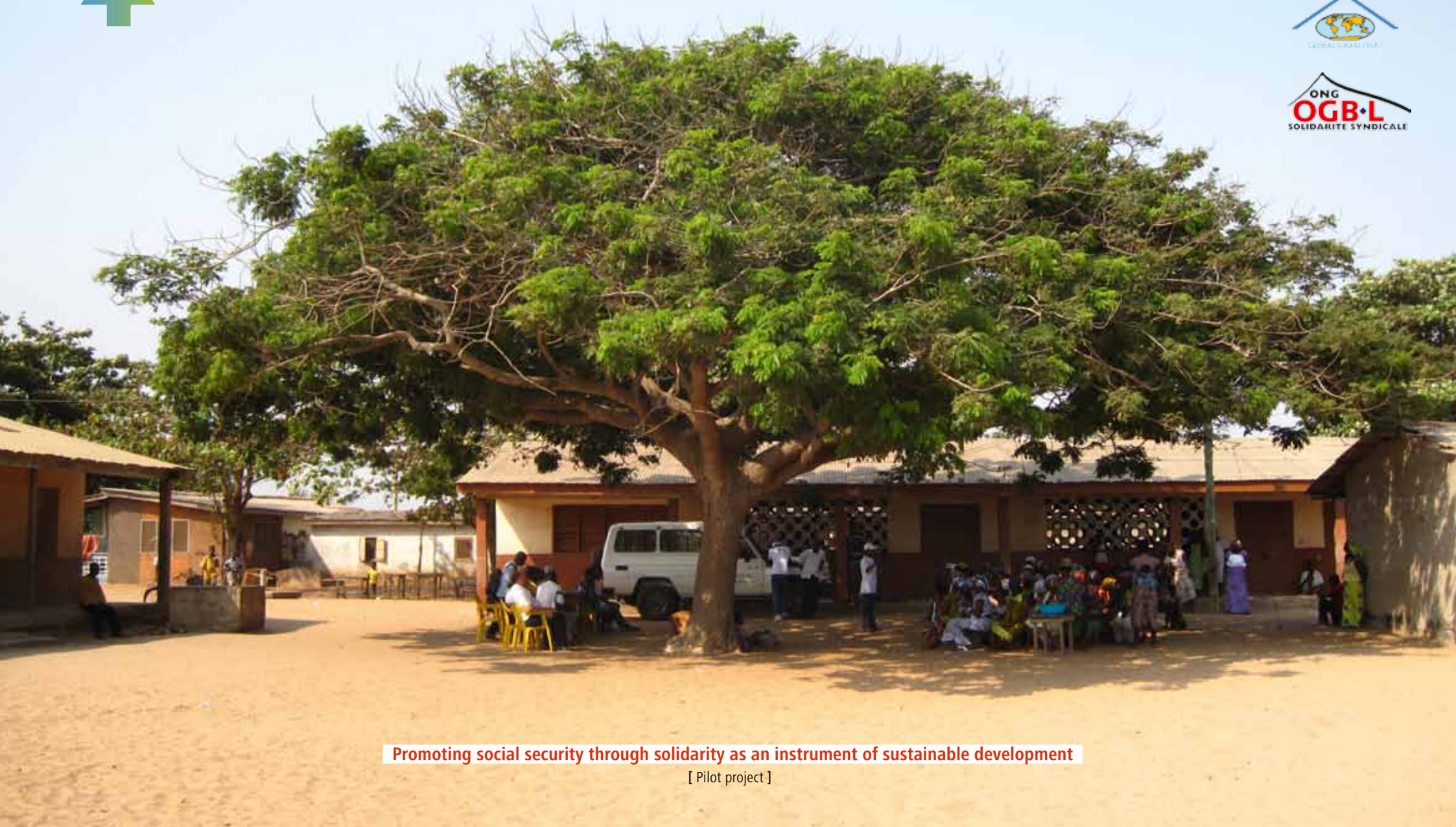




# GHANA-LUXEMBOURG SOCIAL TRUST



Promoting social security through solidarity as an instrument of sustainable development

[ Pilot project ]



The cover photo shows a meeting in February 2010 at the Lekpongunor village square situated on the Atlantic coast on the Gulf of Guinea in Ghana. ILO and NGO OGBL Solidarité Syndicale employees and representatives were welcomed by the village elders and met with pregnant women and children participating in the Ghana-Luxembourg Social Trust pilot project. The tree symbolises life, community and protection in many ways; it represents our common roots and future. Meetings under the tree at the village square signify the necessity of dialogue and collaboration on a par with one another.

