



Planning for government adoption of a social protection programme in an insecure environment: the Child Grant Development Programme in northern Nigeria

CaLP Case Study





Photo: Blessing Dagow Lass / ACF

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Acronyms

ACF	Action Contre la Faim/Action Against Hunger
BCC	Behavioural change communication
CALP	The Cash Learning Partnership
CDGP	Child Grant Development Programme
CTP	Cash transfer programming
CV	Community volunteer
DFID	United Kingdom Department for International Development
FSP	Financial service provider
IYCF	Infant and young child feeding
LGA	Local government area
MIS	Management information system
MoU	Memorandum of understanding
NGN	Nigerian Naira (currency)
NIMC	National Identity Management Commission
NPC	National Planning Commission
SCI	Save the Children International
SPARC	State Partnership for Accountability, Responsiveness and Capability programme
SURE-P MCH	Maternal and Child Health project of the Subsidy Reinvestment and Empowerment Programme
UNICEF	The United Nations Children's Fund

Case study purpose

Cash transfer programming (CTP) is increasingly used in West Africa in response to food and nutritional crisis. Beyond emergency situations, cash transfer mechanisms are key mechanisms for national social protection strategies and policies.

Despite the rapid development of social protection programmes, and the partnerships established with national institutions for the implementation of such interventions, few studies aimed at examining operational progress and challenges of implementing cash-based social protection interventions in Nigeria have been conducted.

Similarly, although CTP is increasingly being implemented in insecure areas, the extent to which insecurity and mitigation measures that may affect programme implementation, notably in cases requiring remote management, have not been well documented.

It is the aim of this case study to present progress, issues and lessons learned from a social protection cash transfer programme targeted at pregnant women and children under two years old, in the northern Nigerian states of Jigawa and Zamfara, funded by the UK Department for International Development (DFID), led by Save the Children in partnership with Action Against Hunger (ACF).

This case study focuses on programme design and implementation. The programme had only been implementing cash transfers for three months. During the pilot phase, strategies were being tested so that they can be modified for roll-out. The case study presents initial lessons and does not assess final programme strategies.



Fingerprint recognition technology is used to identify beneficiaries. Photo: Vincent Trousseau / CaLP

Context

Poverty and nutrition

Of a total population of approximately 170 million, nearly 102 million Nigerians are classed as 'poor', of which around 60% are located within the North-West region of the country.¹ Poverty rates in Jigawa and Zamfara States account for 77.4% and 50.8% respectively. The underlying cause of the high poverty levels can be attributed to high inflation rates resulting in the erosion of productive assets and investments, and low quality / limited coverage of social services and infrastructure.

Consumption of food from own production in the North-West region covers on average less than 20% of households' needs.² Consequently, poor households spend no less than three quarters of their revenue on food. In the same region, food poverty – defined as the proportion of a population consuming less than 3000 calories per day – affects more than 50% of people, which is combined with extremely low levels of dietary diversity.³

Children are particularly affected by limited food availability and sub-optimal nutritional practices. In Northern Nigeria, stunting affects half the children under five years old. The consequences for children's health and education prospects are serious and are transferred to future generations. Under-nutrition for mothers and children is consequently not merely caused by income poverty but is also correlated with maternal education, including on caring and feeding practices, and women's empowerment.⁴

The North-West region has, in addition, the highest rate of mortality in children under five (208‰) in the country. Among the aggravating factors, the wide

use of unskilled birth attendants plays an important role.⁵ A husband's disapproval and the limited availability of maternal health services are major barriers to the use of skilled birth attendants.

Security situation

Northern Nigeria has, over recent years, witnessed the rise of an insurgency by the radical Boko-Haram sect and counter-insurgency by government forces. Since the sect was founded in 2002, their terrorist operations are deemed to have resulted in more than 10,000 casualties. Although the attacks by Boko-Haram militants are concentrated in the Borno and Yobe states in the North-East, they have shown a tendency in recent years to spread throughout the country. Poverty, extremist religious ideologies and unclear political motives have seemingly been the main driving forces behind the Boko-Haram insurgency, the impact and scale of which has affected the social, economic and political infrastructure of Nigeria.^{6,7}

Ethno-religious conflicts, which the weak security apparatus has been unable to control, are also a major cause of insecurity.⁸ In the North-West, competition for power and resources and a struggle for religious pre-eminence have moreover shown a tendency to escalate into violent conflicts.⁹ Finally, acts of banditry are common in the region.

Social protection in Nigeria

In light of the poverty situation, the potential for social protection initiatives to contribute to achieving the Millennium Development Goals has recently attracted attention from the Federal Government. Despite this, investments in social protection schemes remain relatively low (1.4% of GDP in 2011), and although specific policy documents

¹ Nigerian National Bureau of Statistics (2010), 'Nigeria poverty profile report', Abuja: National Bureau of Statistics. The number of poor people is calculated using 2004 Nigerian Living Standards Survey and 2010 UN Population Division population projections and a poverty line of 1.25\$/day.

² Kuku-Shittu, O., Mathiassen, A., Wadhwa, A., Myles, L. and Ajibola, A. (2013), 'Comprehensive Food Security and Vulnerability Analysis - Nigeria', *IFPRI Discussion Paper*, 01275.

³ NBS (2010), 'Poverty profile 2010' in Ofoegbu, D. I. (2013), 'Rural Poverty in Nigeria. The Role of Microfinancing', *International Journal of Economic Practices and Theories*, 3(3).

⁴ ORIE (2013), 'Nutritional status in northern Nigeria, prevalence and determinants: a review of evidence', Research Summary - Nutrition Research in Northern Nigeria, 3(1).

⁵ Doctor, H.V., Bairagi, R., Findley, S.E., HELLERINGER, S., DAHIRU, T. (2011), 'Northern Nigeria Maternal, Newborn and Child Health Programme: selected analyses from population-based baseline survey', *Open Demography Journal*, 4(1), pp.11–21.

⁶ Ering, S. O., Omonu, C. E. and Oketa, C. M. (2013), 'Islamic Militancy and Global Insecurity: An Analysis of Boko-Haram Crisis in Northern Nigeria', *Canadian Social Science*, 9 (5), pp. 31-36.

⁷ Joshua, S. (2013), 'Democracy and Violent Conflicts in Nigeria: Implications for National Development', *African Research Review*, 7 (3), pp.324-339

⁸ Achumba, I.C., Ighomereho, O. S. And Akpor-Robaro, M. O. M. (2013), 'Security Challenges in Nigeria and the Implications for Business Activities and Sustainable Development', *Journal of Economics and Sustainable Development*, 4(2), pp.79-99.

⁹ El-Bushra, J., Ladbury, S. and Ukiwo, U. (2013), 'From Design to Implementation: Addressing the Causes of Violent Conflict in Nigeria', *Stability: International Journal of Security & Development*, 3(1): 1, pp. 1-18.



