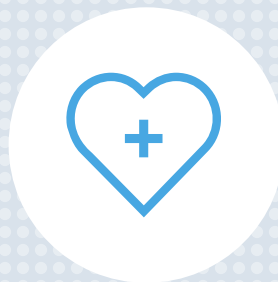
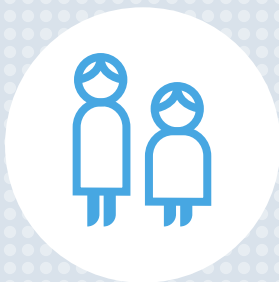


# The Midline Evaluation of the CDGP Programme

January 2018

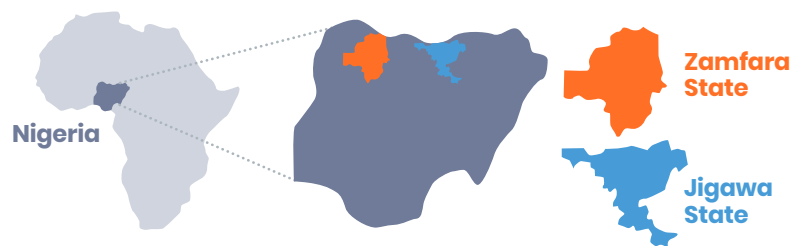


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This infographic presents the summary findings of the midline evaluation of the Child Development Grant Programme (CDGP). The Evaluation is conducted by the e-Pact consortium and led by Oxford Policy Management and investigates how the programme has impacted maternal and child care practices, health status, food security and nutrition status of children and mothers.

# The CDGP Programme: The intervention and its objectives

The Child Development Grant Programme (CDGP) is a six-year pilot programme being implemented in Zamfara and Jigawa states in Northern Nigeria. It aims to address widespread poverty, hunger and malnutrition, which affect the potential for children to survive and develop.



## Cash plus behavior change communication (BCC) campaign from pregnancy till 1000 days of child



**3500NGN\***  
Paid monthly to mothers

16% of average monthly household consumption

*\*The transfer increased to 4000NGN in January 2017*

+



**Behavior change communication (BCC):**

Nutrition advice, counselling and mentoring to support the feeding and nutrition practices of pregnant women, infants and young children.

← BCC →

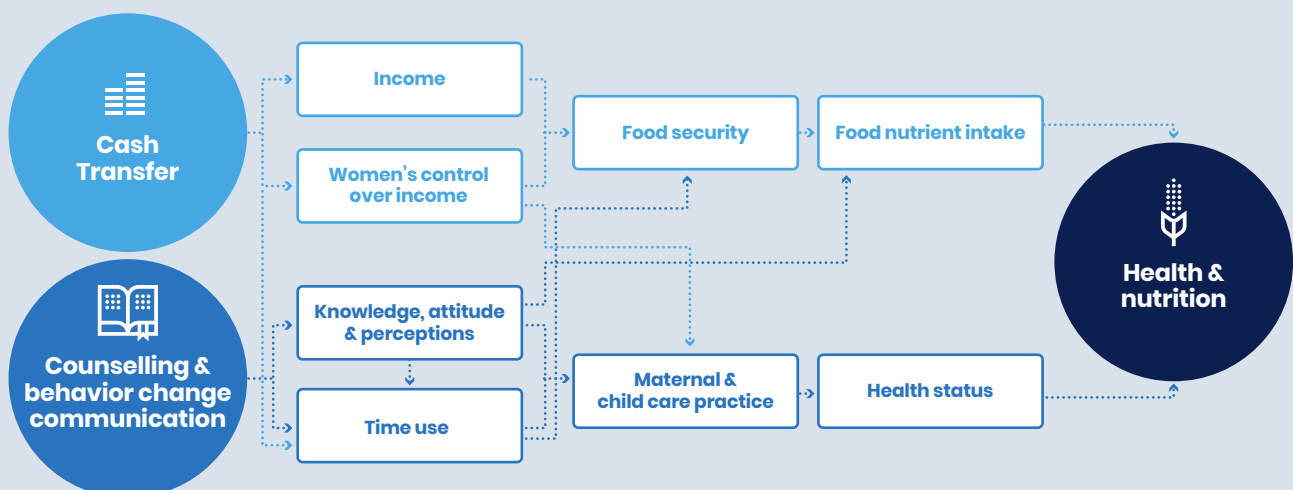


Pregnancy



← First 1000 days of life of the child →

## The CDGP Theory of Change



# How was it implemented?



Key



impact achieved as intended



partially achieved



not achieved

## Cash transfer



### Targeting

Did the cash reach the intended audience?



