Management Response & Recommendations Action Plan

Evaluation Report Title: Nigeria Child Development Grant Programme Eva Quantitative Midline Report Volume I: Midline findings

Response to Evaluation Report (overarching narrative)

The Child Development Grant Programme (CDGP) is a six-year, DFID-funded programme (2013–2019) that is being implemented in Zamfara and Jigawa states in northern Nigeria. The programme aims to test an approach to reducing the widespread poverty, hunger and malnutrition in these states, that affects the potential for children to survive and develop. The programme involves two components whose impact is being jointly tested: an unconditional cash transfer provided to pregnant women and women with children under two years (aimed at tackling the economic causes of inadequate dietary intake); and a counselling and behaviour change campaign (BCC) (aimed at influencing maternal and childcare practices). The programme is implemented by Save the Children and Action Against Hunger in five local government areas (LGAs) across the two states: Anka and Tsafe in Zamfara State, and Buji, Gagarawa and Kiri Kasama in Jigawa State.

The unconditional cash transfer component of the programme involves the provision of a monthly cash transfer to up to 90,000 pregnant women and women with children under the age of two years (selected during pregnancy) for a period of approximately 33 months, targeting the first 1,000 days of a child's life. The amount of the cash transfer was initially Nigerian Naira (NGN) 3,500 per month, and was increased to NGN 4,000 from January 2017. This predictable cash transfer is expected to contribute to increased food security and improved intake of more nutritious food, leading to improvement in child nutrition. The counselling and BCC component of the programme provides communities with education and advice about nutrition and health. This BCC is intended to influence key areas of knowledge and practice, including breastfeeding and infant diets, and addresses both the women who are the direct beneficiaries of the cash transfer as well as men and influential members of the community.

The focus of the evaluation is to provide an understanding of the impact of the programme's components on the households and communities it supports. It does this by using a mix of different methods and interlinked workstreams to gather evidence about the programme's impact: an initial situation analysis, to provide contextual understanding for the programme; a quantitative impact evaluation and a qualitative impact evaluation, to understand the impact of the CDGP on key outcomes; and a process evaluation, to assess the effectiveness of the programme's implementation.

This report presents the findings from the midline survey carried out as part of the quantitative impact evaluation of the CDGP in northern Nigeria, which is one part of the overall evaluation. The findings reported here come from information collected via the household and community survey between October and December 2016. The objective of the report is to present results regarding the impact of the CDGP, two years on from the baseline. This will help dentify the short run impacts, optimise spacing between each round of evaluation, and better inform adjustments to improve the potential impact of the programme. It provides information on how the CDGP was rolled out in practice; on how it has affected how households earn a living and obtain food; on how it has affected their knowledge of health practices regarding when a woman is pregnant or taking care of infants; on how it has affected their views regarding fertility, marriage and the use of health facilities; and, finally, on how it has affected the physical and mental development of their children.

This report benefited from external peer review inputs by the CDGP evaluation review group that includes DFID staff, programme staff and independent evaluation experts. The report was also reviewed by DFID's external Evaluation Quality Assurance and Learning Services (EQUALS).

There are a number of limitations with the methodology that need to be kept in mind when interpreting the results reported here (see the report for a fuller description of these):

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- 1. The inability to estimate the additional impact of the high-intensity form of BCC, due to the fact that implementation of the high- and low-intensity forms of BCC is found to have been very similar on the ground.
- 2. The impact estimates of the CDGP presented in this report are likely to represent an underestimation of the true impact of the CDGP.
- 3. The report evaluates an 'early' version of the programme. The programme has made some significant improvements to its implementation since it first began, but the findings are not able to capture this.
- 4. The sample is not representative of the population in the CDGP areas.
- 5. There is a risk of self-reporting bias for some outcomes, which survey respondents may have an incentive to overstate or otherwise misreport.
- 6. The time horizon for the evaluation is short, and may not be able to capture impacts on outcomes that take longer to change (such as children's nutritional status).
- 7. The sample size was significantly reduced compared to baseline due to attrition of 12% of the households surveyed at baseline. This attribution was mostly caused by security issues that prevented the survey teams from visiting 18 of the evaluation communities. This might have reduced the statistical power of our analysis to detect effects.

This high quality evaluation provides further evidence in support of nutrition focussed cash transfers in Nigeria and help further refine the CDGP. The evaluation provides also valuable evidence to inform policy and Government social protection interventions at the federal and state levels. These findings will be tailored and presented and discussed in multiple platforms to reach a wide range of stakeholders in Nigeria.

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Recommendations	Accepted or Rejected	If "Accepted", Action plan for Implementation or if "Rejected", Reason for Rejection
Review enrolment procedure so payments can begin earlier in pregnancy.	Accepted	Enrolment procedures are under constant review in the programme.
2. Continue providing BCC through multiple channels because males and females access messages from different sources.	Accepted	This is ongoing.
3. Review continuous enrolment procedures as not all women in CDGP communities who become pregnant are being enrolled in the programme.	Accepted	Enrolment procedures are under constant review in the programme.
4. There may be a need to review the design of the CDGP to ensure that there is no long-term effect on the total number of pregnancies per woman.	Accepted	This is under review.