Participants are gathered to withdraw their cash transfer. Photo: Vincent Trouseau / CaLP

have been drafted over the past 10 years, these documents were mainly translated into small-scale conditional cash transfers programmes and investments in health infrastructure.¹⁰

The Nigerian political system is highly decentralised. While the Federal Government is responsible for designing policy, the 36 Nigerian states benefit from a large autonomy in implementing those policies and allocating funds. Although the National Planning Commission is tasked with coordinating and monitoring social protection efforts, the multiplicity of actors involved in social protection initiatives, including donors and INGOS, has resulted in fragmented and uncoordinated programming. Social protection schemes are estimated to cover less than 0.02% of the poor at country level. In addition, impact is affected by short term participation and low transfer values.

Currently, programmes are implemented in various parts of the country under the lead of different agencies within the Federal Government, such as:

- The COPE, a cash transfer programme funded by the MDG Office Conditional Grant Scheme which targets poor female-headed households, HIV/AIDS patients and people with disabilities. Under this scheme, beneficiaries receive 12 monthly payments of between \$10 and \$33, and another \$50 each month as compulsory savings over a one year period. The conditions to receive the transfer are: enrolment of all children in basic education, participation in all free health care programmes, and attendance at business and life skills training. In Jigawa, the COPE programme only reached approximately 50 households in 17 local government areas (LGA) in 2012, whereas the overall State population is more than 4 million.

¹⁰ Holmes, R., Akinrimisi, B., Morgan, J. and Buck, R. (2011), 'Social protection in Nigeria: an overview of programmes and their effectiveness', *ODI project briefing*, 59(1).

- The Maternal and Child Health Care programme (MCH), a health fee waiver for pregnant women and children under five implemented by the Office of The Senior Special Assistant to The President on the Millennium Development Goals (OSSAP-MDGs) in collaboration with the National Health Insurance Scheme (NHIS). This programme offers free primary health care to children under five years and free primary and secondary health care for pregnant women up to six weeks after child birth.
- The Maternal and Child Health project of the Subsidy Reinvestment and Empowerment Programme (SURE-P MCH), a four-year programme that aims at increasing the supply of maternal skilled and child health workers and demand for corresponding services from vulnerable communities.
- A community-based health insurance scheme implemented in several States.¹¹

Other specific programmes are implemented at State level on an ad hoc basis. Notably, an unconditional social security allowance for people with physical disabilities was introduced in Jigawa in 2007 by the Governor of the State, aimed at covering approximately 5,000 families.

Current developments

Despite this challenging environment, the Nigerian Minister of Finance, Ngozi Okonjo Ikweala, is leading the development of a comprehensive social protection initiative that could provide Nigeria with a holistic approach to address the extreme vulnerability and poverty of Nigerian children and mothers. This initiative may provide a mechanism to strengthen coordination and collaboration across the different stakeholders (Ministries of Agriculture, Education, Finance, Health, Planning and Technology), including donors and multilateral organizations.

The Ministry of Finance has set up a task group composed of government members (including SURE P MCH) and supported by the World Bank, UNICEF and the DFID to draft a concept note on social protection. Non-government actors, including CDGP and Nigeria Infrastructure Advisory Facility (NIAF), another DFID-funded technical assistance programme working on infrastructure and labour intensive public works, have been brought in at the instigation of DFID to advise on the concept note drafting. However, there is, at present, no designated institutional home for a social protection agency or arrangements that would guarantee the sustainability – notably financial – of such an initiative. Furthermore, social protection tends to be considered by some actors as a transitory mechanism rather than a permanent programme responding to various needs throughout the life cycle.

The Federal Government's National Identity Management Commission (NIMC), in partnership with MasterCard, is currently contemplating the opportunity to provide smart cards to all Nigerians through which they would receive transfers they are entitled to, potentially from multiple programmes. This initiative would reinforce the possibility of setting up a national social protection platform using a unified database for all programmes involving cash transfers to beneficiaries.

¹¹ Holmes, R., Akinrimisi, B., Morgan and Buck, J. (2012), 'Social Protection in Nigeria', *ODI Research project*.

Objectives of the Child Grant Development Programme

DFID aims to achieve a broad range of objectives in Nigeria. Its priorities include supporting good governance, poverty alleviation, mainstreaming financial services, access to potable water, children's education and nutritional interventions targeting pregnant women and children under five.¹²

As a result of its focus on nutrition and children under five, DFID has, since April 2013, funded the Child Grant Development Programme, a five year programme targeted at pregnant women and children under two (for the first 1000 days) led and implemented by Save the Children in Zamfara State and in partnership with ACF Jigawa State. Through unconditional cash transfers coupled with nutrition education, the programme aims to protect 94,000 children from the risk of stunting and contribute to increased food security for 60,000 households (420,000 individuals).

A longer-term objective is for the programme to be adopted and scaled-up by Jigawa and Zamfara

States. It can as well pave the way for the adoption of programmes with a similar objective in States that are not involved in the programme as well as at the Federal level.

The core assumptions of the programme are the ability to break down barriers related to misunderstandings about cash transfers, the capacity to implement social protection programmes and willingness to trigger a reallocation of government budgets and the fact that reducing the prevalence of stunting and targeting young children is perceived as politically appealing. The programme will provide evidence of impact of the potential for social protection, accompanied by nutrition education, to reduce the prevalence of stunting.

Although DFID has been involved in approximately 25 social protection programmes worldwide, mostly supporting government systems, CDGP is the first social protection programme in Nigeria supported by DFID.



Food demonstration. Photo: Blessing Dagow Lass / ACF

¹² DFID Nigeria (2013), 'Operational Plan 2011-2015', Policy Paper.

Project overview and logic

Targeting

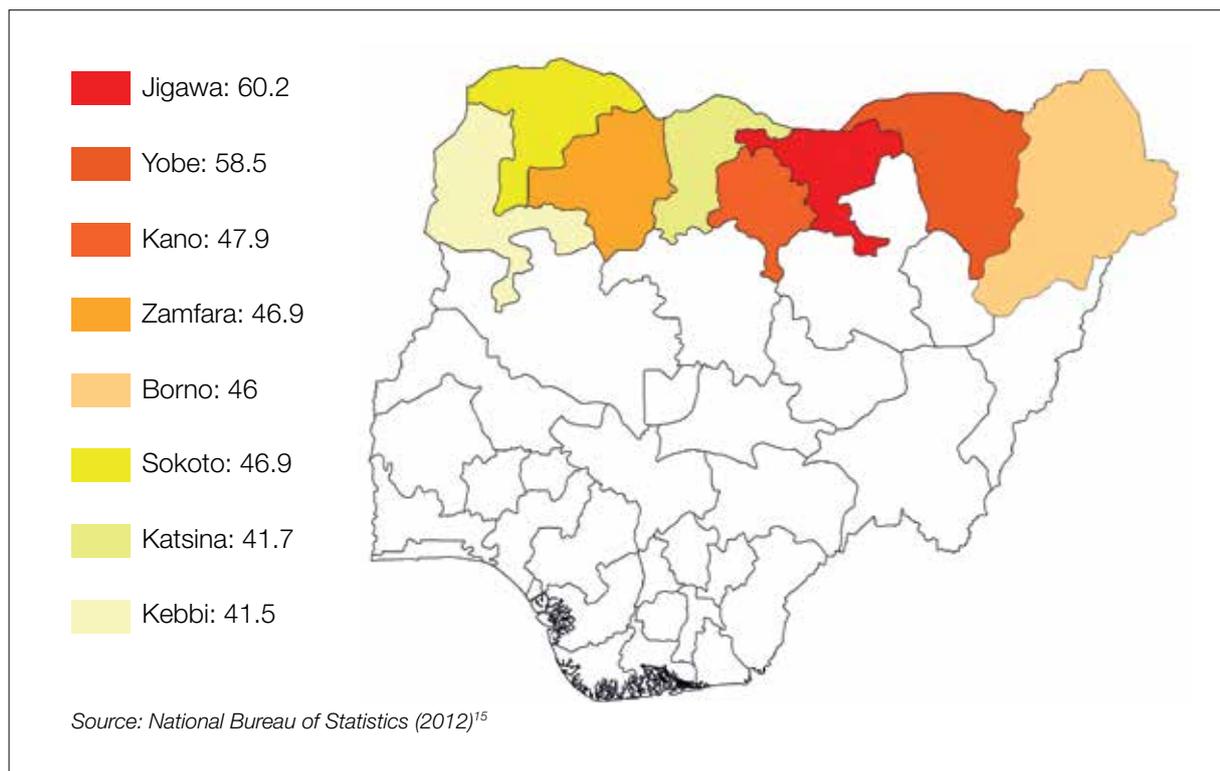
CDGP considers a mixed approach to targeting combining geographical and categorical targeting methods. The geographical component is subdivided into the selection of the States, LGAs and communities. The categorical component relates to specific entry criteria (pregnancy and residency).

