

Child Development Grant Programme Evaluation

Final Process Evaluation Report: Round 2

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e-Pact is a consortium led by Oxford Policy Management and co-managed with Itad

In association with:



Acknowledgements

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Executive summary

Introduction

The Child Development Grant Programme (CDGP) is a six-year programme (2013–2019) implemented in Zamfara and Jigawa states in northern Nigeria. The programme aims to address widespread poverty, hunger, and malnutrition through a combination of unconditional cash transfers (UCTs) and a nutrition-related Social and Behaviour Change Communication (SBCC) component. CDGP is implemented by Save the Children International (SCI) in partnership with Action Against Hunger (AAH).

An independent evaluation of CDGP is being carried out by e-Pact, a consortium led by Oxford Policy Management (OPM). The objectives of the evaluation are to help understand the impact of this programme, and the reasons how and why it has achieved the results it has. The evaluation draws on a range of methods and sources of data, including a quantitative household survey, qualitative research, and a process evaluation (PE).

This report presents the findings of the second and final round of the PE. The objectives of this round of the PE are to examine the programme's operational mechanisms, the key challenges it has faced, and how and why its processes have been adapted since the start of implementation.

Approach and methodology

The PE draws on a number of methods and tools. These are a document review of the programme's key design documents, analysis of its monitoring data, and key informant interviews (KIIs) and focus group discussions (FGDs) with programme staff, volunteers, and other stakeholders connected to implementation.

Our approach is centred on understanding the following high-level questions:

- How each of the core programme processes are implemented in practice;
- How and why the programme has adapted its design since the start of implementation; and
- The results of the adaptations that have been introduced and the challenges that remain.

This work is designed to build on and extend on the work of the first process evaluation (PE1) report. As such we do not attempt to provide a comprehensive outline of the implementation design of each process domain in detail, as a thorough mapping of implementation structures and processes has already been provided in PE1. Instead, we focus on what has changed since the first report and why, highlighting where further detail on a particular topic has already been discussed in PE1.

This evaluation is not without its limitations. It did not include interviews with community members in CDGP local government areas (LGAs) and does not provide representative findings. Moreover, there are risks of bias in the selection of respondents in terms of them

providing a more positive picture than the reality. While the evaluation team has sought to minimise the influence of these limitations, they remain important considerations when interpreting our findings.

Findings

Overall, CDGP has been largely successful in terms of the implementation of what is a highly ambitious programme on a large scale. The achievement represented by reliably delivering payments and SBCC activities to over 90,000 beneficiaries overall should not be understated, particularly in view of a challenging operating context affected by ongoing security issues.

That said, the programme has faced a number of challenges over the course of its implementation that have affected the quality of delivery in a number of respects. The numerous implementation adaptations that CDGP has introduced point to a programme that has made an active, albeit sometimes late, effort to identify and mitigate the challenges it has encountered. As documented in this report, the programme has continued to innovate right into the last year of implementation to try and improve its processes. Some of these adaptations have been effective in mitigating issues faced in implementation. However, many challenges do remain, and it is the intention of this report to outline all of these in an effort to provide a comprehensive understanding of the status and progress of implementation to date.

Our findings are organised around the five broad implementation processes of the programme: enrolment and exit, payments, SBCC, accountability, and programme monitoring.

Enrolment and exit

There are five main stages in the process of enrolling women into CDGP: identification of potential beneficiaries, verification of eligibility, pregnancy testing, offline registration, and enrolment. When they are no longer eligible, women exit the programme. This occurs through either 'mature' exit when their child reaches the age of two or a 'premature' exit before this time (e.g. if they miscarry their pregnancy).

CDGP has faced intermittent issues with fraud, particularly around preventing women who are not resident in CDGP villages from being enrolled. It has introduced a number of innovations to try and make its enrolment process robust to potential fraud, including issuing a new Memorandum of Understanding (MoU) in 2017 to make local leaders accountable for fraud occurring in their communities. Our findings suggest that these adaptations have been effective in reducing fraud from arising at the point of entry into the programme, though it remains difficult for CDGP to identify and remove cases of fraud already in existence.

The second key change introduced to the registration process since PE1 has been that beneficiaries are no longer provided with mobile phones when they enrol into the programme, and instead receive only a sim card containing their unique beneficiary ID. This has helped reduce costs and delays in registration caused by issues in procuring sufficient phones. The decision to issue phones in the first place had its roots in the initial planned design of a fully electronic mobile-phone-based system for delivering payments to

beneficiaries. In the context of the cash-based payments system that the programme ultimately adopted, it is not clear why even sim cards are still required by beneficiaries.

In terms of its exit processes, CDGP's implementation of the planned mature exit process has been weakened by a lack of comprehensive data on the birth date of the children of beneficiaries. At the time when the first cohort of women were due to receive a mature exit, CDGP did not have a robust process for monitoring this. To tackle the problem, the programme embarked on a large-scale births-tracking exercise to gather missing birth dates. This has represented a considerable undertaking and has gone some way toward reducing the gaps in this data. However, information on birth dates is still missing for more than half of beneficiaries' children in CDGP's central data set. That said, in spite of these gaps, CDGP appears to have still managed to ensure that women do not continue to receive payment beyond the maximum possible timeframe of 33 months.

Payments

Beneficiaries enrolled in CDGP receive a cash payment every month that they collect from fixed locations in the community, from dedicated mobile pay agents who travel around communities facilitating payments.

The payments process has been affected by challenges relating to the management of beneficiary waiting times at the pay point, periodic difficulties in verifying the identities of beneficiaries at the pay point using their finger or thumb prints, and ongoing security challenges affecting the programme's ability to disburse payments in some communities. These challenges have generally been compounded by the growing scale of the programme over time, which has made the processes for preparing and administering payments increasingly complex. However, in spite of these challenges, CDGP has still managed to maintain an extremely high rate of paying all eligible beneficiaries with the expected amount of cash within a 10-day period of the payment being released. Although the rate of payment is very high, the predictability of when payments are due appears to have become increasingly variable over time. This may be due to the increased volume of work required to authorise and prepare for payment each month as the payroll has become larger, as well as being caused by intermittent delays to the annual process of renewing CDGP's contract with its payments provider.

The programme has introduced a wide range of adaptations to its payments process to address some of the challenges it has experienced. This includes efforts to increase the efficiency of scheduling the payments process and coordinating the network of mobile payment agents tasked with disbursing them. CDGP has embarked on a process of ensuring that there is not more than one separate payment site catering to close-by communities that could be equally well served by one. It has also sought to improve the organisation of pay points themselves to help prevent queues from forming. These changes have reportedly helped CDGP to maintain the quality of implementation of payments as the programme has scaled, although periodic cases of beneficiaries experiencing long waiting times continue to arise.

CDGP has also had to contend with a challenging and fluid security situation in some of the communities where it operates. It has taken a proactive approach to monitoring this situation every month, and has also introduced some practical adaptations to try to mitigate risks faced by community members and pay agents connected with the payment process. At the

time of writing, there has been no known security incidents associated with the programme or its pay agents.

SBCC

CDGP's SBCC strategy is based around 11 core messages relating to maternal and child health, which are primarily delivered by a large network of trained community volunteers (CVs) who are based in CDGP communities. It uses a range of different activities and channels for delivering these messages.

As the number of communities and beneficiaries has increased, so too has the scale of the task required to maintain the size and capacity of this workforce and efficiently coordinate their activities. To address this challenge, CDGP has sought to make improvements in its core processes for recruiting, supervising, and training this network of CVs. It undertook a large-scale 're-strategisation' process in 2017 to review many of its processes for managing CVs, leading to a number of adaptations that aimed to help improve the effectiveness of this network.

Among the adaptations introduced as a result of this review were seeking to establish a consistent ratio of CVs to beneficiaries and changing how CVs are selected in villages where a 'high-intensity' model of the SBCC component is delivered, to help replace some of the initial cohort of CVs who were found to be less effective in their roles. As part of this re-strategisation, CDGP also aimed to instil a separation in the responsibilities of different types of CV within a traditional ward. This sought to distinguish between CVs with primary responsibility for delivering SBCC activities and 'lead' CVs, responsible for supervising other CVs and supporting them in completing forms and reporting tools.

Taken together, these adaptations are found to have led to some improvements in the organisation of CVs, their capacity to undertake their roles, and their coverage across CDGP villages. Yet notwithstanding some improvements to efficiency, CDGP's SBCC model remains resource intensive. It involves a wide range of activities and draws on an extensive network of volunteers embedded within CDGP communities to deliver it. Difficulties in maintaining the staffing resources required to deliver SBCC activities have affected implementation from the start. Staffing bottlenecks led to an initial delay in the implementation of the SBCC component until mid-2015, almost a year after the payments process was initiated, and have also presented challenges in the implementation of some specific SBCC channels – notably the now-discontinued community theatres and the more recent mobile cinemas intended to replace them. CDGP has maintained SBCC implementation through its CV workforce, and the ability to leverage a network of government-seconded staff to support programme activities in the LGAs. Nonetheless, it is not evident that this type of model could have been implemented at scale by another programme without access to the same type of resources.

Accountability

CDGP has a Complaints Response Mechanism (CRM) to enable beneficiaries, programme staff, and the wider community to provide complaints and feedback about the programme. This consists of a range of communication channels, designed to provide people with a

choice of mechanism depending on their preferences and the type of feedback they want to provide.

