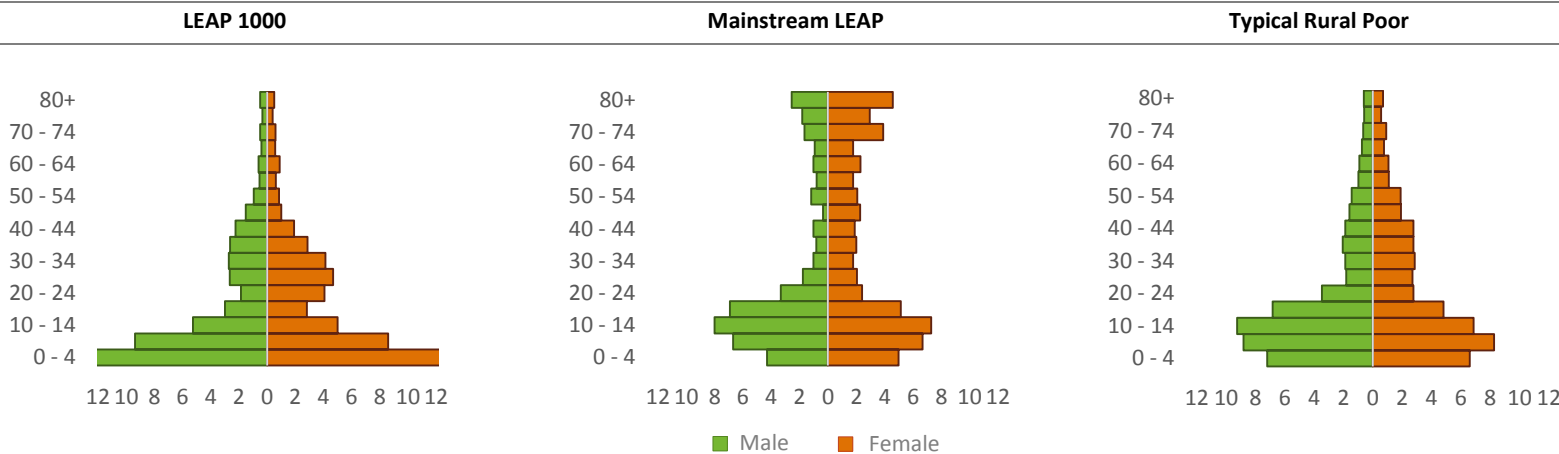
Households applying to the LEAP 1000 programme are subjected to a proxy-means test (PMT) to validate their poverty status. The impact evaluation compares households who are just below the PMT cut-off score (and thus eligible for LEAP 1000) to those just above the cut-off score (and thus not eligible for LEAP 1000). These households are likely to be very similar since they have similar PMT scores. The group of households above the cut-off thus serves as a valid comparison group for households below the cut-off who receive the programme. This evaluation strategy is known as a *discontinuity design*, as it exploits the discontinuity of eligibility at exactly the cut-off point. The study sample consists of 1,262 households below and 1,235 above the line, for a total of 2,497 households.

HOUSEHOLD DEMOGRAPHIC COMPOSITION

Figure 1 depicts population pyramids of a sample of LEAP 1000 households, LEAP households and the rural poor. While LEAP 1000 households harbour a high number of very young children and women of reproductive age, the typical LEAP household has fewer young children, more adolescents and elderly, with a very low number of working-age men. The typical rural poor household, by contrast, has fewer infants but more primary-school-aged children and a more equal distribution of men and women of working age. Figure 1 shows that both LEAP and LEAP 1000 capture unique segments of the rural poor population, each with their own vulnerabilities.



