

Ghana LEAP 1000 Theory of Change

LEAP 1000 provides a cash transfer to extremely poor households with pregnant women or infants under 12 months. In addition, beneficiaries are enrolled in the National Health Insurance Scheme (NHIS). As in most cash transfers targeted to the extremely poor households, the immediate impact of the program is typically to raise spending levels, particularly basic spending needs for food, clothing, and shelter, some of which will influence children's health, nutrition, and material well-being. Once immediate basic needs are met, and possibly after a period of time, the influx of new cash may then trigger further responses within the household economy, for example, by providing room for investment and other productive activity, the use of services, and the ability to free up older children to attend school.

Figure 1 brings together these ideas into a conceptual framework that shows how LEAP 1000 can affect household activity, the causal pathways involved, and the potential moderator and mediator factors. The diagram is read from left to right. We expect a direct effect of the cash transfer on household consumption (food security, diet diversity), on the use of services, and possibly even on productive activity after some time. An important component of LEAP 1000 is the enrolment of participants in the NHIS. This enrolment will itself directly trigger potential behaviour change in terms of inducing households to use health services and is thus considered a potential mediator or mechanism through which the effect of LEAP 1000 is felt at the household level. Sociological and economic theories of human behaviour suggest that the impact of the cash may work through several mechanisms (mediators), including a woman's agency, her level of stress, and her knowledge and attitudes. Similarly, the impact of the cash transfer may be weaker or stronger depending on local conditions in the community. These moderators include access to markets and other services, prices, and shocks. Moderating effects are shown with dotted lines that intersect with the solid lines to indicate that they can influence the strength of the direct effect.

The next step in the causal chain is the effect on children, which we separate into older and younger children because of the program's focus on very young children and because the key indicators of welfare are different for the two age groups. It is important to recognize that any potential impact of the program on children must work through the household through spending or time allocation decisions (including use of services). The link between the household and children can also be moderated by environmental factors, such as distance to schools or health facilities, as indicated in the diagram, household-level characteristics themselves such as the mother's literacy, and the presence or absence of complementary services in the community. Note that from a theoretical perspective, some factors cited as mediators may actually be moderators and vice-versa (such as women's agency). We can test for moderation versus mediation through established statistical techniques, and this information will be important to help us understand the actual impact of the program on behaviour. In Figure 1, we list some of the key indicators along the causal chain that we will analyse in the Ghana LEAP 1000 evaluation.

Figure 1: Conceptual Framework for Evaluation of LEAP 1000