In the context in which CDGP operates, there are some specific barriers that can make people hesitant to speak out about the programme. These include social norms around the appropriateness of complaining about a programme that is benefiting the community, lack of knowledge of where and how to report, and a fear that giving complaints may lead to negative repercussions. CDGP has sought to promote uptake of its CRM mechanism by introducing two key changes. In January 2017 it made its complaints hotline free of charge to call, while also introducing a new 'complaints helpdesk' to provide people with an additional platform to speak directly to CDGP staff at key community forums such as health education talks and payments. Although these changes are found to have helped increase participation in the CRM mechanism, it is likely that some of the underlying social norms around people's willingness to raise feedback in relation to a programme like CDGP will take more time and a different type of intervention to CDGP to change.

Key to CDGP's CRM strategy is the initiation of beneficiary reference groups (BRGs) in each traditional ward to give people a channel for reporting their feedback that is readily accessible at all times in the community. The effectiveness of BRGs has proved to be variable, with some of these structures reportedly being extremely active in their roles and others functioning less well. Among the reasons for this seems to be the overlapping membership between BRGs and the Traditional Ward Committee (TWC), another community-level structure established by CDGP, in many communities. This duplication in membership has weakened the recognition afforded to BRGs within some communities as an independent structure that has a dedicated function for receiving feedback. CDGP has sought to try and revive the weaker BRGs by strengthening the incentives of individual members to actively participate in the programme, and try to increase BRGs' visibility in communities. However, BRGs remain a less popular channel for people to provide their feedback than speaking to CDGP staff directly, even though CDGP staff are not so readily accessible in the community.

Programme monitoring

CDGP's monitoring and evaluation (M&E) system is centred on a Management Information System (MIS) established in mid-2017. This contains data for each beneficiary that covers basic details about her and her household collected at registration, as well as the transactions history on her account. In addition to this, CDGP also gathers M&E data from other sources. These include a separately maintained database of the SBCC activities conducted in each traditional ward every month, a database of complaints provided through the CRM mechanism, data on the birth dates of beneficiaries' children, and data from a quarterly survey of beneficiary satisfaction and experiences with the programme.

The major challenge faced by CDGP relating to its M&E system was the fact that its MIS was not established until relatively late into implementation. Before this, CDGP was wholly dependent on its payments provider to access to all data relating to individual beneficiaries. Making the transition to setting up its own independently maintained MIS required a considerable effort, taking around six months to complete and requiring the participation of staff at all levels of implementation to contribute to the effort to entering new beneficiary records to populate the MIS. This ultimately achieved its purpose of creating a functional MIS but came at the cost of pausing all new registrations into CDGP for a period of around

three months. However, the programme was able to maintain its regular payments and SBCC activities during this period.

CDGP's MIS does not include its data on SBCC activities. This means that all information relating to the SBCC component of the programme is still entered on paper forms by CVs and community health extension workers (CHEWs¹), and manually updated on Excel spreadsheets. Moreover, data are aggregated at the traditional ward level when they are entered, preventing CDGP from undertaking any type of analysis at the beneficiary level. The 'offline' system of collecting SBCC data has also been affected by several challenges to data quality, including some CVs finding it difficult to complete the data collection forms due to low literacy levels and a high burden of tasks to complete for the programme, as well as inconsistent understanding of how to record some of the required information. The result is that the SBCC information is of relatively low quality, in addition to the limitations posed by its summative nature. This makes it difficult for the programme to use the information meaningfully to help understand implementation on the ground.

CDGP has introduced some innovations to try and mitigate these issues with data quality, including redesigning its data collection forms, introducing monthly LGA meetings aimed at promoting high data quality, reinforcing the role of 'lead' CVs to support other CVs with completing forms, and introducing dedicated training to help support CVs with their responsibilities relating to data collection. Nonetheless, in spite of these efforts, the quality and usability of SBCC data remains limited.

We also raise a further question around whether the M&E system has been put to optimum use. A relatively greater emphasis is given to fulfilling an accountability function, in the form of reporting against the programme's logframe targets, compared with active use of the M&E system to support programme management and learning. Although many respondents were enthusiastic about the fact that the information contained in the M&E system is widely available to all staff and frequently used, it is not clear to the evaluation team how the information has been used in practice beyond as a source of information to compile progress reports.

Conclusions

This report and the earlier PE1 report document in detail CDGP's specific operational experience during the lifetime of this project. The current report also highlights CDGP's experience in adapting its implementation model, starting from changes instituted soon after the pilot phase, with innovations still occurring in 2018 as the programme approaches its final year of implementation. In the course of this evaluation, three concluding themes emerge: 'lock-ins', 'adaptations to scale', and 'adaptations to context'. These themes bring together the different features of CDGP's implementation experience and highlight important considerations in the design and scale-up of similar nutrition-sensitive cash transfer programmes:

¹ CHEWs are government staff who deliver health services at the community and health facility levels. In CDGP, their role is to provide support to CVs.

Lock-in

This report has identified several examples of cases where CDGP has faced an implementation challenge that could not be fully addressed through an adaptation to the implementation model. In these cases, the lack of ability to fully resolve the challenge was due to restrictions brought about by a decision made early in the design timeline of the programme. This characterises the first emerging theme from this PE, which is a 'lock-in' – something we define as an early design or implementation decision that subsequently limits a programme's ability to adapt its processes.

Adaptation to scale

The second theme that emerges from this evaluation relates to the importance of the innovations a programme makes during the course of implementation to accommodate the increasing scale of implementation; in this case, the number of beneficiaries and communities reached. We define this as 'adaptations to scale'. Over the course of implementation, CDGP made several adaptations to its programme design to overcome issues that it experienced due to the significant scale of its operations.

Adaptation to context

The third theme that emerges from this research are the adaptations CDGP has made during the course of implementation as it becomes more familiar with the specific context in which it is operating in. As CDGP understood more about the behaviour of its beneficiaries and the social, cultural, and economic environment of the communities it operates in, it flexibly incorporated 'adaptations to context' in its implementation model to improve its effectiveness and capitalise on emergent opportunities.

Lessons learned

As the programme is coming to a close, there are a number of lessons learned over the course of this PE of the CDGP that can inform the design and implementation of future nutrition-sensitive cash transfer programmes:

- I. **Fraud** – A trade-off exists in the extent to which the goal of eliminating fraud is actively pursued. Programmes and the donors that fund them should consider whether the marginal cost of seeking to reduce fraud cases down to zero is worth the effort
- II. **Targeting** – There may be a trade-off between establishing a targeting approach that meets international best practice and one that is practical given implementation realities
- III. **MIS** – It is important to establish a functional M&E system early in implementation as the costs of adapting a system during implementation are large
- IV. **Choice of M&E indicators** – When designing an M&E system, it is important to carefully consider the value of the information to be collected in relation to the costs of collecting it

- V. Flexibility to adapt** – Implementation quality can be improved over time as more innovative, cheaper, or better ways of delivering processes are discovered. It is important to build flexibility into the programme design to allow space for this adaptation

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List of abbreviations

AAH	Action Against Hunger (= Action Contre la Faim)
AOG	Action-Oriented Group
BRG	Beneficiary Reference Group
CDGP	Child Development Grant Programme
CHEW	Community Health Extension Worker
CRM	Complaints Response Mechanism
CV	Community Volunteer
C-IYCF	Community Infant and Young Child Feeding
DFID	Department for International Development (UK)
FGD	Focus Group Discussion
IYCF	Infant and Young Child Feeding
KII	Key Informant Interview
LGA	Local Government Area
M&E	Monitoring and Evaluation
MIS	Management Information System
MoU	Memorandum of Understanding
NASSP	National Social Safety Nets Project
NGN	Nigerian Naira
NGO	Non-Governmental Organisation
OPM	Oxford Policy Management
PDM	Post-Distribution Monitoring
PE	Process Evaluation
PE1	First round of the CDGP process evaluation
PE2	Second round of the CDGP process evaluation
RCT	Randomised Control Trial
SBCC	Social and Behaviour Change Communication
SCI	Save the Children International

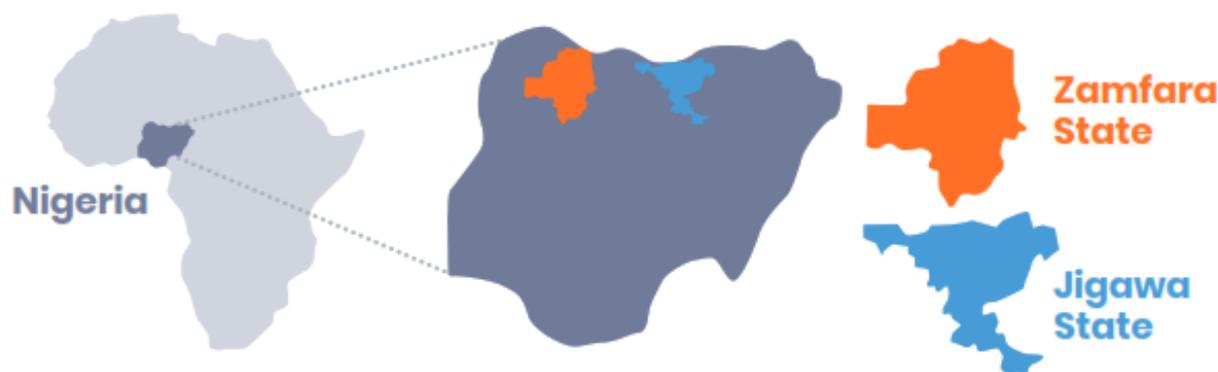
SG	Support Group
SIBTC	Stanbic Investment Banking and Trust Company
SOPs	Standard Operating Procedures
T1	Treatment 1 (= low-intensity SBCC)
T2	Treatment 2 (= high-intensity SBCC)
TA	Technical Assistance
TBA	Traditional Birth Attendant
TWC	Traditional Ward Committee
UCT	Unconditional Cash Transfer

1 Introduction

1.1 Overview of CDGP

CDGP is a six-year programme (2013–2019) funded by DFID and implemented in Zamfara and Jigawa states in northern Nigeria. The programme aims to address widespread poverty, hunger, and malnutrition through a combination of UCTs and a nutrition SBCC component. The provision of cash aims to tackle the economic causes of inadequate dietary intake, while the SBCC aims to influence healthy maternal and childcare practices. CDGP is implemented by a consortium of international non-governmental organisations (NGOs) led by SCI in partnership with AAH in five LGAs: Anka and Tsafe in Zamfara state; and Buji, Gagarawa, and Kiri Kasama in Jigawa state (see Figure 1).