In this brochure we would like to present the pilot project "Ghana-Luxembourg Social Trust".

The pilot project is the concrete implementation in a delimited setting of the ILO's Global Social Trust concept (see page 8), which sees the promotion of social security systems through solidarity as an instrument of sustainable development co-operation in a globalizing world.

The various project implementation steps provide insight into the local challenges and the cooperation of the participating partners in Ghana and Luxembourg (see page 16).

Within the framework of the Ghana-Luxembourg Social Trust pilot project, 700 women with children

under the age of five will receive a regular financial subsidy of 30 Ghana Cedi upon fulfilment of certain conditions, which will be financed by employees in Luxembourg through a solidary monthly contribution and through co-financing by the Luxembourg Government. This conditional cash benefit should enable the women and their families to benefit from healthcare insurance and thus medical services which should improve the maternal and infant health status as well as improve living conditions and opportunities for the women and their families.

**"Injustice anywhere is a threat  
to justice everywhere.**

**We are caught in an inescapable  
network of mutuality, tied in  
a single garment of destiny.**

**Whatever affects one directly,  
affects all indirectly."**

— Martin Luther King —

In African tradition solidarity is no one-way street. It is based on reciprocal relationships, mutual respect, the recognition of mutual interdependence, and the willingness to share goods and resources with others. The high esteem held of community and personal solidarity is still recognisable today in an intergenerational mutually supportive society consisting of family, extended family and lineage.

Today, as in other countries, these traditional forms of social security in Ghana are subject, however, to the challenges of economic development, increasing urbanisation and industrialisation. Consequently, national, institutionalised social security systems are necessary where the traditional mutual support systems no longer secure livelihoods.



Meeting with heads of village, nurse, women and children, Tsopoli, February 2010



Social Security building, Luxembourg 2010

### Social security – a fundamental human right

In the Universal Declaration of Human Rights from 1948 – "the foundation of freedom, justice and peace in the world" – social security is expressly stated: "Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality." (Article 22)

In Luxembourg a long tradition of solidarity exists and its citizens are equally aware that the small country could only develop with the cooperation of its neighbours and international partners. Today, Luxembourg has a very strong social security system with a wide variety of high-level services and benefits. This can only be maintained in the long run if it is not taken for granted, but seen rather as the continuing development of traditional mutually supportive societies based on human solidarity, without which our past, present and future have no substance.

The challenges and questions which arise in Ghana, Luxembourg and elsewhere concern us all. To what extent the Ghana-Luxembourg Social Trust pilot project can contribute – besides the concrete help for these women and their families – to finding some of the answers, and to what extent the idea of the Global Social Trust develops further and stands the test of time, depends not least on the awareness of our mutual dependency and enrichment, and on our conviction for the necessity of and willingness to support global solidarity.

## "Poverty anywhere constitutes a danger to prosperity everywhere".

– ILO Declaration of Philadelphia (1944) –

Ghana is a young country with millennia-old traditions and a moving history dominated by slavery and colonial rule and the tragic consequences thereof, and the fight for independence. Newer forms of unequal interdependence leave their mark on Ghana and hamper the fight against poverty and the direct consequences thereof, which include high maternal and infant mortality. Between tradition and the modernisation, Ghana is today confronted with similar challenges to those of other countries, with comparatively worse conditions. Maximum profit at any cost, consumerism, the blind belief in growth, speculation at the expense of generality, and destruction of resources and natural resources follow in the wake of 'globalisation', not only at the expense of the weakest, but also the community. As a recent example for the undifferentiated dictate of 'free trade': poultry exported to Ghana suppresses the domestic production and threatens the already precarious livelihood of the rural population.



Accra, February 2010



## Ghana

Area: 238.537 km<sup>2</sup>  
Capital: Accra  
Population: 23.478.000  
Human Development Index : 0.526 (rank 152)  
PPP: \$ 1,334 (rank 153)  
Life expectancy: 56,5 (rank 146)  
Child under-5 mortality:  
115/1000 live births (rank 30)

(Source: UNDP/UNICEF 2009 – year: 2007)

Dangme West, district in Greater Accra Region, where the pilot project Ghana-Luxembourg Social Trust is implemented (Area: 1,522 km<sup>2</sup>). Dangme West is located in West-Ghana in the Gulf of Guinea.