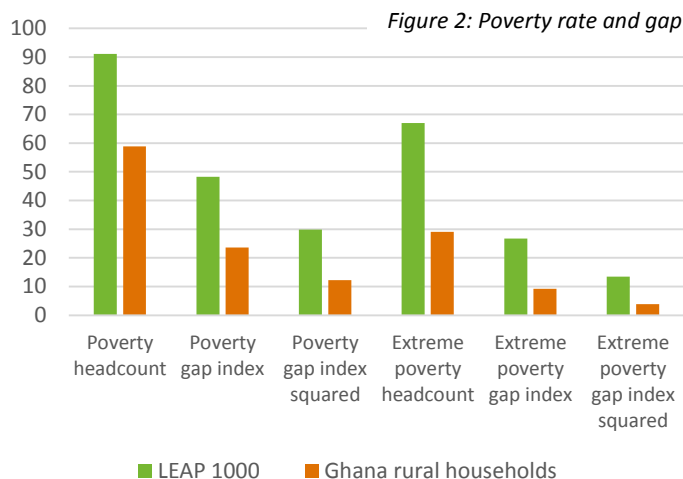
Figure 1: Comparison of demographic composition between LEAP 1000, LEAP and rural poor



POVERTY

The baseline survey measured the total consumption expenditures of each household. LEAP 1000 households spend on average about GH¢ 90 per adult equivalent (AE) per month (roughly USD 0.72 per AE per day). More than three-quarters of the budget is devoted to food, most of it to staples, such as maize and guinea corn. Based on their consumption expenditures, more than 90 per cent of the individuals in the LEAP 1000 sample fall below the poverty line, and 67 per cent fall below the extreme poverty line (Figure 2). Compared to the typical rural households in Ghana, poverty among LEAP 1000 beneficiaries is much higher. The poverty gap index measures the average distance of the poor to the poverty line, expressed in percentage of the poverty line. This index is 48 per cent for LEAP 1000, indicating that in order to lift individuals in LEAP 1000 households up to the poverty line, their consumption would need to double. The squared poverty gap index is a measure of poverty severity and gives more weight to individuals further from the poverty line. This rate is 30 per cent and is much higher than for the typical individual in rural Ghana.

A similar pattern emerges for extreme poverty: the distance to the extreme poverty line and the severity of the poverty is much higher than for typical rural residents. The baseline findings on poverty demonstrate that LEAP 1000 was successful in targeting the poor, including the poorest among the poor.

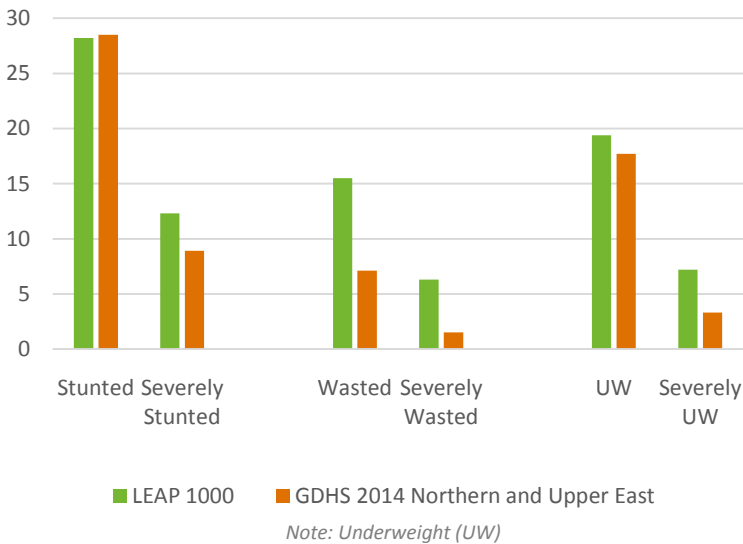


CHILD NUTRITION

The LEAP 1000 survey collected height and weight measurement of children under five in the household to assess their nutritional status. Using this information, standard measures on stunting, wasting and underweight were constructed and compared to a regional sample of children from the most recent Demographic and Health Survey (DHS). The rates of stunting and underweight among children in LEAP 1000 households are in line with the regional average at 28 and 19 per cent, although the rates of severe stunting and underweight in the LEAP 1000 sample are higher than the regional averages. About twice as many children in the LEAP 1000 sample are wasted compared to findings from the DHS, indicating higher prevalence of short-term food deficiency (Figure 3).