Figure 1: Location of the CDGP states



The programme provides a UCT of 4,000 Nigerian Naira (NGN)² per month for up to 90,000 women from the time they are pregnant until their child is two years old – a period of approximately 33 months, targeting the critical first 1,000 days of the child's life. This regular cash transfer is expected to contribute to increased food security and improved intake of more nutritious food, leading to improvements in child nutrition within the households reached by the programme. Alongside the cash transfer, communities in the programme are being provided with education and advice about nutrition and health through an SBCC component. This is intended to influence key areas of knowledge and practice, including IYCF and maternal and childcare, and is designed to address men and influential members of the community as well as the women who are the direct beneficiaries of the cash transfer. SBCC activities are primarily delivered by a large trained workforce of volunteers known as CVs. Taken together, the provision of cash and SBCC is anticipated to result in improved maternal and childcare practices, and ultimately in the improved health and nutrition of women and their children. See Annex A for the Theory of Change of the Programme.

² The initial amount of the cash transfer was NGN 3,500; this was increased to NGN 4,000 from January 2017.

The programme is testing two different designs of the SBCC component, which differ according to the channels used to deliver SBCC and the intensity or frequency of message delivery:

1. **'Low-intensity'** SBCC delivered through posters, radio messaging, health education, food demonstrations, and drama events. Villages where the low-intensity model of SBCC is implemented are known as Treatment 1 (T1) villages.
2. **'High-intensity'** SBCC delivered through support groups (SGs) and one-to-one counselling for women receiving the transfer, in addition to all components of the 'low-intensity' SBCC. Villages where the high-intensity model of SBCC is implemented are known as Treatment 2 (T2) villages.

Further details about the range of SBCC channels implemented within the high- and low-intensity versions of the programme can be found in Section 5.1.

1.2 Evaluation of CDGP

The purpose of independently evaluating CDGP is to provide evidence on the impact of the programme on the households and communities that it supports and to understand whether CDGP has been successful in meeting its aims, and why. The evaluation relies on information collected using different methods, which are brought together to provide an overall assessment of the programme. This includes:

1. An initial **situation analysis**, which provided us with a strong contextual understanding of the poverty situation and the social and cultural dynamics within which households and communities in the two selected states operate. This study also identified important issues to be considered by CDGP and other components of the evaluation.
2. A **quantitative impact evaluation**, based on a randomised controlled (RCT) methodology. This involves a large-scale household survey conducted before the programme started (baseline), midline (two years into the programme), and an endline (toward the end, four years after it began). This survey is used to measure the effect of the programme on key outcomes such as child nutrition, knowledge and practices regarding healthy behaviours and nutrition, and livelihoods activities;
3. A **longitudinal qualitative analysis**, which follows a group of households receiving the programme over three rounds of data collection (baseline, midline, and endline). This component explores, through individual discussions, their views about the programme and its impact on their lives. This is combined with a series of group discussions with community members to deepen understanding of the impact of the programme and whether it has led to changes in attitude or behaviour.
4. Two rounds of **PE** that look at how the programme is implemented, the challenges faced and overcome during implementation, and the factors supporting or weakening its operational effectiveness.

1.3 Scope and objectives of the PE

The rationale of the PE is to provide evidence on why CDGP has succeeded as planned or not via an examination of its operational mechanisms. This report presents the findings of the second round of the PE component of the CDGP evaluation.

The two rounds of this PE have been carried out at different stages in the implementation cycle of CDGP, with different sets of objectives. PE1 was carried out in January 2016 after one year of CDGP implementation (e-Pact, 2016). The objectives of PE1 centred on identifying barriers and facilitators to implementation in the early stages of the programme. The purpose of this ‘developmental’ approach was to provide findings that could improve CDGP operations, and ultimately enhance the programme’s impact.

PE2 was carried out as the programme entered its last year of implementation (see Box 1 **Error! Reference source not found.** for CDGP’s timeline). As the programme approaches its end, PE2 places a greater focus on understanding how its operational processes have evolved over time, for what reasons, and with what results. The key intended audiences for this report are CDGP, DFID, the Government of Nigeria, and the National Social Safety Nets Project (NASSP).

It is important to note that the scope of the PE research is focused on CDGP’s core implementation processes related to the delivery of a nutrition-sensitive cash transfer programme. This corresponds to outputs 1 and 2 in CDGP’s logframe.³ CDGP has undertaken a number of other activities beyond the direct delivery of the intervention, including advocacy, capacity building, providing technical assistance to the NASSP, and serving as a national platform for the dissemination of evidence of nutrition-sensitive cash transfers in Nigeria. An evaluation of these outputs lies outside of the remit of this PE research.

It is also important to note that the issue of the sustainability of CDGP is not explicitly featured in this report because CDGP was intended as a pilot programme or demonstration of a nutrition-sensitive cash transfer programme in northern Nigeria and is not intended to be continued by implementing partners or taken up by government stakeholders beyond its implementation timeframe. This report does provide a detailed description and analysis of CDGP’s implementation processes but does not claim to understand the extent to which these could be replicated in a government programme context, which would require a detailed capability assessment beyond the remit of PE research.

Finally, the reader is encouraged to also refer to the PE1 report as it contains a comprehensive description of all of CDGP’s implementation processes. To simplify the narrative of this report, we aim to draw the reader’s attention to places where further supporting information can be found in PE1 and summarise the key elements of each process that relate to the findings discussed in this report, as well as instances where CDGP’s implementation processes have evolved since the time of PE1.

³ Logframe output 1: Secure payments mechanism providing regular, timely cash transfers to pregnant women and women with children under two.

Logframe output 2: Effective system for mobilising, targeting and delivering complementary interventions established.

Box 1: CDGP's timeline

CDGP began operations in April 2013, with a design and inception phase that lasted until December 2013. Actual implementation started in April 2014 with a pilot phase lasting until August 2014. The pilot was used to trial the programme's implementation processes and involved providing cash transfers to 500 pregnant women in 15 traditional wards across Zamfara and Jigawa. Following the pilot, the roll-out of the programme began in August 2014, but intensified in October 2014 after the baseline surveys for the quantitative impact evaluation were completed (e-Pact, 2016).

At the time of this PE, CDGP is now in its final year. The programme stopped enrolling new beneficiaries in April 2018, and the final payments are due to be disbursed in April 2019. The final SBCC activities are also expected to be carried out during the same month.

1.4 Organisation of the report

In the next section we summarise the approach and the methodology used for PE2. Findings are presented in sections 3 to 7 and are structured around five key process domains of the programme: registration, enrolment and exits, payments, SBCC, accountability, and monitoring. Within each domain we discuss the key implementation processes, followed by the key issues CDGP has faced in implementing that domain, what adaptations it has introduced to address these challenges, and with what results. Section 8 contains the discussion of these results.

2 Methodology

2.1 Evaluation questions

PE2 sought to explore a set of high-level research questions centred on how the programme was implemented, adapted, whether there was any variation in implementation across the two states, and what lessons can be learned for future programmes.

Results are centred on the five broad implementation components of the programme (which we term 'process domains'):

1. Enrolment and exit
2. Payments
3. SBCC
4. Accountability
5. Monitoring

Within each domain we explore how the process is implemented in practice, whether and how implementation has evolved over time, for what reasons, and with what implications.

Questions around 'implementation' explore what the key elements of each process domain are and how they are implemented in practice at the time of writing. Questions on 'adaptation' explore how and why the programme has adapted to enhance the quality of implementation or mitigate challenges it has faced during implementation. We also set out to explore a set of questions on 'variation in implementation' between Jigawa and Zamfara states, to help to understand whether, how, and why there have been differences in implementation processes and the effectiveness of these processes between the two states. This is an important line of inquiry given that the programme is implemented by different partners in each state, as well as the fact that PE1 had identified a number of differences between the two at the early stage of implementation when the study was undertaken (see e-Pact, 2016). As implementation has progressed, we find that there now appears to be greater consistency in implementation between the two states than at the time of PE1. Where differences remain, these are highlighted in the presentation of results. However, in view of the balance of our findings we do not dedicate a separate discussion to the 'variation in implementation' between the two states.

2.2 Data collection methods

Our primary method of data collection for this study is qualitative interviews with key programme stakeholders at each level of programme implementation. This has been supplemented by quantitative analysis of CDGP programme data.

We used the following data collection and analysis tools:

1. Review of CDGP key programme documents, notably the programme's Standard Operating Procedures (SOPs) and initial design documents;
2. Analysis of programming monitoring data;
3. KIIs and FGDs with implementers at different levels of programme implementation, from central programme staff based in Abuja through to implementers at the state, LGA, and traditional ward levels. In addition to staff and volunteers responsible for CDGP implementation, we also interviewed some other key informants connected with the programme. This included stakeholders from the NASSP and LGA administrations; and
4. Observation of CDGP meetings. We attended CDGP's 2018 Annual Planning meeting in Lagos, two meetings of pay agents held at state level, and one CV monthly meeting in Tsafe LGA, Zamfara.