**84%**

of pregnant women in CDGP areas received the transfer

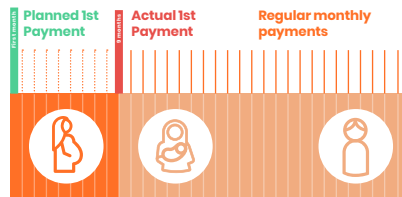


**7%**

of pregnant women in non-CDGP areas received the transfers

### Timing & Frequency

Was the cash given when intended?



←----- 1000 days of life ----->

The majority of women received their first payment around the time of delivery.

Once started, the payments have been regular.

### Amount

Was the amount given as intended?



**99.7%**

of respondents reported to have usually received

**3500NGN**

(the expected amount)

## Behavior change communication



### Exposure

Did the BCC reach the intended audience?



**90%**

of women



**83%**

of husbands

Recall being exposed to at least one BCC channel

### Level of BCC intensity



In high intensity BCC areas, small group meetings and 1to1 counseling did not happen to the degree expected.



**69%**

High intensity



**51%**

Low intensity

of women were exposed to small group meetings

Little differences in how the low-and high-intensity BCC versions of the CDGP operated in practice.



**16%**

High intensity



**14%**

Low intensity

of women were exposed to 1 to 1 counselling

# What was its impact?



**The most frequent channel reported for information dissemination to women is posters and food demonstrations. For their husbands, the most frequent are the radio and posters. Women were far more likely to attend health talks or food demonstrations than their husbands.**

## What were the messages people recalled most frequently?

In terms of women's recall of specific messages received from the BCC component of the CDGP, the most frequently recalled messages related to exclusive breastfeeding and eating nutritious foods were prominent across all channels.



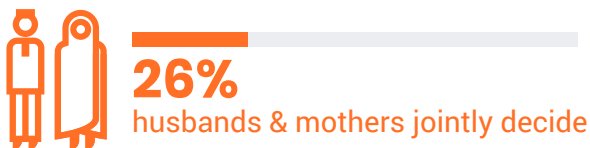
Key		
	impact achieved as intended	
		not achieved
Income, consumption & livelihood	Health practice & behavior	Health & nutrition
Women's control on income	Maternal & child care	Vaccination
Food security	Knowledge & attitude	Frequency of illnesses
Livelihood	Practice & behavior	Child nutrition & health
Consumption Expenditure	Dietary diversity	Maternal nutrition & health

# Income, consumption & livelihood



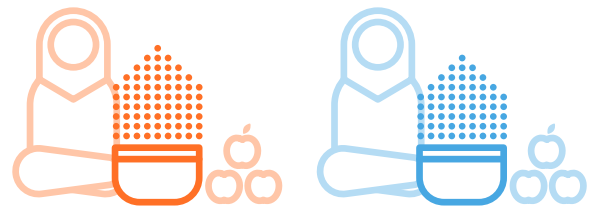
## Women's control on income

When we asked husbands who decides how to spend the cash transfer



They spend it on food for the household and for children in particular.

## Livelihood



**83%**  
CDGP

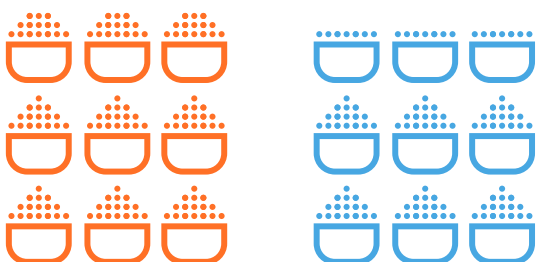
**77%**  
Non CDGP

of women engage in a work activity.