In northern Nigeria, DFID is currently working in six focal states and all of these were considered for the implementation of the CDGP.¹³ Zamfara and Jigawa States were selected based on the comparatively favourable security context, the high level of food insecurity, the progressiveness of the state government, the political will with regard to the

objectives of the programme, the perceived limited risk of political interference, potential synergies with other programmes and the absence of any large scale cash transfer programme.

Given the scale of the CDGP (60,000 direct female beneficiaries over five years), the areas for implementation were narrowed down to five LGAs, which represent the second level of administrative divisions. The five areas were selected jointly by DFID, the implementing consortium, and State partners based on a list of shortlisted LGAs filtered according to predefined criteria (e.g. the absence of other major humanitarian or development programmes, security concerns and levels of malnutrition).¹⁴ Ultimately, in each LGA, around 50% of the eligible population will benefit from the programme.

Percentage of children stunted in northern Nigeria by State



¹³ DFID is currently working in Jigawa, Kaduna, Kano, Katsina, Yobe and Zamfara States as well as in several southern and middle-belt states

¹⁴ The selected LGAs are Buji, Gagarawa and Kiri Kasamma in Jigawa State and Anka and Tsafe in Zamfara State.

¹⁵ National Bureau of Statistics (2012), 'Summary Findings of Cross-Sectional Nutrition Survey - Northern Nigeria'.

During the pilot, that will allow revisiting the targeting strategy and procedure, the programme was implemented in areas selected by a randomised sampling of all traditional wards (traditional sub-division of villages in Nigeria) in targeted LGAs. This method, however, posed some challenges as it was found by traditional ward representatives to be politically sensitive as it resulted in neighbouring traditional wards being treated differently within the same village. Furthermore, unclear boundaries between traditional wards within villages tended to hinder the identification of eligible beneficiaries. To mitigate this challenge, randomised sampling of villages was agreed upon for the post-pilot implementation phase of the programme.

The randomised sampling process was explained to government officials who approved of this approach. The targeting methodology was also shared with stakeholders at State, LGA and traditional ward levels. Randomised sampling has the advantage of making selection of areas easier and impartial. The disadvantage is that explaining this concept to all stakeholders, in particular beneficiaries, is a necessary but complicated and time-consuming task that can be facilitated by using a wide range of communication materials.

Categorical targeting to pregnant women and women with children under the age of two was selected to reach the children most at risk of stunting. Poverty targeting was discarded due to high levels of poverty in the Northern states as well

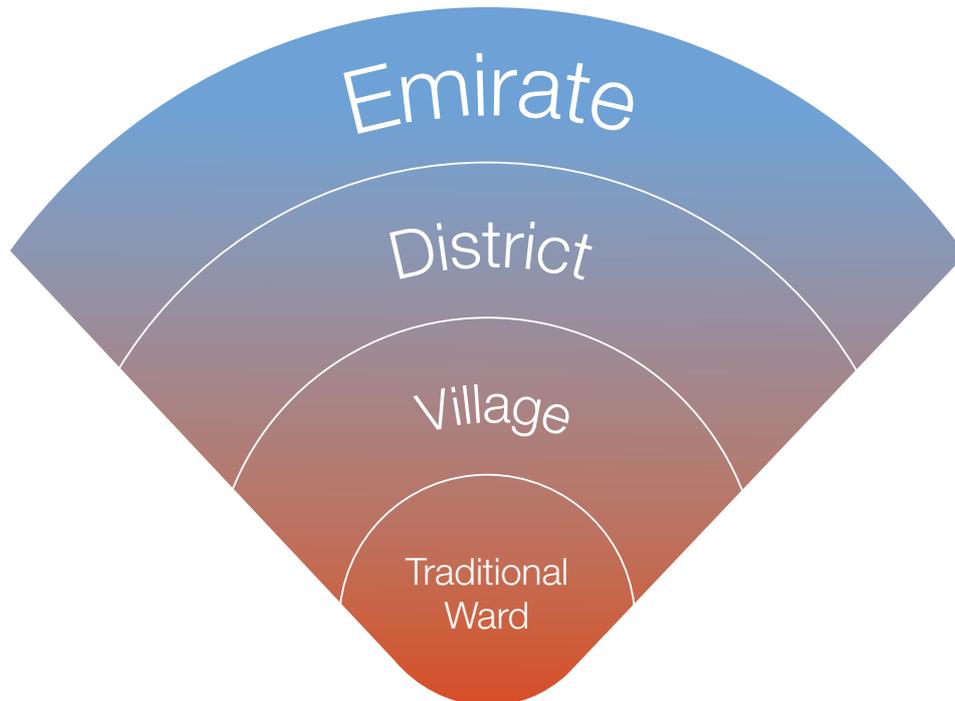
as high costs and possibility of community tensions using a poverty targeting approach. It is to be noted that more than one pregnant woman is eligible in the case of polygamous households.

Community structures are at the heart of the targeting approach to facilitate cost-effective scale-up as well as dissemination of nutritional messages. Traditional Ward Committees headed by Traditional Ward Heads are used to verify beneficiaries' residency and enrol beneficiaries, while community volunteers are tasked with engaging with community members, paying particular consideration to women's mobility constraints.

Collection of population data

As a result of categorical targeting, every single woman in a defined area becomes entitled to benefit from the cash transfer and other activities until the end of the programme (2017-18). Accurate projections must therefore be made to ensure adequacy between the overall number of pregnant women in targeted areas with the planned number of beneficiaries. Due to numerous unregistered births, the accuracy of population statistics in Northern Nigeria is low. In order to get around the problem actual population data was collected with support from community representatives.