Evidence collected through our KIIs and FGDs with primary stakeholders is an important source of data for the findings presented in this report. Our approach to conducting these interviews was informed by the conceptual framework outlined above. This began by identifying the set of key themes and high-level research questions that we aimed to explore through our interviews. We then prepared provisional research guides before beginning fieldwork, consisting of semi-structured interview guides specific to each key group of stakeholders we planned to meet. Interviews themselves were semi-structured, meaning that the discussion with each respondent was not dictated by a fixed set and order of questions. Rather, the intention was that each conversation could evolve in such a way as to allow exploration of new or unexpected issues as they emerged, while also enabling interviewers to probe further on key details as needed. Throughout the data collection period, we took an iterative approach whereby we revisited our research guides and key questions for inquiry each day, as our understanding of the programme, its context, and experiences developed.

Emergent hypotheses were confirmed as robust using three approaches to the triangulation of findings. These approaches were: intra-respondent triangulation in which findings were confirmed across multiple respondents; intra-state triangulation in which findings were confirmed across research conducted in each state of CDGP's implementation; and intra-researcher triangulation in which at least two researchers were engaged in each KII or FGD to facilitate consensus among researchers on emerging hypotheses.

2.3 Limitations of the evaluation methodology

In this section we discuss the primary limitations in the design and implementation of this PE. As far as possible, the evaluation team sought to minimise the influence of these limitations on our findings and the strength of evidence presented in this report. Nonetheless, weaknesses remain and the limits of this research are important to consider when interpreting our results. When we discuss our results in the sections that follow, we have taken care to be mindful of these limitations and ensure that the claims we make and inferences we draw are commensurate with the strength of evidence on which they are based. We now discuss each of the main limitations in turn, considering the extent to which we have been able to mitigate them and how they affect our findings.

The evaluation did not include interviews with community members in CDGP LGAs

The people we interviewed for this evaluation included central programme staff and other stakeholders based in Abuja, state and LGA level staff, and CVs and payment agents working in CDGP communities. However, the scope of the PE did not permit interviews down to the level of individual beneficiaries and non-beneficiaries living in communities in the LGAs where CDGP operates. This means that our findings do not reflect the perspectives and experiences of individuals who have been directly or indirectly affected by the programme and its processes.

The exclusion of community members from this study was a deliberate choice made in view of the limited scope of the PE. Instead, the voices of community members are included in the qualitative and quantitative evaluations. Where relevant, we cite findings from these evaluations that relate to beneficiary and non-beneficiary experiences with CDGP processes.

The evaluation does not provide representative findings

The fieldwork conducted for this evaluation at state and LGA level was limited in coverage. In total, the team visited one LGA from each of the two CDGP states, and met with key informants in two communities in each of these LGAs (one T1 and one T2). This means that we did not travel to three out of five of the programme's LGAs, and did not visit any non-CDGP communities. Since LGAs and communities may be expected to vary in their characteristics and in how CDGP is implemented, this presents a risk that our findings are specific to the communities and LGAs that we did visit. More broadly, this research has not been designed to provide results that are representative of CDGP in a statistical sense. Thus, inherent in our design is some risk that the findings presented represent the experiences of a constrained set of cases rather than the programme as a whole.

Risk of bias in respondent answers

We cannot rule out the possibility that some respondents may have had incentives to answer questions in a particular way, or otherwise alter the impression given during interviews. Especially given that our research concerns the effectiveness and implementation quality of this programme, it is for example plausible that some respondents working closely with the programme may have been incentivised to present a more positive account of implementation quality than the reality.

The evaluation team sought to mitigate this risk as far as possible in our approach to interviews. This begins from the environment in which interviews were conducted, which as far as possible were held in a location that was quiet and private. We then took care to ensure that our research was properly introduced, making it clear how information would be treated and that all responses given would be treated confidentially. During each interview, we sought to ensure that the questions asked and probes used were neutral and did not seem to suggest that any particular answer was correct or expected.

In our analysis and presentation of findings, we have attempted to triangulate findings from multiple sources to ensure that evidence we put forward in this report is well supported. Where we do raise a finding that only reflects one interview or a single case, we acknowledge this to make it clear that we cannot determine whether this finding has a wider basis. In addition to triangulating our findings between interviews, we also make use of secondary sources – notably the M&E system data, programme documents, and findings of the qualitative and quantitative evaluations – to cross-check our findings.

Nonetheless, it remains plausible that some of the opinions given in this report may be affected by respondent bias, and this represents a potential weakness in the strength of the evidence presented here.

Risk of researcher bias

In addition to the risk of bias in how respondents answered questions, there is also a risk that the presentation of findings and interpretation of results may be affected by unconscious researcher bias. This could happen if researchers had a pre-existing expectation of the findings they expected to see and were more likely to accept or overlook evidence according to whether it was consistent with their prior beliefs.

The evaluation team sought to be proactive in reducing this risk. We developed a systematic approach to documenting our findings, which drew a clear distinction between what a source of evidence actually said and any subjective judgement made by the researcher. In our presentation of findings we adopt the same approach, to make it clear what information is based on evidence and what is an inference that the evaluation team has drawn. Second, all findings and emergent hypotheses were discussed jointly within the research team, so that no single theme or section of the report was the responsibility of one member of the team alone.

Possibility of bias in the selection of respondents

In order to meet with some of the respondents who contributed to this research, the evaluation team relied on CDGP to facilitate an introduction. This includes the CVs and payment agents we spoke with, as well as the communities chosen for the location of these interviews. This reliance on programme staff to identify respondents for us presents a risk that these respondents may have been either pre-selected based on their characteristics or possibly primed in advance on how to respond to questions. We have no evidence that this was the case, but it is a potential risk caused by the research team not choosing respondents at random.

This risk extends to the respondents that we met at the grassroots level of programme implementation. However, within the state and central programme teams we met with almost all staff across different roles in the organisation, so our interviews at this level do not face the same risk of bias in respondent selection.

2.4 Evaluation timeline

PE2 was conducted between February and July 2018, and has consisted of four main phases.

Phase 1: Desk-based document review and programme data analysis: In this phase the concept note and research design were finalised. This was followed by a review of programme documents, identification of stakeholders, development of research guides, and an analysis of CDGP programme data.

Phase 2: In-country data collection: In this phase that took place in March 2018, the research team conducted KIIs and FGDs in Nigeria. Data collection was divided into four rounds:

- The first round of interviews was held in Abuja with central CDGP staff, selected staff from the state teams and selected government stakeholders from the two states who were in Abuja for the CDGP midline report dissemination, and with federal government stakeholders.
- This was followed by an observation of CDGP's annual planning meeting in Lagos and interviews with additional staff members who were attending this meeting.
- The research team then travelled to Jigawa and Zamfara. During the state visits we carried out the following activities:
 - Interviews with CDGP staff based at the state office, and in the office of one LGA per state (Tsafe in Zamfara and Buji in Jigawa).
 - Interviews with CVs and CHEWs in one T1 and one T2 community in Tsafe and Buji LGAs.
 - Interviews with government officials in each state and key informants associated with the implementation of the NASSP in each state.
 - Observation of a pay agents' meeting in each state and one CV monthly meeting in Tsafe LGA, Zamfara.
- We then returned to Abuja to carry out follow-up interviews with central programme staff and those who had not been available for interview during our first round.

Phase 3: Validation meeting with CDGP staff: A validation meeting was held in Abuja in March 2018, which was attended by key members of the CDGP central team. The meeting provided an opportunity to present preliminary findings and check the PE team's understanding of key issues.

Phase 4: Analysis and write-up: In this phase, we analysed the all qualitative data that was collected during the data collection period, together with further analysis of CDGP programme data. This report was also produced during this phase.

A draft report was submitted to DFID and the wider programme for review and comments. This final report is reflective of comments and feedback received from all stakeholders.

3 Enrolment and exit

3.1 Key implementation processes

In this section we provide an overview of the key implementation processes involved in enrolling beneficiaries into CDGP, as well as in exiting them from the programme when they are no longer eligible. These processes are documented in greater detail in the PE1 report (e-Pact, 2016).

3.1.1 Enrolment into the programme

There are five main stages in the process of enrolling women into CDGP: identification of potential beneficiaries, verification of eligibility, pregnancy testing, offline registration, and enrolment (see Table 1).

Table 1: Process overview – enrolment

Stage	Description
Identifying potential beneficiaries	The TWC is responsible for identifying potential CDGP beneficiaries ⁴ in each of the programme's traditional wards. Before CDGP is due to begin enrolment and registration activities, the TWC announces that anyone who is pregnant, or whose wife is pregnant, should report to them.
Residency verification	In order to be eligible for CDGP payments, women must be both pregnant and residents of a CDGP village. To verify the residency status of potential beneficiaries, three members of the TWC need to sign a 'residency verification' slip. This is done in the presence of CDGP staff.
Pregnancy testing	After residency verification, pregnancy tests are conducted in the community under the oversight of CDGP staff, CHEWs, or government-seconded staff. The usual method of pregnancy testing is a urine test.
Offline registration (enrolment)	Offline registration refers to the process of CDGP documenting basic information about each beneficiary onto an 'offline' (paper) enrolment register. The information recorded includes the outcomes of the residency verification and pregnancy tests, as well as basic beneficiary details such as household size, ethnicity, and self-declared month of pregnancy.
Online registration	The final step is to upload the beneficiary's details into an online registration database and issue her with a sim card that provides her unique beneficiary ID. This is done on electronic tablets by the CDGP team. During this step, photographs and biometric details are also captured for both the beneficiary herself and a proxy she nominates to collect payments on her behalf (usually her husband). Once this step is

⁴ TWCs are community-level structures established by CDGP to help facilitate implementation. The TWC is chaired by the traditional ward's head, and also includes both male and community members, such as CVs, traditional birth attendants (TBA), imams (religious leaders), school headteachers, and representatives of community-based organisations.

complete the beneficiary is formally registered into CDGP and ready to be paid in the next cycle.