## Food security

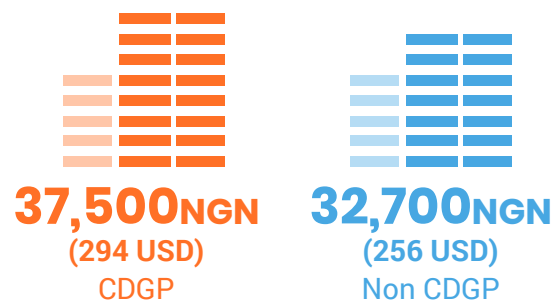
**94%** **91%**  
CDGP Non CDGP

of households experience little or no hunger.



## Consumption Expenditure

The CDGP leads to an increase in monthly household expenditure that is greater than the size of the CDGP transfer itself.



Monthly household consumption

# Health practice & behaviour



## Maternal & childcare



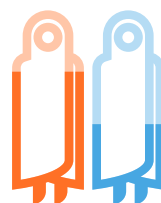
**36%**  
CDGP



**20%**  
Non CDGP

of pregnant women report having used antenatal care (ANC) services. However, beyond the ANC services, we see no impact on general uptake of health care services.

## Knowledge & attitude



**69%** CDGP **42%** Non CDGP

Women think it is best to start breastfeeding immediately or within 30 minutes of birth.



**41%** CDGP **29%** Non CDGP

Men say the best place to give birth is at a health facility.

## Practice & Behavior



**70%**  
CDGP



**28%**  
Non CDGP

of women report children under 6 months as being exclusively breastfed.

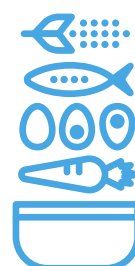
## Dietary Diversity



A higher proportion of children aged between 6-23 months receive the recommended number of food groups.



**51%**  
CDGP



**39%**  
Non CDGP

# Health & nutrition



## Vaccination



Significant increases in the utilisation of the following vaccines: BCG, polio, measles, hepatitis B and yellow fever.

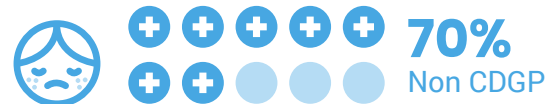
Children with measles vaccination



CDGP

Non CDGP

## Frequency of illnesses



of children experienced injuries and illnesses (in the past 30 days).

Illnesses are less frequent among children in CDGP areas.

## Child nutrition & health



At any given age, children born after the start of the CDGP are taller in CDGP communities than in non-CDGP communities, but they are relatively thinner.

For children who were born before the start of the CDGP (i.e. those aged between zero and five years at baseline), we don't see any impacts.

## Maternal nutrition & health



The CDGP has had little to zero impact on the nutritional status of women as measured by various anthropometric measures (height, weight, Body Mass Index (BMI)).

# Evaluation of the CDGP Programme: **What have we learned and how can this inform policy?**

The results support the argument that the child's first 1,000 days of life from conception to age two offer a critical windows of opportunity for meaningful investments in child wellbeing.

The programme has had many notable and positive impacts. However child malnutrition remains very high. This highlights the need for many supporting interventions to address it. The CDGP would require a number of modifications if scaled up, including a more modest approach to BCC.

The Child Development Programme is implemented by Save the Children and Action Against Hunger. The evaluation is conducted by the e-Pact consortium (Oxford Policy Management, Itad and Institute for Fiscal Studies) and funded by UK aid.

For further information visit - [www.opml.co.uk](http://www.opml.co.uk) or contact

Andrew Kardan - [Andrew.kardan@opml.co.uk](mailto:Andrew.kardan@opml.co.uk)

Graphics were designed by Data Design - [hello@datadesignstudios.com](mailto:hello@datadesignstudios.com) and the report was designed by Phil Appleton - [phil@phildoesdesign.com](mailto:phil@phildoesdesign.com) with support from Marta Moratti - [marta.moratti@opml.co.uk](mailto:marta.moratti@opml.co.uk) and Kate Isle - [kate.isle@opml.co.uk](mailto:kate.isle@opml.co.uk)

If you would like to access more resources on the CDGP evaluation, please see:

The Child Development Grant Programme midline summary report

The Child Development Grant Programme: Qualitative midline report

The Child Development Grant Programme: Quantitative midline report