Hierarchy of traditional community structures in Jigawa and Zamfara



As part of registration, the Traditional Ward Committee conducts community sensitisation and mobilisation. Once interest is demonstrated and residency confirmed, the next step is the verification of pregnancy. Beneficiaries can be tested for pregnancy within health facilities. In Zamfara, in order to take into account cultural norms and sensitivities, a second option was tested during the pilot. In cases where the women were not authorised by their husband, the access to health facilities was problematic or, in the absence of female health staff, if it was considered an issue, tests could be conducted at community level by trained community volunteers.

Upon confirmation of pregnancy women can enrol into the programme, which means that they are entitled to take part in all programme activities. The enrolment then leads to registration into the management information system and e-payment system. The enrolment lasts until the child reaches 2 years old.

The targeting is directly impacted by the security context as some villages will be excluded from implementation due to high levels of risk. Furthermore, as tensions are expected in the pre- and post-electoral period that will surround the February 2015 presidential elections, the enrolment

of additional villages and wards will be frozen until the situation is deemed safe. However, beneficiaries enrolled prior to the period are expected to continue receiving transfers. If transfer agents are unable to reach enrolled locations, implementing partners may consider keeping beneficiaries enrolled but delaying the payments until the situation returns back to normal.

Response

CDGP's response is a blend of targeted unconditional cash transfers supplemented by behavioural change communication focusing on nutrition and using health facilities as main instrument for enrolment. This combination builds on evidence from the Sahel showing that high levels of stunting and mortality rates of children under 5 are not merely caused by income poverty but also by sub-optimal nutritional practices – such as low rates of exclusive breastfeeding as witnessed in northern Nigeria – related to lack of knowledge/awareness and underuse of health facilities.

In Zamfara, evidence suggests that women generally only attend antenatal care if there are complications during pregnancy. In Jigawa, activities conducted jointly by the Ministry of Health and the Ministry of Women Affairs and Social Development (the Safe

Motherhood Initiative) have allegedly had a critical impact on antenatal care attendance. In both states, however, deliveries within health facilities remain at a low level, with 5% in Zamfara against 13% in Jigawa in 2012.¹⁶

The lack of available health services and female staff plays an important role in the underuse of antenatal care and obstetric services. Lack of knowledge on symptoms appearing during pregnancy has been found to be a major barrier.¹⁷ Finally, access to health facilities can be hampered by the cost of transport and by husbands' reluctance to let women attend health services, in particular when located outside the community.

The combination of cash transfers and behavioural change communication (BCC) is intended to be politically more acceptable by State governments' stakeholders than the mere implementation of unconditional cash transfers. Indeed, many actors fear that unconditional cash transfers may be used for expenditures that don't serve the programme purposes despite evidence from other programmes that food-poor households tend to invest in food items.

Unconditional cash transfer

A study conducted in 2010 by Save the Children in Katsina State, located between Jigawa and Zamfara States, confirmed that for large sections of the population income was insufficient to ensure a nutritious diet at any given time of the year, including immediately after harvest.¹⁸ The same study found that a monthly increase in food spending of \$17 - \$24 would fill the gap between poor people's current diet and the recommended diet. Based on these findings, the CDGP provides monthly cash transfers of NGN 3500 (\$21.5). Food prices will be monitored so as to adjust the value of transfers in case the current amount no longer allow households to cover their food needs.

The possibility to attach conditions – such as participation in nutritional education – to the delivery of the transfers was discarded for several reasons. Firstly, no evidence was found that conditionality would positively affect the impact on beneficiaries.

Secondly, the fact that the government is intended to adopt the programme called for cash transfer modalities that were easy to implement. It was perceived that with the existing number of health facilities and health workers, imposing conditionality would have presented some obstacles for future government uptake without substantial investment in the health sector. Finally, it was expected that participants would be willing to take part in programme activities notably as a result of BCC.

There was generally a concern among states' stakeholders that beneficiaries of unconditional support may use the transfers on items or services with no relation to the intended objectives. In addition, the direct provision of cash, particularly by government agencies, can be associated with corruption or political manoeuvring. Consequently, State government stakeholders initially had some concerns around unconditional cash transfers.

However, in the specific cases of maternal and child health, there was a consensus amongst stakeholders interviewed with regard to the fact that beneficiaries would make appropriate use of the transfers even in the absence of conditions, thus reflecting the programme's successful sensitisation. The capacity of women to act in the interests of their children and the fact that the range of their needs may go beyond purely nutritional needs (e.g. medication) were acknowledged.

It is important that beneficiaries are aware that they are enrolled in a broader programme than merely a cash-based intervention. Awareness raising, continuous BCC activities (described below) and capacity building are intended to improve the impact on nutrition through enhancing feeding practices and mitigate the risk of misuse of the cash transfers. They develop beneficiaries' motivation, knowledge and skills to use cash transfers to improve their and their young children's nutritional status. It is worth noting that males are often in control of household expenditures and as a result men are a key target of BCC. It is also assumed that the risk will be reduced by ensuring that payments are small and frequent, and through continuous monitoring.

¹⁶ Adewemimo, A. W., Msuya, S. E., Olaniyan, C. T. and Adegoke, A. (2014), 'Utilisation of skilled birth attendance in Northern Nigeria: A cross-sectional survey', *Midwifery*, 30(1), pp. e7-e13.

¹⁷ *Ibid*

¹⁸ Save the Children (2010), 'Household Economic Analysis & Cost of Diet Assessment, Katsina State'

Delivery mechanism

An essential requirement for the CDGP delivery mechanism was to allow regular, reliable and secure transfers to beneficiaries whilst keeping the cost of transfers as low as possible for all parties. Risks of corruption and theft was also considered and called for a mechanism that ensured high standards of accountability and transparency to beneficiaries and Save the Children/ACF.

An e-payment mechanism based on mobile phone transfers was favoured in light of these criteria. Beneficiaries receive a transfer on a mobile money account that they can then cash out to make purchases. Although still widely underused when compared with other countries such as Kenya, e-transfers are emerging rapidly in Nigeria. The potential flexibility of access to money and the impact on financial inclusion were decisive factors, despite the relatively low level of mobile phone penetration. In addition, the use of secure mobile phone technology reduces the risk of theft when compared to direct cash transfers.

The need to raise beneficiaries and local government staffs' awareness on the concept of mobile transfers and to explain how to use the mechanism were acknowledged, as this represents a new and innovative approach. Specific education materials and training were designed to improve beneficiaries' understanding of the delivery mechanism.

Advantages of the payment system chosen are numerous and include the following:

- Costs associated with physical cash operations are reduced, particularly in high risk areas;
- It is easily scalable and can accommodate a large number of beneficiaries;
- The possibility to provide regular payments of small amounts increases recipients' safety – particularly women;
- Transfers can be disbursed in wide geographical areas from a single point;
- Financially excluded households, who have little or no access to financial institutions, can be reached and can make use of financial services. Beneficiaries' first two withdrawals each month are free of charge (covered by CDGP). They have therefore the possibility to save, which represents a first step towards financial inclusion.