3.1.2 Exiting from the programme

There are two ways for a beneficiary to exit the CDGP: by a 'mature' or 'premature' exit process. Mature exits take place when beneficiaries have received their maximum entitlement (i.e. payments from pregnancy and until the beneficiary's child turns two years old), while premature exits refer to beneficiaries who leave the programme early (see Table 2).

Table 2: Process overview – exiting CDGP

Stage	Description
Premature exit	<p>CDGP relies primarily on LGA teams and CVs to identify cases for a premature exit. The reasons for a premature exit include fraud, relocation of the child outside a CDGP village, miscarriage, stillbirth, and death of the child.</p> <p>Beneficiaries who are found to have committed fraud are removed from the payroll immediately. In other premature exit cases, the reason for the exit is first investigated by CDGP before beneficiaries are removed. According to the 2017 SOPs, beneficiaries are then entitled to receive one further month of payment before they are formally taken off the payroll. These beneficiaries are also able to re-join the programme if they become pregnant again, unless they did not report the reason for exit within one month or, in the case of the death of their child, the child was not more than 12 months at the time of death.⁵</p>
Mature exit	<p>CDGP tracks the date of exit through a database of birth dates. Beneficiaries are removed from the payments system once their child's second birthday is recorded as having passed.</p> <p>According to the implementation design, the protocol for processing a mature exit begins with the CDGP MIS manager sending a list of beneficiaries whose child will be turning two years old in the next three months to CDGP state teams each month. The intention is for state teams to cascade this information down to beneficiaries to ensure that the upcoming exit is communicated in advance.⁶</p>

⁵ The endline qualitative study finds that many beneficiaries were unable to re-enrol after exiting the programme due to a miscarriage. However, the study was not able to determine the reasons behind this as they did not have specific information about each beneficiary's case (e-Pact, forthcoming).

⁶ While this is the intended process, the endline qualitative study found that there was often confusion at beneficiary level regarding exit as it was not communicated to them in advance. This was particularly true for beneficiaries who were among the first to exit (e-Pact, forthcoming).

3.2 Key implementation issues and process adaptations

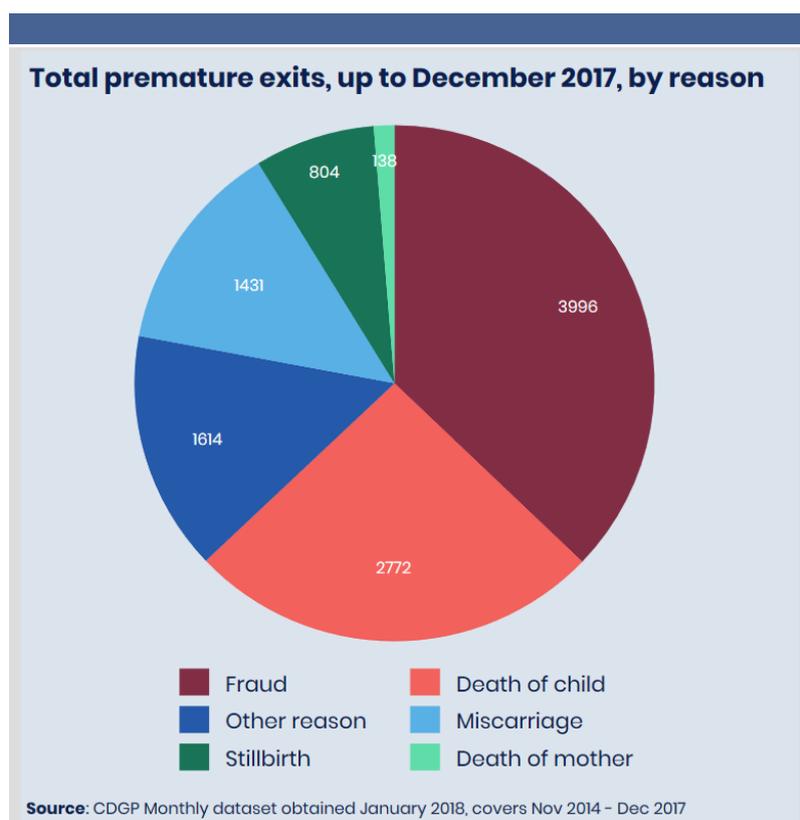
3.2.1 Dealing with fraud cases

Beneficiaries that receive CDGP payments without having met the programme's eligibility criteria are considered to be fraudulent. Periodic instances of fraud have occurred during the CDGP implementation period, owing to a variety of reasons that include falsely reported pregnancy or unreported miscarriages. According to the CDGP monthly dataset, the percentage of beneficiaries ever enrolled that have exited due to fraud of any kind was 5.5% overall (Jigawa 3.8% and Zamfara 7.2%)⁷ by December 2017. This amounts to nearly 4,000 fraud exits up to December 2017, which is the most common reason for a premature exit. This is illustrated in Figure 2 below.

According to key informants one of the most common types of fraud committed under CDGP is for women from non-CDGP villages to be mistakenly enrolled. This kind of fraud is known by CDGP as cross-border fraud. Periodic instances of cross-border fraud have occurred throughout implementation, with the PE team being made aware of at least one significant episode of cross-border fraud cases involving multiple women from the same village having occurred in both Jigawa and Zamfara.

According to several key informants at central and state levels, one reason for this is that a violation of CDGP's residency criteria may not always be considered as fraudulent behaviour from the perspective of local leadership structures such as the TWC. This can create a tension between how fraud is understood locally and the unambiguous definition held by CDGP. According to key respondents, the exclusion of households from CDGP on the basis of their village of residence can appear arbitrary to local leadership. This is because CDGP operates in a context characterised by a high degree of fluidity between neighbouring villages. Neighbouring communities are often closely intertwined, with their respective members interacting closely with one another and frequently crossing between different villages. Women who move to a different community after they marry are often still considered to belong to the community where they grew up. It is also reportedly common for women to spend a few months before and after the birth of children in their parents' house, which can strengthen their sense of belonging to the community of birth. The result is a context in which local identities are not always strongly rooted to the community of current residence.

⁷ According to CDGP's weekly dataset (containing data up to December 2017), the total number of women ever enrolled in CDGP is 37,350 in Jigawa and 37,330 in Zamfara. According to the monthly dataset (also up to December 2017), the total number of exits recorded due to fraud was 1,350 in Jigawa and 2,646 in Zamfara.

Figure 2: Reasons for premature exit

To mitigate instances of cross-border fraud, as well as other types of fraud, CDGP has implemented a number of adaptations:

1. Increasing oversight of the residency verification process
2. Increasing oversight of the pregnancy testing process
3. Introduction of a new MoU
4. New pre-assessment checklist

Each of these process adaptations are now discussed in turn.

Increasing oversight of the residency verification process

CDGP has introduced two changes to its enrolment process to help maintain adherence to the programme's eligibility criteria during enrolment and registration. The first was to introduce additional safeguards to the residency verification by increasing the number of TWC members that need to sign the residency verification slip from one to three. CDGP also stipulated that signatures needed to be gathered in the presence of CDGP staff. These changes were made shortly after the pilot in 2014, with the intention of ensuring that enrolment would be strictly limited only to women who were resident in villages where CDGP is implemented.

Increasing oversight of the pregnancy testing process

The second adaptation introduced to enrolment was in the process for carrying out pregnancy tests. According to the initial programme design, pregnancy testing was intended to be carried out in health facilities under the oversight of facility staff. Shortly after the pilot, this process was changed to instead conduct pregnancy testing within communities and to have CDGP staff facilitate this process rather than relying on facility staff. The change was made in response to early indications that insufficient safeguards existed to prevent women from falsifying their pregnancy tests. In addition, CDGP also began implementing random pregnancy testing at payment sites to help identify women who were not pregnant, or had miscarried, but were still receiving cash.

This issue was documented in PE1, which reported evidence of women having borrowed or purchased urine to achieve a positive pregnancy test result. Occasional instances of health facility staff being offered financial incentives to misreport the result of the test were also reported (e-Pact, 2016).

Introduction of a new MoU

CDGP introduced a new MoU with host communities in October 2017 to help reinforce understanding of the conditions of entry into CDGP among village heads and increase their accountability to strictly upholding these criteria. The MoU was signed by the village and district head in the presence of traditional leaders. At traditional ward level, an 'attestation' was also introduced at the same time as the new MoU, to be signed by traditional ward leaders, outlining the same set of conditions and responsibilities as the village-level MoU.

According to key informants at state and central level, the introduction of the MoU has been effective in achieving its intended purpose of helping to align understanding of what constitutes fraud in the context of CDGP and making community leaders more formally accountable for fraud that occurs in their communities.

While the new MoU may prevent cross-border fraud from occurring, the evaluation team finds that it does not act as a device to seek out and resolve cases of fraud already in existence. Further, it does not outline specific provisions for what should happen when a cross-border case is discovered and its terms do not state whether and how money paid out to ineligible beneficiaries in error should be recovered. As a result of this ambiguity, there has been some variation in how these cases have been resolved in practice. In some cases CDGP has sought to recover the money from the beneficiaries directly. However, women have often been unable to repay the full balance owed, particularly when this has represented several months of transfer.⁸ In other cases, LGA leaders have been held responsible for repaying the money, although LGA leaders may also be unable to recover the full balance if it is a significant amount that represents multiple fraudulent beneficiaries or many months' worth of transfer. When the amounts owed have been smaller, we have heard of cases in which CDGP has been able to restore the full sum of money owed. Nonetheless, in these cases the administrative costs involved in recovering the money can reportedly be greater than the value of the sum recovered.