## Grand Duchy of Luxembourg

Area: 2.586 km<sup>2</sup>  
Capital: Luxembourg  
Population: 467.000  
Human Development Index:  
HDI 0.960 (rank: 11)  
PPP: \$ 79.485 (rank 2)  
Life expectancy: 79,4 (rank 23)  
Child under-5 mortality:  
3/1000 live births (rank 189)

(Source: UNDP/UNICEF 2009 – year: 2007)

Ghana is a country of tropical climate, about the size of Great Britain with a population of 23 million. The former British colony was the first African country to reach independence in 1957. Today, Ghana is considered economically and politically amongst the most stable country in Sub-Saharan Africa. Ghana is one of the biggest exporters of cocoa as well as possessing reserves of gold, bauxite, manganese, and oil. Agriculture provides the principal means of livelihood for over 55% of Ghana's population and makes up 35% of GDP.



## Ghana

Ghana is a young country. Over 37% of the population are below the age of 14 and the population growth rate is just under 2%. Ghana is facing considerable challenges in terms of social development: Child mortality rates of 115 deaths under five per 1000 live births is high – the same figure is 3 deaths per 1000 live births in Luxembourg (2007), illiteracy rate also remains rather high at about 35% and about one third of the population lives below the national poverty line.

As is often the case in developing countries, a large part of the Ghanaian population are not adequately covered by existing social protection mechanisms. More than 90% of the labour force do not have regular work contracts and are not fully insured.

The Ghanaian government has undertaken remarkable efforts over the past years to extend basic social protection coverage for the population, especially the most vulnerable. In 2004, the government introduced the National Health Insurance System that was targeted towards the poor and currently covers an estimated 35-45% of the population.



Meeting with village elders, women and children, Lekpongunor, February 2010



National Health Insurance Authority, Accra, February 2010

In 2008, the Livelihood Empowerment Against Poverty (LEAP) programme was launched, which is currently supporting 35.000 poor households through a social transfer, targeting the elderly, severely disabled and care-takers of orphans. Both these initiatives constitute important milestones in Ghana's efforts to extend social security coverage.

The Social Security National Insurance Trust, SSNIT, in contrast, was already established in 1972. SSNIT covers pensions for old age, survivors and work incapacity. However, only 10% of the population are employed in regular jobs and members of SSNIT. Self-employed have a possibility to join SSNIT voluntarily at the cost of paying both the employer contribution of 12.5% and employee contribution of 5% of the payroll.

## Challenge for social security extension in Ghana

To achieve the ambitious goal of guaranteeing a basic social security package that includes free health care to the whole population, the Ghanaian government has to overcome important challenges.

Many of the implementation problems lie in the logistical details. For example, institutionalised structures to reach the rural population do not exist.

Membership registration and administration is therefore complicated, lengthy and costly for both the social transfer programme LEAP as well as the National Health Insurance.

In many districts, necessary equipment, infrastructure and personnel is lacking and some communities can only be reached by foot.

Furthermore, there is a lack of qualified staff both for delivering services or benefits and for the administration of schemes. For the health insurance, especially the claims processing and reimbursement is a complex matter since it requires on the one hand that health care providers fill in and submit their claims correctly. On the other hand, the submitted claims must be swiftly processed by the health insurance.

For the social transfers, the challenge is the resource-intensive means-testing which is intricate and time-consuming.

The larger context of volatile financial flows and uncertainties in the economic development results in high revenue fluctuations for the national budget. The release of the necessary budget allocations for tax-financed social protection measures are a key aspect for the implementation of national programmes.



Road to Dodowa, February 2010



Dodowa, February 2010





## Maternal and Child Health

Pregnant women, infants and children often suffer due to adverse reproductive and child health conditions.

According to the World Health Organization (WHO), the likelihood for women in Sub-Saharan Africa to die due to pregnancy-related causes is 1 in 16. This likelihood is 1 in 2800 for women who live in the northern hemisphere.