The regulatory framework in Nigeria only grants licences for mobile money services to banks, which can then operate through mobile network providers. The selection of the financial service provider was based on a set of 31 criteria. Key criteria specifically related to the programme included the technical aspects of the delivery mechanism, willingness to invest in infrastructure in Jigawa and Zamfara States and risk mitigation measures. In addition, financial



Community members attend a post-transfer feedback session. Photo: Blessing Dagow Lass / ACF

sustainability, adequate insurance cover, existing partnership with a telecommunication company and the existence of robust minimum criteria for delivery agent recruitment were assessed. Given the lack of experience of financial service providers in setting-up e-payment systems at scale in Nigeria and in particular in the northern part of the country, investments in the system were expected to be necessary. The contract was awarded to Stanbic IBTC Bank, a division of Standard Bank, a large South African financial services group.

Stanbic IBTC Bank has been contracting agents individually for the pilot phase. As the number of agents based within the communities is expected to grow significantly as the programme is rolled out, several actors recommended that the bank authorises some key agents with important financial resources to sub-contract agents in order to share the administrative management.

Behavioural change communication

BCC is a multi-level tool for promoting and sustaining risk-reducing behavioural change in individuals and communities by distributing tailored messages through a variety of communication channels. It acknowledges that improving nutrition has to be set within the context of an understanding of knowledge, attitudes and practices of feeding and caring.

This approach considers that individuals' behaviour is the result of five factors: personal beliefs, attitudes, social pressure, perception of control (capacity to influence) and intention. Behavioural change is seen as a gradual process that starts with the awareness of an issue possibly leading to a change in attitude and ultimately of behaviour.

A set of eight key practices and messages were piloted and are expected to increase beneficiaries' knowledge of nutritional and pregnancy-related issues (see box). One innovation seen is the transmission of nutritional guidance through voice messages. Beneficiaries will receive voice messages at regular interval reinforcing the IYCF key messages. Given that participants received a mobile phone after their enrolment this means of communication will be particularly affordable for the government at a later stage.

Support to community-based action-oriented groups promoting specific nutritional practices is

then intended to foster attitudinal changes. Finally, support groups and one-to-one counselling are expected to contribute to behavioural change.

Nutrition community volunteers specially trained and supervised by programme staff are tasked with supporting the delivery of these messages.

Key practices encouraged:

1. Eat one additional meal each day during pregnancy
2. Attend antenatal care at least 4 times during pregnancy
3. Place the newborn on the breast within one hour of delivery
4. Practice exclusive breastfeeding for the first 6 months after birth
5. Progressively introduce complementary food at 6 months of age (180 days)
6. Use good hygiene practices

Key activities:

1. Use of information, education and communication materials
2. Drama groups
3. Support groups
4. Radio Jingles
5. Mobile phone voice messaging
6. Friday preaching
7. Islamic teachers
8. Food demonstrations
9. Individual counselling

In order to measure the effectiveness of different intensities of BCC activities, activities will be different in different communities. All beneficiaries will be targeted by radio messaging, posters and action orientated groups, whereas in addition IYCF messages will be delivered through cell phones in some communities. In other communities, this will be further reinforced by the provision of IYCF messages in groups in the community and in homes.

Complaint response mechanism and fraud prevention

Beneficiaries and stakeholders are entitled to report complaints regarding the programme and the behaviour of programme staff and their representatives. The complaints are divided by level of severity into seven categories and can be addressed by two distinct means. Firstly, specific committees at village level (beneficiary reference groups) are trained to process, report and respond to complaints. The committees build upon existing traditional conflict resolution mechanisms, involving traditional leaders. The second complaint mechanism takes the form of a hotline, located and managed by the programme staff at LGA level. Depending on the complaint category, they can be resolved at entry point or forwarded to more senior staff. This dual mechanism is expected to allow for timely detection and efficient mitigation of fraud such as the enrolment of non-community members.

State engagement

Given the large autonomy of the states, engagement and commitment at the State level is of paramount importance and must be grounded on a thorough understanding of the political, economic and social context. A Political Economy Analysis (PEA) was therefore conducted in 2014 to capture the political drivers and constraints to social protection for nutrition in Jigawa and Zamfara States, and to inform a State engagement strategy to be developed in the second half of the year.

In Jigawa, the government is progressive with regards to social protection and strongly willing to implement such programmes; the establishment of a cash transfer programme for people with disability funded by the State illustrates this willingness. Moreover, DFID is supporting 16 programmes in Jigawa and can therefore coordinate their efforts and encourage synergies.

In Zamfara, there seems to be the political will to carry out social protection initiatives. However, state stakeholders' experience on social protection issues is limited and a tendency to work in silos was highlighted in the PEA. During advocacy visits to Jigawa and Zamfara, key agencies and people were identified as potential programme stakeholders based on their potential to support community engagement, technical capacity on nutritional issues and cash transfer programming

and the will to take an active role in the programme. The Ministry of Health, the Ministry of Women Affairs and Social Development, and the Zamfara Poverty Alleviation Programme were notably perceived as potential champions to push social protection and child nutrition on the policy agenda.

Among the key stakeholders identified, the Ministry of Local Government & Chieftaincy Affairs is responsible for supervising, monitoring and coordinating the activities of the Local Government councils in the State. In both Jigawa and Zamfara, this Ministry agreed to be the focal agency, thus responding to the need to obtain political leadership and State ownership. The selection of the hosting Ministry was based on four criteria:

- The capacity to facilitate government support in the development of Social Protection Policy;
- The capacity to support the sustainability and take over the programme;
- The provision of personnel and funds to support programme implementation;
- The technical and political capacity for institutionalization of the programme.

The programme implementation and monitoring partnership between both State governments and the lead implementing agency was formalised through memorandums of understanding (MoU) clarifying roles and responsibilities. It is to be noted that, in light of the major role played by Governors and their power to shape the State apparatus and policies, the upcoming elections represent a major threat to the project particularly in Jigawa, where the Governor has already done the limited terms authorised.

Future roles and responsibilities

The programme buy-in is very high among all key actors in both States. However, key stakeholders have yet to develop a clear vision of their future role within the programme. Indeed, if the programme is to be adopted and scaled-up after 2018, clear strategies and activities will need to be drafted for all agencies involved. As pointed out in CDGP's latest annual review, *'an essential element of capacity building at State level [...] should include establishing a separate social protection secretariat at state level to coordinate all social protection programmes and approve implementation strategies [...]'*. Needs, in

terms of human resources and infrastructure, would also have to be identified and communicated in the early stages of implementation.

The allocation of State resources will be a major challenge. A sum of £10-11 million will be dedicated to programme scale-up when State governments are considered ready to adopt the programme. Proxies to assess the level of readiness will include the following:

- Existing policy on social protection or a dedicated section in the State Development Plan, including an identified hosting agency;
- Dedicated budget lines;
- Buy-in from the Governor demonstrated through attendance at meetings;
- MoU with the Governor (In case of matched funding from DFID and the States);
- Evidence of staff capacity to run the programme according to high accountability standards.