In the view of the evaluation team, the new MoU appears to have been more effective as a firewall for preventing fraudulent entry into the programme than it is as a mechanism for

⁸ At the point when CDGP started, the transfer value of NGN 3,500 per month represented 16% of the value of total household monthly consumption expenditure. This is estimated from the CDGP Midline Quantitative Evaluation Report (e-Pact, 2017), which reports average monthly consumption expenditure during the baseline survey (before CDGP was implemented) to be NGN 21,800.

systematically identifying existing cases of fraud. Most of the fraud cases that the PE team heard of had been reported by beneficiaries or other community members whistleblowing (in many cases through CDGP's toll-free hotline) rather than through any routine checking process. In one instance, a large-scale fraud case involving multiple women was discovered by chance when a beneficiary used the CRM system to report an unrelated issue. This suggests that CDGP has few formal channels in place to help identify and root out fraud that has already been committed. We also note a possibility that the MoU may create perverse incentives around reporting the identification of fraud cases. Given that local leadership know they will be held responsible for fraud in their community, this may lower their incentive to report any known cases. That said, the extent to which this conflict of interest has materialised in practice is difficult to verify and we do not have any direct evidence relating to this.

New pre-assessment checklist

CDGP introduced a 'pre-assessment' checklist in November 2017 to help monitor the implementation of enrolment and registration activities. This checklist needs to be filled in by the LGA team and approved by the programme manager in Abuja, before the teams were authorised to proceed with entry into the community. The primary purpose of the new checklist was to ensure that the intervention status of the community was verified before any programme-related activities are undertaken, to avoid CDGP activities being carried out in a non-CDGP community. A second objective was to introduce more structure to the order of visiting different communities for programme activities. Previously, the schedule of visiting different traditional wards for enrolment and registration was reportedly less systematic, relying on revisit plans developed on a quarterly basis. This led to concerns that traditional wards that were more accessible from the LGA centre could receive a higher frequency of visits than more remote wards.

State-level informants reported that the new process has helped provide additional safeguards to ensuring that CDGP activities are conducted in the correct villages as per the programme's randomised design. A second implication of the process is that it makes the process of initiating activities in CDGP communities more time-consuming, as it is now necessary to wait for formal approval from the central programme level before proceeding.

3.2.2 Missing data on dates of birth

CDGP has faced difficulties in maintaining an accurate and up-to-date database of the birth dates of beneficiaries' babies. This is due in part to the context in which the programme operates, where exact birthdays are often not known by caregivers, many births occur at home, and the coverage of official birth certificates is limited.

Reliable data on the birth date of CDGP beneficiaries' children is important to ensure that the beneficiaries are exited from the programme on time, when their child turns two years old, in accordance with the design intentions of CDGP to cover the 'first 1,000 days' of life. The programme has always had a stated intention to record birth dates as soon after delivery as possible, through a combination of channels (including information supplied by CVs, by local community structures, and reports by women themselves). However, maintaining this database has proved challenging. At the point when the first cohort of women were due for a mature exit from the programme, CDGP lacked a robust process for monitoring this (e-Pact, 2016).

The programme has sought to address this issue in two main ways: through a widespread births-tracking exercise and through supporting the issuance of birth certificates in CDGP communities.

Births-tracking exercise

In 2016, close to the period when the first mature exits were expected to be upcoming, CDGP undertook a large-scale exercise to retrospectively gather data on births. This involved mobilising large numbers of programme staff to systematically move through CDGP communities updating or entering missing information about birthdays. CDGP has also strengthened its processes for systematically capturing the birth dates of beneficiaries' children at the point of registration, drawing on information provided by CVs, religious leaders (who often perform naming ceremonies shortly after birth), and other sources.

Despite efforts to improve births tracking and secure birth certificates for CDGP beneficiaries' babies, there remain gaps in CDGP's data on children's birth dates. In the most recent dataset of the birth dates of beneficiaries' children that we have had access to, birthdays are missing for around 71% of CDGP beneficiaries' children⁹ and there is no data on the birth dates of children born in Jigawa from 2017 onwards.

If CDGP has information on the birthday of beneficiaries' children, this is the primary mechanism for processing a mature exit. According to data on the women who have exited the programme, among those reported as having had a mature exit CDGP had recorded a birthday of their child for over 90% of them. This leaves 10% of women for whom CDGP still managed to proceed with a mature exit without the birthday of their child being on record. It is not evident how this was done.

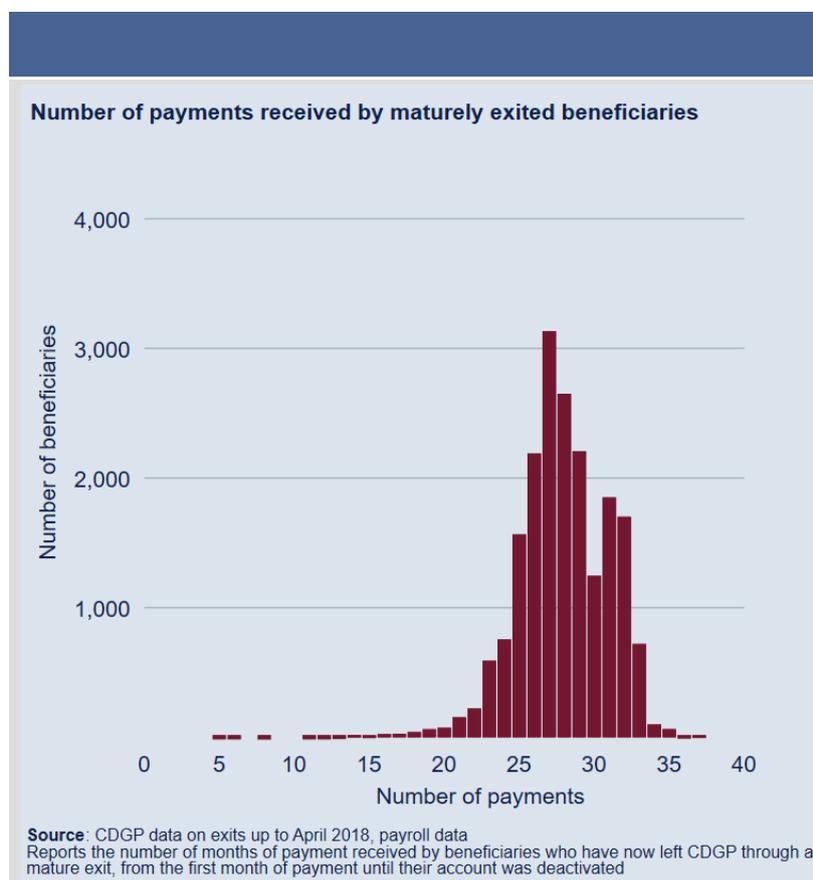
The risk of implementing CDGP without complete data on birthdays is that women may not be exited on time, with some receiving fewer payments than they are entitled to and others receiving more. It is not possible to assess the extent of this error without having accurate information on actual birth dates and the month of pregnancy in which the mother was registered into the programme. However, we can assess whether and to what extent there have been beneficiaries who have received more than the maximum possible number of payments. If a woman is registered into CDGP early, the absolute maximum number of payments she should receive is 33 months' worth. A more representative figure is 28 months, given the finding from the quantitative midline report that women who registered into the programme after the initial cohort were on average five months pregnant at the time of registration.

Figure 3 shows that there are some, though relatively few, beneficiaries whose accounts were credited with more than 33 payments by the time of their exit. We also find that the number of payments received by women who have had a mature exit does not appear to be higher for those without birthdays reported in the data. Nonetheless, there are around 10% of all exited women who received more than 30 months of payment at the time they were exited, which could only be possible if they registered for CDGP very early, i.e. within the first trimester of their pregnancies. This suggests that there may be some women receiving more payments than their theoretical entitlement under the targeting rules of the programme. However, the fact that there are not more such cases, and very few greater than the

⁹ Source: CDGP payments MIS, database of exited beneficiaries and database of beneficiaries' birthdays. In the payroll data up to December 2017, there were 45,690 women classed as active beneficiaries. Of these women, 13,336 had birthdays for their children recorded on the database of birthdays.

absolute maximum ceiling of 33 months, suggests that CDGP retains some means of exiting women from the programme without full data on birthdays being available. We also examined the duration of programme support received by women who are still reported to be active on the payroll and found there to be relatively few women still active who have been receiving payments for more than 33 months.

Figure 3: Months of payment received by women who have had a mature exit¹⁰



If a practical exit process is possible and is already being carried out in cases where birth information is missing, this raises a question as to the relative value of continuing to invest resources in retrospectively gathering birth dates through births-tracking exercises.

Issuing birth certificates

Since November 2015 CDGP has sought to try and support the National Population Commission to increase the proportion of infants with birth certificates, in a context where official registration of births is extremely low. According to the 2013 Nigeria Demographic and Health Survey, the proportion of children under five with a birth certificate was only 6% in Jigawa and under 1% in Zamfara.¹¹ CDGP has now started to try and encourage beneficiaries to fill in the required forms and submit them to the National Population

¹⁰ It is also notable that Figure 3 shows that there are a number of women who are reported as having received a mature exit but who appear to have received substantially fewer than 33 months of payment. This may be due to some delays in registering women into the programme (as reported in the quantitative midline evaluation and PE1 reports). A second reason may be women being exited unexpected early from the programme; the forthcoming qualitative endline report encountered some examples of women complaining of being removed from the programme before their child had reached two years (e-Pact, forthcoming).

¹¹ Source: Nigeria Demographic and Health Survey, 2013

Commission office in the LGA. Its stated objective is to ensure that all children born in CDGP communities receive a birth certificate.

Current estimates provided by CDGP (as at June 2018) suggest that the programme has supported issuing 46,145 birth certificates altogether, representing 52% of children under five born to mothers receiving CDGP in the five CDGP LGAs (69% in Jigawa and 35% in Zamfara).¹² This represents a significant increase from an extremely low base.