At the same time, Sub-Saharan countries display large inequalities in health status between poor and rich households. Members of poor households are suffering worse health outcomes across almost all indicators: Children in poor households are significantly less likely to receive necessary vaccinations, are far more likely to be malnourished or under-nourished, more likely to die at birth or before reaching the age of five, women die more often due to pregnancies and overall, the poor population is facing more obstacles to access health services.

The WHO estimates that 99% of deaths of children under five and pregnant women occur due to causes for which efficient and effective interventions are known such as inflammation, diarrhoea, respiratory diseases etc.

Maternal and child health has therefore become a priority for international development cooperation and was included in the Millennium Development Goals number 4 and 5.

Out of the eight goals, unfortunately, these two are the ones where least progress has been achieved to date.

### Millennium Development Goals

On 18 September, 2000, the United Nations adopted the Millennium Declaration which establishes 8 binding development goals and 21 related indicators to be reached by 2015. These goals are:

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria, and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development

For further information, please consult: [www.undp.org/mdg](http://www.undp.org/mdg) [www.un.org/millenniumgoals](http://www.un.org/millenniumgoals)

# GHANA-LUXEMBOURG SOCIAL TRUST

The project is piloting a means-tested, conditional cash transfer for poor pregnant women in 4 area councils in Dangme West. Every two months, poor, pregnant women receive 30 GHC (the equivalent of 15 Euro) on the condition that they access the required pre- and post natal care services, skilled delivery and health-check-ups for the child. 15 Euro may seem like an insignificant amount of money in Europe. In Ghana, this amount constitutes a great support for poor households.

## Project Planning

The involvement of local partners in the project planning and decision-making is a key factor for the successful implementation of any development cooperation project. The close cooperation with local implementing partners ensures a needs-based project design that optimally fits the given social, cultural, political and economic context.



Village in the Dangme West District, February 2010

## The idea of a Global Social Trust

The idea of a global social trust is based on the values of social justice, international solidarity, equality and social responsibility.

It is a simple and powerful idea: Workers in countries with well-developed systems of social security voluntarily pay a small contribution to strengthen social security systems for workers who live in countries which have no adequate mechanisms of social protection in place. The concept was developed by the Department for Social Security of the ILO. At its 285th session in November 2002, the ILO Governing Body authorized the establishment of a Global Social Trust Pilot Project. Luxembourg, through its trade union OGBL, was the first country to express interest in piloting this idea and in 2006 Ghana (West Africa) was chosen as the partner-country in light of a favorable political and economic environment to conduct the pilot. As a result of a careful needs analysis, it was decided to strengthen the social protection system in Ghana by piloting a conditional cash transfer for poor pregnant women in one district. The government of Ghana through the Ministry of Employment and Social Welfare, the Luxembourg ONG OGBL Solidarité Syndicale and the ILO are jointly implementing the project since September 2009.

Furthermore, participation of local partners guarantees ownership and identification of the population with the project which will ensure that everyone is motivated to fulfill their roles in the project implementation. The Ghana-Luxembourg Social Trust Project, which is jointly implemented by the ONG OGBL Solidarité Syndicale and the International Labour Organization (ILO) is built on a longstanding collaboration between the ILO and local institutions including

- the District Assembly in Dangme West
- the Livelihoods Empowerment Against Poverty Programme of the Ministry of Employment and Social Welfare at district and national levels
- the National Health Insurance (NHIS)
- the District Wide Mutual Health Organization (DWMHI)
- the Ghana Health Services (GHS)
- the Ministry of Health (MoH)

Through joint analysis of the challenges and the inclusion of all interest groups, the current project was brought on its way.



## Sensitization of the Ghanaian Public

A well-planned information and awareness raising campaign, targeting especially the population that is directly or indirectly affected by the project is of utmost importance for the project implementation. Stakeholders need to know and understand the project objectives, underlying approach, activities, timing, place, participating actors, target groups and overall project design. A comprehensive information campaign also clearly establishes the roles, expectations, rights

and responsibilities of all parties involved so that joint activities can be implemented smoothly. A good flow of information will help to avoid raising exaggerated expectations or disappointments. This is true for development projects in general but is even more relevant when introducing a new social security benefit in a context where people are not familiar with social protection measures in general. Information gaps occur even in countries with a long welfare state tradition leading to

a situation where the target population may be unaware of their eligibility for a benefit, how to register, the delivery mechanisms or the level of benefits they may be entitled to. All these pieces of information need to be communicated clearly in order to translate a right to social security that exists on paper into practice so that people can effectively realize their rights and entitlements.