The management of beneficiaries' data, especially with regards to privacy of information and ethics, will need careful consideration when handing over the programme to the government. Informed consent from the beneficiaries will need to be obtained, and they will need to have a clear understanding of the implications.

The final design of the MIS will need to take these aspects into consideration, and the NPC will need to be involved at this stage. Linking CDGP's MIS with other programmes' MIS would also be needed to integrate CDGP into a social protection system. In addition, if the Federal Government, either through the NPC or NIMC, decides to develop a unified database for all social protection, it would be important to adapt the MIS accordingly.

Jigawa State's Ministry of Health: towards a common goal

The main priority of Jigawa State's Ministry of Health is the improvement of primary health care. Their key indicators for this are the reduction of maternal, infant and child mortality and for women to be able to deliver babies with support from a skilled labour attendant. In pursuing these objectives, the Ministry of Health conducts the following activities:

- Promotion of antenatal services: awareness-raising conducted by a network of community health workers on the understanding of symptoms during pregnancy and cases requiring antenatal care;
- Promotion of breast-feeding: awareness-raising on the contribution of breastfeeding to immunisation.

Based on a recent study which identified barriers to women's use of antenatal services in Jigawa, female community health extension workers were recruited with support from the Federal Government. Besides this, specific communication and counselling activities were conducted which aimed at improving community health workers' interaction with patients.

Participatory structures

State governments, LGAs and traditional leaders are involved in programme management through a three-tier committee system. State Steering Committees are intended to gradually take over the provision of programme oversight and strategic guidance. More specifically, they ensure consistency with State Development Plans, inform State partners of implementation progress and monitor and address risks that may affect implementation. Chaired by the head of the hosting Ministry, the State Steering Committees include the heads of the Ministries identified as key partners, high officials from all other relevant Ministries and Directorates as well as representatives from DFID and SCI. At the time of writing, members highlighted that some barriers, notably regarding the use of mobile money, had been overcome as the programme design was shared with them.



A participant withdraws her monthly transfer. Photo: Blessing Dagow Lass / ACF

Technical working groups in each LGA have a similar role at LGA level and report to the State Steering Committee. Chaired by the LGA chairman, these technical working groups feature representatives from all relevant agencies, traditional and religious leaders, district heads and the CDGP LGA supervisor.

At community level, Traditional Ward Development Committees play a major role in implementation. Their responsibilities involve the provision of guidance on community entry and mobilisation, the management of community volunteers, support to BCC activities and response to certain types of complaints.

Secondments

Local governments support the programme by providing staff for secondment in each LGA. Secondments are intended to help build capacity within local governments and to contribute to programme sustainability. This approach was new

to ACF in Nigeria, whereas Save the Children has used it previously.

The secondees are not formally members of any implementing partner organisation and have a status similar to that of a service provider. Training plans are tailored to their profiles in order to accommodate specific needs such as IT skills. Although their salary is paid by the local government, a top-up is provided by the programme.

During the pilot, 20 secondees were recruited as LGA assistants. Their participation and the provision of additional secondees by local governments will play a major role in the implementers' capacity to roll-out the programme successfully and in a timely manner.

In order to avoid involvement partisan politics at the time of the election, secondees have to commit to ACF/SC's code of conduct to ensure they remain independent from any political organisation as well as to abide by implementers' humanitarian principles.

Current stage of implementation – June 2014

The pilot started in April 2014, after a 9 month inception phase. Sensitisation on the purpose and approach of the programme was conducted in targeted communities and 66 community volunteers were recruited to mobilise community members. The mobilisation led to more than 600 women attending community verification, upon which they were tested for pregnancy.

The tests were conducted exclusively within health facilities in Jigawa, and partly within health facilities and at home in Zamfara. The enrolment in the programme was followed by the registration of beneficiaries into the e-payment system and the delivery of mobile phones.

A total of 500 beneficiaries in 15 traditional wards (9 in Jigawa and 6 in Zamfara) have received three monthly cash transfers (in April, May, June 2014) through agents. Given the low levels of literacy, the beneficiaries received text and voice messages to inform them when a transfer has taken place. Symbols are also used to show how to call the hot line for potential complaints.

Ultimately, beneficiaries are intended to be able to cash-out at their convenience; however, during the pilot this was not possible and a single cash-out session was organised in each community after each payment. This was mainly due to the fact that, given the limited number of beneficiaries scattered across wide areas targeted during the pilot phase, Stanbic IBTC Bank had not yet recruited an appropriate number of community-based agents. During the roll-out, large number of community-based agents will be recruited to allow beneficiaries withdrawing cash at their convenience.

Enrolment to roll out the programme is ongoing and will be followed by registration into the e-payment system in the coming months according to a detailed roll out plan.

Different BCC activities have been organised, such as monthly workshops to mainstream nutritional messages into sermons, Friday prayers, food demonstrations (beneficiaries are given the task to buy ingredients for the 3500 NGN that they receive, and present recipes), and skits/plays.



Photo: Vincent Trousseau / CaLP

Evidence building and advocacy

Although evidence on the impact of social protection, cash transfers and nutrition activities exists in other contexts, examples from Nigeria are lacking. In particular, there has been no concrete evaluation of any social protection programme in the country and studies on cash transfers in conjunction with nutritional activities are scarce.

The research component is therefore a core element of the CDGP, with approximately £2.9 million allocated to an independent evaluation conducted by E-Pact, a consortium led by Oxford Policy Management. This evaluation of impact will inform the decision to scale-up the programme by state governments, the Federal government, DFID and other donors. This responds to the need for evidence of impact and cost-effectiveness expressed by stakeholders at Federal and State levels. Indeed, all stakeholders acknowledged that the adoption of the programme and the development of specific policies would be dependent upon the existence of strong evidence of success, in particular as this is the first attempt at providing unconditional cash transfers (with the additional complexity of e-payment mechanisms). The conclusions of the research will also be widely used by DFID to inform stakeholders at the Federal and State levels.

The objective of the research is to assess the impact of cash transfers in conjunction with different levels of intensity of BCC. More specifically, the research questions are:

- What is the added benefit of using cell phones to deliver IYCF messages when it is delivered in addition to radio messaging, posters and action orientated groups?
- What is the added benefit of using IYCF messages in groups in the community and in homes when it is delivered in addition to cell phone messages, radio messaging, posters and action orientated groups?

A randomised controlled cluster trial will divide target communities into two treatment groups and a control group. The first treatment group will receive cash transfers and BCC as part of a group. The second treatment group will receive, in addition, individual counselling for infant and young child feeding (IYCF). The control group will be enrolled during the last two years of the programme and will

receive the full intervention package. Some 6,000 households will be part of the sample, which means that an extended network of community volunteers will be involved in data collection.

The rigour of the assessment and the large sample size are intended to give a high level of credibility to the research. E-Pact will produce six presentations based on their research that will be used for advocacy purposes.

Multi-level advocacy

Advocacy is conducted simultaneously at federal and state levels. Therefore, supporting the development of clear national and state-level social protection policy is expected to encourage the adoption of the programme in Jigawa and Zamfara States.