3.2.3 Delays to registration caused by the procurement of mobile phones

CDGP beneficiaries used to be given mobile phones in the final step of registration, where their phone number constituted their unique beneficiary ID that was needed to claim payments. Yet CDGP faced some early challenges with the procurement of mobile phones that sometimes caused delays in registration in the early stages. This was reported on in PE1, which also found that the use of mobile phones among beneficiaries was limited by a combination of poor networks in many communities, lack of electricity to charge phones, low levels of literacy creating a barrier to the use of phones, and some beneficiaries already having access to a mobile phone, either their own or their husband's (e-Pact, 2016).

Providing sim cards only

To address this issue, as of mid-2017 CDGP no longer provides mobile phones to beneficiaries in the final step of registration. Beneficiaries now receive only the sim card, which gives them their unique beneficiary ID number.

Under the initial design intentions of CDGP, mobile phones themselves were expected to play an essential role in facilitating beneficiaries' ability to manage their transfer withdrawals through a flexible e-wallet, as well as delivering key messages as part of the SBCC strategy. As the programme developed, however, the design features that would have implied a particular importance for mobile phones themselves were modified – most notably through the fact that payments came to be provided in cash at specified pay points each month and not via mobile money transfers. As a result, we find that the decision to stop providing mobile phones has not led to negative implications for beneficiaries' experience of the programme.

While the decision to no longer issue mobile phones therefore appears sensible to the evaluation team, the continued reliance on sim cards is less straightforward to understand. Given the cash-based payment system used by CDGP, sim cards serve no independent purpose to the programme other than to provide a unique ID. The NGN 100 credit that is also provided along with the sim card is unlikely to be used, unless beneficiaries have access to a phone. It is not clear why even continuing to rely on sim cards is required at all, if beneficiaries could alternatively simply be issued with a unique nine-digit ID number when they register into the programme.

¹² Source: CDGP.

3.2.4 Summary of adaptations within this process domain

Table 3 summarises the key issues that CDGP has faced in its registration, enrolment, and exit processes, the adaptations it has made to address them, and the challenges that remain.

Table 3: Summary of adaptations to enrolment and exit processes

Issue	Adaptation	When	Outcome
Mitigating fraud	New MoU	October 2017	Has improved CDGP's ability to prevent ineligible women from enrolling into the programme. However, ongoing challenges remain in identifying existing cases of fraudulent beneficiaries.
	Increased oversight of registration process	After 2014 pilot	Has improved CDGP's ability to prevent ineligible women from enrolling into the programme.
	Pre-assessment checklists	November 2017	Has increased robustness to implementation error by CDGP teams.
Missing births data	Births-tracking exercise	Starting from mid-2016	CDGP's database of birth dates is more complete, although many gaps remain. This process has been very resource intensive and late in introduction. Nevertheless, it appears that CDGP is still able to implement a mature exists process without having complete data on birthdays. The team is unable to determine the accuracy of this process, although some errors are observed.
	Supporting issuing of birth certificates	Starting from mid-2015	Has led to a substantial increase in numbers of beneficiaries whose children have birth certificates.
Delays to registration caused by mobile phone procurement	Issue sims only during registration	Starting from mid-2017	Removes a cost and source of delay for CDGP registration without harming beneficiaries' ability to experience the programme. However, it is unclear why sim cards still need to be provided at all.

4 Payments

4.1 Key implementation processes

Table 4 below summarises the key elements of the payments process according to its design at the time of writing. In Section 4.2 below we describe how elements of this process have changed since the start of implementation.

Table 4: Process overview – payments

Stage	Description
Preparing the payroll	In order to initiate a payment, CDGP state teams first prepare lists of beneficiaries to be paid in each state. These lists are shared with the central MIS manager in Abuja to be verified. Once approved, the list is shared with CDGP's payments provider, Stanbic Investment Banking and Trust Company (SIBTC), to prepare the payroll.
Preparing pay agents for payment	<p>SIBTC employs a network of payment staff known as super agents to execute the payments process across communities. Super agents in turn recruit a network of payment agents to physically distribute cash to beneficiaries every month.¹³</p> <p>Once the payroll has been prepared, super agents share the beneficiary lists with pay agents and make arrangements to ensure that pay agents will have sufficient cash to pay beneficiaries. This is sometimes done by directly providing pay agents with cash reserves. In other cases they may write cheques that pay agents need to cash before the payment cycle starts.</p> <p>The payments schedule is determined during a pre-payments meeting hosted by CDGP LGA teams and attended by pay agents. The exact schedule of which communities will be paid on which days, and by which agents, can vary from month to month.</p>
Communicating the payment to beneficiaries	<p>CDGP has a target payment start date of the 19th day of each month but in practice payments do not always occur on a fixed date. Beneficiaries therefore require up-to-date information on when payment is due to begin in their community each month.</p> <p>In most cases beneficiaries are informed by CVs, who in turn receive information from CDGP staff. In other cases town criers or traditional ward leaders may help to spread the information.</p>
Distributing payment	<p>Beneficiaries collect their payments in cash from fixed locations in their community or close by. The payment location is known as the pay point.</p> <p>To collect their payment, beneficiaries must present their unique beneficiary ID. Pay agents then use a SIBTC application on their electronic tablets to enter the beneficiary ID code, check the photo of the beneficiary that appears, and take a scan of the beneficiaries' fingerprint to verify their identity before disbursing the cash.</p>

¹³ The role of pay agents and super agents is discussed in PE1.

Stage	Description
Mop up	Altogether, the period for payment lasts for up to 10 days. If a beneficiary misses the time slot for payment, the pay agent may return to the community on subsequent days during the payment period to complete the payment. This is known as a mop up. Any beneficiaries who are unable to collect the transfer at all during a given month for any reason can also collect their full outstanding balance next time they visit the pay point.
Reimbursement of super agents	After the payment cycle is complete, super agents are reimbursed by SIBTC to the value of the cash that they disbursed, plus a commission of NGN 200 per NGN 4,000 transacted.

4.2 Key implementation issues and process adaptations

4.2.1 Errors in verifying biometric data at the pay point

Before pay agents make a payment, they first scan the beneficiary's finger or thumbprint using a fingerprint scanner to verify her identity (or that of her nominated proxy who may be collecting the payment on her behalf). This system of confirming biometric data does not always work as intended, and intermittent cases of beneficiaries' thumbprints not correctly registering on the fingerprint scanner have been documented throughout CDGP implementation (e-Pact, 2016). According to key informants connected with the payments process, one reason why thumbprints can fail to record properly is due to the agricultural livelihoods activities that many families depend on. This type of work and other manual labour can cause damage to their thumbprints, especially during peak working season, thus making the thumbprint difficult to recognise for fingerprint scanners.

The failure of thumbprints to register properly at the pay point can cause a delay in the beneficiary receiving her payment. Pay agents are trained to try re-synchronising their device and asking the beneficiary to try washing her hands or cleaning them with tissue, before attempting to re-capture the print again. If this does not work, the case is then reported to the LGA payments officer and the beneficiary is asked to visit the CDGP LGA office to have a member of CDGP staff capture her biometric data again. They will then need to return to the pay point on another day or during the next payment cycle to collect their payment.

Recording three fingerprints instead of one

The main adaptation made by CDGP to mitigate this issue was to increase the number of fingerprints recorded for each beneficiary during the registration stage. Initially, only the thumbprint was captured. As of mid-2017, however, the system was changed to capture the little fingers on the right and left hand in addition to the thumb. This change was introduced at the same time as the introduction of the new MIS (described further in Section 7.2.1 below), with new biometric details captured for all beneficiaries as part of this transition. The rationale for collecting additional prints was to increase the number of possible prints that could be used to verify a beneficiary's identity, in case one print did not successfully record.

According to pay agents and CDGP staff connected to the payments process, this change has been effective in helping to reduce the rate of such errors occurring at the pay point. Little fingers are more reliably registered by scanners than thumbprints as they tend to be less prone to wear and tear through manual work. Nonetheless, key informants reported that intermittent issues with biometric data failing to capture correctly do still occur so this problem has not been solved *per se*. This means that some beneficiaries can still experience a delay in receiving their payments, and this affects pay agents too as it means they are not able to collect commission for the accounts they could not pay out.

4.2.2 Managing waiting times at the pay point

Managing the CDGP payments process at scale requires a high degree of coordination to ensure that pay agents are able to reach all communities within the allotted 10-day window, and beneficiaries are well informed about when payments will start for their community. Evidence suggests that, although the payments process usually operates smoothly at pay points, beneficiaries can sometimes be made to wait for long periods before the payment is ready.

The way that the payments system operates today is considerably different from the programme's initial design intentions. As documented in PE1, CDGP had initially envisaged that the payments system would take the form of a fully mobile-based system, in which transfers would be sent electronically via 'e-wallet' accounts accessed through beneficiaries' mobile phones (see e-Pact, 2016). This design was intended to provide beneficiaries with full flexibility in being able to manage their transactions, enabling them to withdraw cash when they chose to, and in desired amounts, from participating agents based in the community. However, the inability of CDGP to implement the mobile-based system, as well as for SIBTC to recruit sufficient numbers of community-based agents to support this, has led to the formation of the existing cash-based system in which beneficiaries withdraw their payments in cash in fixed amounts at pre-specified locations and times. The need for beneficiaries to gather at a fixed time and place in order to receive cash creates the potential for waiting times to build up.

Many key informants connected with the payments process testified to the system being generally efficient, with beneficiaries being well informed about the allocated payment date and able to collect their payments soon after arrival. We did not encounter cases of pay agents reporting that they are routinely unable to meet their full caseload of beneficiaries, or that they are not able to reach all the communities assigned to them during the allocated 10-day payment period.