The Ghana-Luxembourg Social Trust Project conducted sensitization activities at three levels: Implementing partners, Focal Persons in the communities and the general public. Following a "Training of trainers" approach, as a first step, the project was discussed with the implementing partners at various workshops which also served to jointly agree on the implementation plan for the sensitization campaign.

Second, 120 Focal Persons were selected in the communities of the project implementation area and the project explained to them during 4 information meetings.

In a final step of the information campaign, the implementation partners and focal persons held a total of 120 community gatherings ("Durbars") to inform all community members about the project and answer possible questions. The project was aware of the importance to use communication channels that were well-adapted to the project environment for the sensitization and awareness campaign. For example, a community van was sent through the district that was announcing information about the project in different local languages and "gong-gong" beaters were hired to announce the dates for the community gatherings.



Vava Ama Mortey (ILO/GLST Accra), Meeting in Lekpongunor, February 2010



## Training

The Ghana-Luxembourg Social Trust Project aims at providing better access to health services for poor pregnant women and their children through a conditional cash transfer. In order to achieve this goal, it is necessary to first build capacities for

- identifying and registering beneficiaries,
- paying out the benefit,
- monitoring conditionalities and
- providing the necessary health services.

The project conducted training sessions for the LEAP officers who were responsible for carrying out household surveys to select the beneficiaries. Nurses and midwives were also trained about the conditionalities of the project and on maternal and child health issues in general.



Training of the trainers, October 2009



Training of the trainers, October 2009



Meeting, Dodowa, February 2010



## Registration of beneficiaries

**700** pregnant women who live below the poverty line were identified through a poverty ranking that was based on data collected through household surveys.

Following the national LEAP social transfers programme, the project is using a complex approach to poverty that takes into account not just sources of cash income but also general livelihood factors such as level of education, ownership of cattle, land or other property, housing quality, access to resources and infrastructure (e.g. water, sanitation etc.).

Initially, data from a total number of 850 pregnant women was collected between October and December 2009. The data was entered, cleaned and analysed through the official LEAP software that allows to produce a poverty ranking through a point systems that weighed the indicators mentioned above. Women with a score of up to zero points were selected.



Registration data processing MoESW, Accra, December 2009



Arsène Engel, Coopérant, registration, November 2009



Registration, November 2009



## Conditionalities attached to the cash transfer

The pay-out of the cash transfer is conditioned for beneficiaries to take up certain health services. This question of attaching conditionalities to the cash transfer has been discussed controversially in the development cooperation community – and also in many European Welfare states. In developing countries, benefits are usually conditioned on behaviours that are universally accepted as desirable (e.g. taking up certain reproductive and child health services) or even legally required (e.g. school attendance, abstaining from child labour). The cash benefit is meant to empower households in the lower socio-economic levels to actually be able to afford to access these essential services or products which should be universally available for all.

The conditions for the beneficiaries of the Ghana-Luxembourg Social Trust project are the following:

- all members of the household have to be insured with the National Health Insurance
- up-take of pre- and postnatal care services
- skilled delivery
- Birth registration
- Health check-ups and immunization for the child
- School attendance of all children of school-going age in the household

Conditionality compliance is checked upon pay-out of the cash benefit.



District hospital, Dodowa, February 2010



Veronika Wodsak (ILO), NHIS registration point, Dodowa, February 2010



## Pay-out

The delivery of benefits, including the pay-out of the cash transfer, is a major logistical challenge for social protection projects in developing countries, especially in rural areas.

Many areas are not serviced with electricity, water, sanitary facilities, roads – or banking services. Beneficiaries usually live in remote areas that are difficult to access and would not have a bank account. The cost to register beneficiaries and organize the pay out is therefore high while the amount of the benefits paid is comparatively small, resulting in potentially high overhead costs. To keep these low, it was decided to pay out the cash every two months only.

The project is paying the cash benefit through the post office at 25 designated pay-points installed throughout the district. Pay-points have been selected so as to ensure easy access (walking distance) for beneficiaries. Payment days are announced previously in the communities through the focal persons.