Although DFID's influence in Nigeria is relatively limited in a country with large financial resources, it is involved in the national debate on social protection. At state level, the implementing consortium has the lead on most advocacy activities. DFID can, however, play a role as facilitator and conduct advocacy directed towards Governors and Deputy-Governors, whose buy-in is critical given their control over public finances and policies. Supporting a programme on the ground confers greater credibility to the donor in their relationship with State actors.

At State level, an advocacy strategy informed by a thorough Political and Economical Analysis (PEA), completed in June 2014, will be developed shortly. It will focus on obtaining buy-in from State stakeholders as well as from traditional and religious leaders. However, many activities aimed at informing and mobilising State, LGA, and community stakeholders had already been conducted from the early stages of the programme.

In addition, the CDGP will benefit from the support of other actors, notably members of the State Steering Committees. The case of the State Partnership for Accountability, Responsiveness and Capability (SPARC) programme, a DFID-funded initiative in favour of good governance, illustrates the potential of well established actors to assist in policy development. With almost 15 years experience in Jigawa, the programme will be instrumental in finding efficient ways to influence the policy process in the State.

Security

Insecurity has increasingly affected northern Nigeria. This has obvious consequences for the programme which are acknowledged by donors and implementing agencies alike.

For an extended period of time (from February 2013 to February 2014), expatriates have been prevented from reaching Jigawa in application of ACF security policy. This means that the programme has relied to a great extent on local staff.

The enrolment of beneficiaries in new communities will moreover be frozen from January to March 2015, before and after the general elections, as part of an election strategy, which is to be finalised. However, enrolment in the communities already targeted will continue.

In terms of accessibility, local knowledge is used as much as possible to monitor the security

situation and to share information about access, in particular in Zamfara, where some areas are hard to access for security reasons.

The impact on the safety of both beneficiaries and agents was considered during the selection of the delivery mechanism. Although the protection of agents is formally the responsibility of the FSP, a security incident would damage the image of the programme and possibly of cash transfers. FSP are therefore encouraged to make use of an extensive network of agents so that they carry only limited amounts of money.

In addition, in order for agents to keep delivering services during times of relative insecurity, a high level of preparedness is recommended. This requires additional training and induces additional costs. Yet, the CDGP team acknowledges that there may be times when insecurity is too high for agents to deliver money.



Members of a support group for men attend an awareness raising session. Photo: Blessing Dagow Lass / ACF

Lessons learned

Selection of the financial service provider

- ▶ The duration and complexity of the negotiation process with a financial service provider to implement a delivery mechanism that is new in a specific context must be considered when planning the duration of the inception phase. Given the scale of the programme and insecurity challenges, lengthy negotiations with the service provider were required during the inception phase. The full selection process (from the invitation to tender to the final agreement) took 8 months. The extent to which the value of a contract creates an incentive for financial service providers to adapt their offer according to the specific needs of the programme should not be overestimated.
- ▶ The financial service provider's network of agents, the capacity to expand and the local anchoring of agents are crucial to ensure a high quality of services to beneficiaries.

Inception phase

- ▶ A robust inception phase is instrumental in giving implementing partners flexibility for mobilisation as well as political entry. At the end of the pilot, the involvement of the hosting Ministry resulted in the provision of staff and facilities by local governments that were targeted. The provision of secondees is expected to play an important role in programme sustainability and to help scale-up without hiring additional programme staff. Although secondees have been recruited as field assistants only, recruitment of higher level positions should be explored.

Roles and responsibilities

- ▶ Thorough discussions after initial sensitisation and agreements on the expected role of all state government stakeholders throughout the project and afterwards would aid the process of institutionalisation. Additionally, the definition of indicators and the monitoring of progress towards State governments' adoption can support the identification of opportunities and areas where extended support may be required.
- ▶ The alignment of programme objectives on the priorities of state governments is crucial to obtain the necessary buy-in from state government stakeholders. The buy-in from state actors was reinforced due to the fact that improving maternal and child health being a priority of both state

governments and of the CDGP. Thereafter, the establishment of participatory structures at state and local government levels allows providing information and receiving regular feedback. They will moreover be important for transitioning the program later, and ensuring communication to prepare for and execute that transition).

Achievement of desired secondary results

- ▶ Achieving desired secondary results requires close coordination/collaboration with stakeholders that aren't necessarily directly involved in the project. The CDGP relies to a certain extent on the provision of health services to verify the eligibility of beneficiaries. Currently, there are deficiencies in terms of coverage of health services in both Jigawa and Zamfara States which undermine the concretisation of key behavioural changes, in particular for remote communities (e.g. use of antenatal care services).

Coordination with key actors that provide health services could potentially help mitigate this risk. Although it is not a direct objective of the programme, CDGP may indirectly trigger an overall increase of pregnant women delivering within health facilities. If that is the case, forecasts need to be communicated in a timely fashion to the Ministry of Health so as to be integrated into operational plans.