Figure 3: Stunting, wasting and underweight in LEAP 1000 and Ghana DHS



INTIMATE PARTNER VIOLENCE

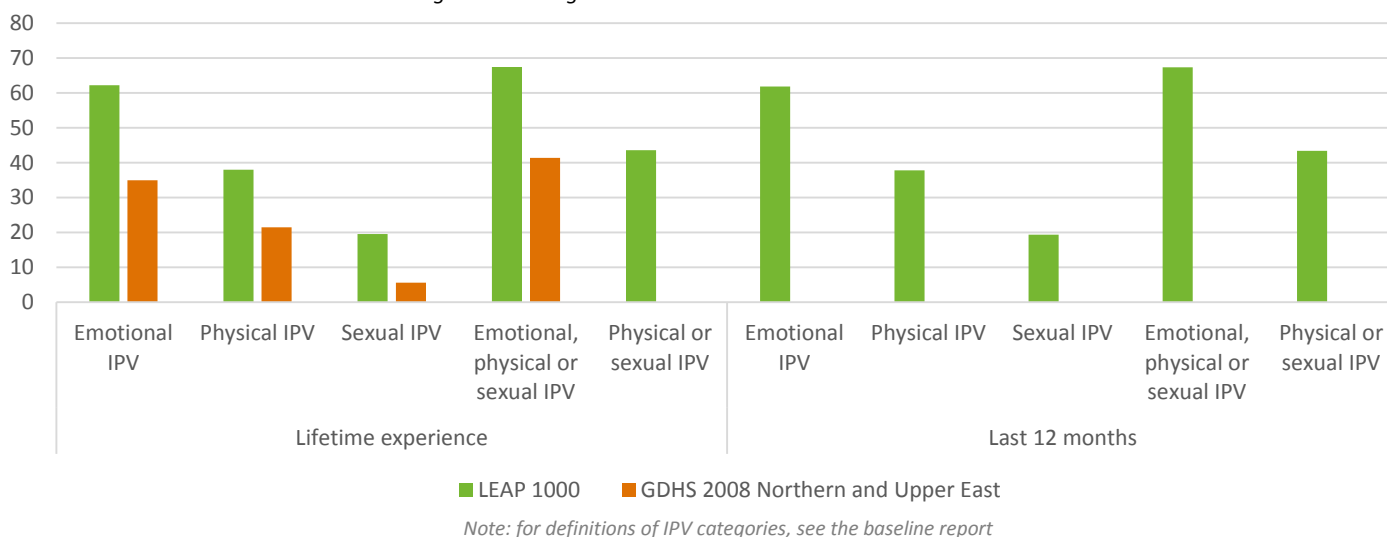
To help understand the impact of a cash transfer programme on IPV and its consequences for maternal and child wellbeing, the LEAP 1000 instrument included an IPV module, and data were collected in accordance with guidelines produced by the World Health Organization (WHO).

Results of the baseline survey show that a high proportion of women have experienced some form of IPV, and rates are higher than the regional average found in the GDHS 2008. For example, in the LEAP 1000 sample, more than 60 per cent of women experienced emotional IPV during her lifetime, nearly 40 per cent experienced physical IPV and 20 per cent experienced sexual violence. Taken together, about two-thirds of women have experienced any form of IPV in her lifetime, much higher than the 40 per cent reported in the DHS. The rates for the last 12 months are somewhat lower but very similar to the lifetime experiences, showing that most of the violence experience in this sample is recent or on-going.

CONCLUSION

This brief summarized key highlights of the LEAP 1000 baseline findings, by focusing on household demographic composition, poverty, child nutrition and intimate partner violence. The LEAP 1000 households constitute a unique demographic group of the rural poor, with many young children and women of reproductive age. Households are particularly vulnerable as more than 90 per cent falls below the poverty line and two-thirds below the extreme poverty line. Chronic malnutrition is in line with regional averages, but severity is higher, and short-term malnutrition is more prominent in the LEAP 1000 sample. The women benefitting from LEAP 1000 appear more prone to IPV, and most of the experience of IPV happened recently.

Figure 4: Findings on IPV in LEAP 1000 and Ghana DHS 2008



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