First benefit pay-out, April 2010



## The use of the cash benefit

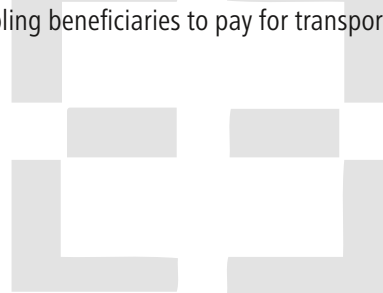
The social transfer aims at improving the nutrition, access to health care and education and thus the overall well-being of pregnant women and their children.

It intends to remove financial barriers to access services, both in terms of direct and indirect costs.

Beneficiaries are thus expected to use the money they receive to cover costs for registering with the health insurance scheme, transport costs to health facilities, to make up for income lost due to the time spent when traveling to the birth registrar, the health insurance registrar or the health facility.

Furthermore, money should be used to improve nutrition and to plan for a skilled delivery.

Beneficiaries are also encouraged to use the money for small income generating activities. Even small amounts of money can create access to labour by enabling beneficiaries to pay for transportation, to engage in petty trade etc.



Children in Lekpongunor, February 2010





## Education activities / awareness raising

The payment of the cash benefit alone will not remove all obstacles for pregnant women and mothers to access the necessary health services for themselves and their children.

In addition, there are geographical, cultural and social barriers as well as information gaps that need to be overcome through information and awareness raising campaigns.

The project therefore organizes small education sessions on each pay-day that will inform beneficiaries about important issues regarding pregnancy, nutrition, family planning, health insurance, access to services, planning for delivery etc.

The information sessions are conducted by trained health staff and the contents are tailored to an audience without formal education and in terms of using the different local languages of the District.



Meeting in Lekpongunor, February 2010

## Monitoring and evaluation

Impact monitoring of interventions is a key element for development cooperation. It is important to analyze the intended and unintended consequences on the target population and all other people affected by the project both during and at the end of a project. This will allow to identify needed adjustments during the implementation and possible follow-up steps after the project.

The Ghana-Luxembourg Social Trust project has established a sound monitoring and evaluation framework right from the start of the project since a detailed impact analysis is a key objective of the project.

As a pilot project, the goal is to provide an evidence base of the effects of such a cash benefit on the health status of pregnant women and children and their access to services. If an improvement in access to health services and possibly also on the health status can be shown, this will provide a strong basis to argue for a nationwide role-out of the programme.

The project is working in collaboration with the Health Research Centre in Dangme West for the data collection on health-seeking behavior, health outcomes, health insurance, socio-economic status, knowledge on reproductive and child health and satisfaction with the health services and the newly introduced cash benefit through household surveys. The Health Research Centre will conduct a control group study for the impact evaluation of the project.



## International Labour Organization (ILO)

The primary goal of the ILO since 1919 is to promote opportunities for women and men to obtain decent and productive work, in conditions of freedom, equity, security and human dignity. This pursuit of social justice is implemented through activities in 4 areas of decent work:

- Creating Jobs
- Guaranteeing rights at work
- Extending social protection
- Promoting social dialogue and conflict resolution

For further information visit [www.ilo.org](http://www.ilo.org)



**We would like to thank our partners, their representatives, staff and volunteers**

### Signatories

Ghana Ministry of Health

ILO, Department of Social Security, Genf

OGBL SOLIDARITE SYNDICALE A.s.b.l. , Luxembourg

### Cofinancing

Ministère de la Coopération et de l'aide humanitaire, Luxembourg

### Implementation partners

Ghana Ministry of Social Welfare

Ghana Ministry of Manpower Youth and Employment (MMYF)

Ghana Ministry of Health

Ghana Health Service

Ghana Health Research Center

Ghana Health Insurance

Social Security National Insurance Trust (SSNIT)

Dangme West District Assembly

Cercle des ONG, Luxembourg

The Ghana-Luxembourg Social Trust team in Accra

The people and their representatives in the Dangme West District

The people in Luxembourg supporting the Ghana-Luxembourg Social Trust project.



Accra, February 2010: Ernest Boakye, GLST Accra, Vava Ama Mortey, national project coordinator, GLST office Accra, Veronika Wodsak, Social Security Extension Officer, ILO, Arsène Engel, Coopérant, GLST Accra office, Armand Drews, NGO project manager

Further information, photos, documents and links as well as explanations of Adinkra symbols used in this brochure may be consulted on our web site:

[www.solidaritesyndicale.lu](http://www.solidaritesyndicale.lu)