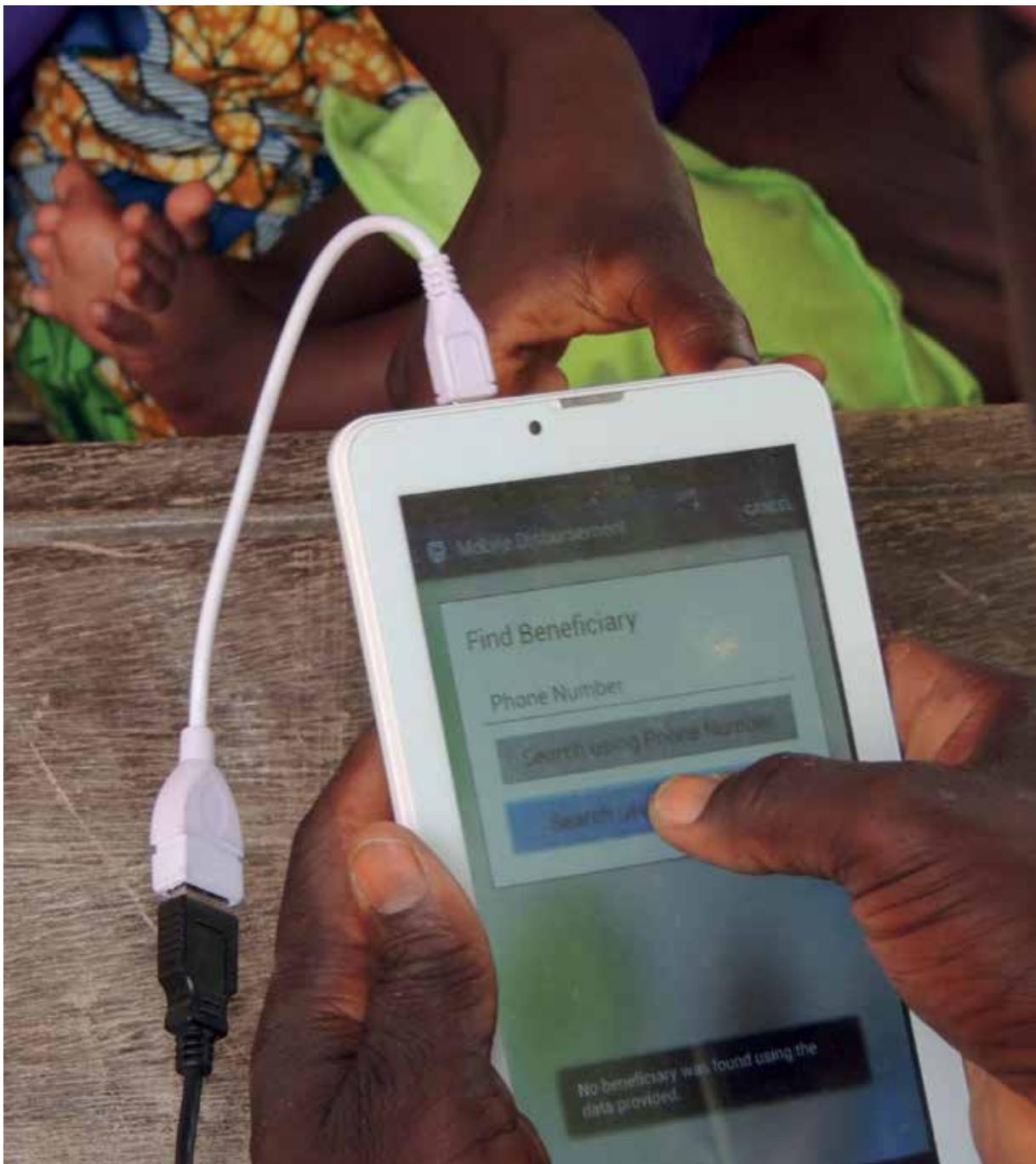
Planning for financial sustainability

- ▶ Some programmes implemented in Jigawa have been providing support that exceed sustainable levels of government input/capacity. The magnitude of the support created an appetite from the government to implement such programmes, but they do not have the financial capacity to do so. Consequently, sustainability cannot be ensured without external support. The scale of the programme should therefore not exceed the government's financial capacity to sustain it.
- ▶ Funding sources outside standard government structures and donors/NGOs may be considered in the early stages of programme implementation. The CDGP has a great resonance within Islamic structures. Opportunities to collaborate further with Islamic organisations could be assessed. Furthermore, funding of the CDGP by state governments will represent a major challenge. Contributions from religious structures such as the Zakat Fund, that targets the poor, including widows and orphans, and is chaired by the Emirs, may be explored.

► The capacity of the state and the broader context must be factored in when selecting the targeting approach and the delivery mechanism. Targeting based on regular poverty measurement was discarded as it was perceived requesting high capacity and large resources. Similarly, conditionality was discarded as the delivery of specific services would have placed a high burden on the state.

Evidence building

► The CDGP approach is driven by the independent evaluation of impact. The potential to generate knowledge following this rigorous methodology is very high. However, there are consequences for the flexibility of implementation, which must follow the requirements of the research carefully (e.g. pace of roll-out, control group contamination). Potential synergies with other programmes are also limited as the research framework focuses on beneficiaries not involved in any other programme.



An agent identifies a beneficiary on the mobile disbursement system. Photo: Vincent Trousseau / CaLP

Perspectives

Although implementation only started recently, there are encouraging signs of the capacity and willingness of both States to ultimately adopt the programme. The objectives of the CDGP are in line with current priorities, particularly in Jigawa where the government has been implementing an unconditional cash transfer programme for people with disabilities without external support. Moreover, initiatives aimed at reducing mortality in children under-five by supporting pregnant women in various ways, have been initiated successfully.

According to both internal and external stakeholders, state governments have the operational capacity at field level to run the programme, although maybe not of the same magnitude as the CDGP. Expertise notably in terms of targeting, monitoring and evaluation will need to be built throughout the programme. Clear roles and responsibilities will have to be further defined and policies will need to institutionalise the programme. Sustainable funding will also need to be explored. Partnerships with faith based organisations or integrate the programme within an existing social protection programme (e.g. SURE-P MCH) represent interesting avenues for sustainability.

The programme adopted relatively simple and affordable solutions with a view to facilitate hand-over to state partners. By building strong evidence of impact and by demonstrating it on a relatively large scale, CDGP intends to gather a broad level of support.

The capacity to retain or rebuild commitment after the upcoming Federal and State elections will be critical to success. Retaining community volunteers to ensure the continuity of the programme, and that necessary outreach work carries on will be key to sustainability.

State stakeholders demonstrated a great support to cash transfer programming and an acceptance of non-conditional transfers for a specific target group. Evidence of impact of unconditional cash transfers coupled with nutrition education from the independent evaluation will be instrumental in informing decision-making at State and Federal level on the opportunity to scale-up and replicate such programme.

Recommended Further Reading

- Adeso (2013a), A Practical Guide to Cash Based Responses: Sector Based Guidelines
- CaLP (2011), Making the Case For Cash: A field guide to advocacy for cash transfer programming www.cashlearning.org/making-the-case-for-cash
- CaLP (2012), New technologies in cash transfer programming and humanitarian assistance www.cashlearning.org/new-technologies
- CaLP (2014), Factors Affecting the Cost-efficiency of Electronic Transfers in Humanitarian Programmes www.cashlearning.org/cost-efficiency
- CaLP (2014), Protecting beneficiary privacy: Principles and operational standards for the secure use of personal data in cash and e-transfer programmes www.cashlearning.org/protecting-beneficiary-privacy
- CaLP (2014), E-transfers in emergencies: implementation support guidelines www.cashlearning.org/e-transfers-in-emergencies
- DFID (2011), Cash Transfers Evidence Paper. Policy Division, DFID, London, UK.
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- Doctor, H.V., Bairagi, R., Findley, S.E., Helleringer, S., Dahiru, T. (2011), 'Northern Nigeria Maternal, Newborn and Child Health Programme: selected analyses from population-based baseline survey', Open Demography Journal, 4(1), pp.11–21.
- Holmes, R., Akinrimisi, B., Morgan and Buck, J. (2012), 'Social Protection in Nigeria', ODI Research project.

Opposite: Fatsima Ibrahim, programme participant: "With the money that i received, I can buy some food items that the poor can normally not afford, such as meat and eggs." Photo: Vincent Trouseau / CaLP







The Cash Learning Partnership (CaLP) aims to promote appropriate, timely and quality cash and voucher programming as a tool in humanitarian response and preparedness.

Originating from the will to gather the lessons learnt from the Tsunami emergency response in 2005, the CaLP is today composed by Oxfam GB, the British Red Cross, Save the Children, the Norwegian Refugee Council and Action Against Hunger / ACF International. The five steering committee organisations have come together to support capacity building, research and information-sharing on cash transfer programming as an effective tool to support populations affected by disasters in a way that maintains dignity and choice for beneficiaries while stimulating local economies and markets.

For more information visit: www.cashlearning.org

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This case study was authored by Vincent Trousseau, who is communications and information officer for The Cash Learning Partnership.

Front cover: A participant withdraws her monthly transfer. Photo: Vincent Trousseau / CaLP

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