Nonetheless, some respondents reported that occasional issues with waiting times and crowding at the pay point do still occur. Some respondents attributed these issues to the growing scale of the programme, noting that coordinating the payments process used to be more straightforward when the numbers of beneficiaries and pay agents were fewer. Others also noted a belief that payments are easier to facilitate, and the time spent by pay agents at each pay point is shorter, in LGAs with fewer beneficiaries. Beneficiary numbers do vary widely between LGAs; according to CDGP's weekly dataset, by December 2017 nearly 21,786 women had been enrolled in CDGP in Tsafe LGA in Zamfara, compared with only 7,738 in Gagarawa LGA in Jigawa.

Waiting times at the pay point can also occur due to delays in pay agents reaching the site. Some of the reasons for these delays were documented in PE1 (e-Pact, 2016) and appear to remain an issue. This includes delays that can be caused by pay agents needing to go and collect cash in the morning before starting to pay. While super agents are generally recruited under the expectation that they will have enough liquidity to pay beneficiaries from their own cashflow, the same is not true of pay agents. Pay agents typically need to pick up cash each day before making payments. This is partly due to a liquidity constraint and partly because pay agents are advised not to keep large volumes of cash with them overnight for security reasons. However, the process of picking up cash reserves can be time-consuming, leading to delays being passed on to beneficiaries.

Some respondents also noted that pay agents may be delayed in reaching the community if they have been paying in a different community earlier in the same day. Pay agents are often required to visit more than one community in a day. This means that if it takes longer than anticipated for them to complete the payment in the first community, or make the journey from one pay point to another, then beneficiaries may end up waiting.

To help mitigate issues around waiting times, CDGP has introduced two key adaptations to try and improve the efficiency of the payments process and minimise waiting times. These are:

1. Pay point centralisation
2. Introducing a 'first-come-first-served' approach

Pay point centralisation

Paypoint centralisation refers to a process of establishing pay points that serve multiple communities instead of just one, while observing a rule of thumb that there should be a maximum distance of 5 kilometres between the pay point and any beneficiary's home. This process was initiated in early 2017 to help ensure the efficient management of pay points and pay agents as the programme has expanded. According to programme staff, the centralisation has been more widely adopted in Jigawa compared with Zamfara. In some parts of Zamfara the distances between some communities are very large, limiting the potential for pay points to cater to more than one community.

Programme staff have reported that pay point centralisation has enabled more efficient management of resources. It has helped to lessen the distances travelled by pay agents and number of distinct pay points that they need to reach, thereby reducing the risk of delays in meeting their payment schedule. This process has also made it possible for payments to be transacted at the same site over several days, which allows beneficiaries a longer window to collect their payment if they cannot pick it up on the first day. Finally, the centralisation has also made it easier for CDGP staff to coordinate other activities with the payment day, such as random pregnancy testing and SBCC.

An implication of the centralisation is that it has increased the importance of effectively communicating payment days and times with beneficiaries. Under a system in which centralised pay points serve large numbers of beneficiaries from different communities, it is not always possible to pay all beneficiaries on the same day. To help manage numbers and prevent queues from forming, different communities may instead be requested to come to the pay point on different days. Maintaining a system of staggering arrivals at the pay point

necessitates especially close communication with beneficiaries to ensure they are aware of the designated time for their community. Key informants connected with the payments process reported that CDGP has been successful in its communication to beneficiaries around the timing of payments. CDGP had originally planned to make use of text messages as a primary mode of communication with beneficiaries around the date of payment. However, poor network coverage in many communities combined with literacy challenges and low uptake of mobile phones meant that phones have not been used for this purpose (see Section 3.2.3). Instead, CDGP has largely relied on leveraging its close links to communities, through its network of CVs, to communicate messages to beneficiaries.

The pay point centralisation also creates a potential unintended consequence for beneficiaries. Some beneficiaries who could formerly collect payments within their own community may now need to travel longer distances. The fact that pay points may now be attended by larger numbers of beneficiaries also raises the risk of longer waiting times, which may occur if large numbers of beneficiaries arrive at the pay point at once. The extent of this issue will be further investigated in the e-Pact quantitative endline household survey, which will collect data on average time spent queuing.

First-come-first-served approach

CDGP has also disseminated new advice to pay agents around the recommended order of serving beneficiaries at the pay point. Under the original system, pay agents would make payments according to the order of beneficiary names written on their printed schedules. Starting from 2015, however, CDGP began to advise pay agents to adopt a first-come-first-served-approach instead, in which beneficiaries should be given a number according to when they arrived at the pay point so that they could be paid in that order. Pay agents are also recommended to identify the maximum number of beneficiaries they can pay from their cash reserves on a given day so they can alert beneficiaries immediately if more people arrive than they can pay.

This change was intended to make operations smoother at the pay point, as well as increasing transparency and fairness for beneficiaries who are waiting. According to key informants, this adaptation has helped to mitigate waiting times by allowing pay agents to call beneficiaries efficiently without needing to call names twice or wait for a certain number of beneficiaries to assemble before they can start paying. It has also reportedly lowered the risk of beneficiaries being turned away after waiting to be paid if the pay agent runs out of cash. Some key informants did, however, raise a concern that the recommended process may not always be implemented strictly if CDGP staff are not present at the pay point to oversee how it is being managed.

4.2.3 Variable starting date of the payments cycle

CDGP has a consistent record of delivering payments to an extremely high proportion of beneficiaries within 10 days of the payment cycle starting (typically 95–97% according to programme staff). This is an impressive achievement, which key informants at the central and state levels credit with having helped foster high levels of trust and support for the programme among the communities where it works. However, the starting date of this 10-day period is not fixed. CDGP does have a nominal starting date for the payments cycle of the 19th of each month. This date was chosen as suitable start date for payments to avoid coinciding with the days when the governments of Jigawa and Zamfara pay salaries and

banks are more likely to face shortages in liquidity. In practice, though, this is permitted to vary.

One of the reasons why there is no fixed payment date is the complexity of the processes required to prepare and approve the beneficiary lists before each payment cycle. This involves the following steps:

- Confirming the list of beneficiaries to be paid each cycle, by adding newly registered beneficiaries and removing those who have exited;
- Updating the amounts that each beneficiary is entitled to receive (in view of any missed payments in previous months);
- Validating the list;
- Obtaining formal sign-off from the central programme team; and
- Conducting security assessments to check the security of all communities and make contingency plans in case of issues.

These processes have also become steadily more challenging to complete as the caseload of beneficiaries and volume of new registrations and exits has grown over time.

The annual renegotiation of CDGP's contract with SIBTC is an independent cause of intermittent delays in payments. Although negotiations typically begin up to three months before the contract is due for renewal, the process can sometimes take longer than expected. Delays in the most recent contract renewal led to the payment in January 2018 being delayed until February. The delayed January payment had a knock-on effect for the payment scheduled for February, which was in turn delayed until March.

These delays caused to CDGP's payment window due to contractual issues with SIBTC point to a relatively high level of sensitivity of processes on the ground to higher-level management issues. For example, there was a delay in the contractual renegotiation process between December 2017 and January 2018, due to changes in management requirements for contract renegotiation at SCI's headquarters. This annual renewal of the contract with SIBTC is intended to allow both parties an opportunity to review the terms of their engagement each year, instead of being locked in throughout implementation. However, the trade-off made in exchange for this reduction in risk associated with long-term contracts is the time-consuming renegotiation process each year, which can lead to costs being passed on to beneficiaries in the form of delayed payments.

Apart from occasional delays, CDGP has been able to achieve a high degree of predictability in the payments process from the perspective of beneficiaries. This is illustrated by its strong record in paying a high proportion of its beneficiaries each month with the expected amount of transfer. However, CDGP has not introduced any changes to try and bring about more certainty regarding the start date of the payment cycle each month. Rather, the start of the payment window appears to have become more variable over time as the programme has expanded and the complexity of the processes involved in preparing for payment has increased. Some key informants also cited renewed efforts by the programme in conducting security assessments in insecure regions prior to payments as another factor contributing to payments being delayed.

4.2.4 Security

Pay agents and super agents handle large amounts of cash every payment cycle. Travelling between communities in possession of these sums of money presents a potential security risk for pay agents, including theft or possible confrontation with community members or relatives of beneficiaries. The security risk around handling cash may also extend to beneficiaries travelling home from pay points, although in practice the qualitative research did not find examples of beneficiaries raising these concerns.

Programme staff at central and state levels stressed the emphasis that CDGP has placed on seeking to mitigate risks associated with the cash-based payment system. The programme makes use of its close links with communities to obtain up-to-date information on local conditions and any changes in the security environment to assist with planning. Security assessments are conducted before each payment cycle to help identify any emerging security risks, and in the event that any community is deemed to have security challenges the payment is suspended. This requires CDGP to be flexible in adapting its schedule and coordinating pay agents accordingly, as circumstances evolve.

CDGP also has systems in place to help manage pay agents' risks. It has a policy of rotating which pay agents serve which communities in Zamfara, which has been affected by greater security challenges than Jigawa in recent years, including cattle rustling. This is intended to minimise their vulnerability to the risk of violence or theft that may be elevated if agents are known to follow the same schedule from month to month. CDGP has also advised pay agents to adopt some practical measures to help protect their safety, including only withdrawing enough cash to last for one day of payments so as to avoid holding large amounts of cash overnight.

Over time the programme has also adapted in how, and with whom, plans about upcoming payments are communicated. In the early stages of programme implementation, information about payment schedules would be cascaded down to the community relatively widely, to help inform people of when and where pay agents were due to be travelling. However, to reduce the possible level of exposure around payments, full plans are often now communicated only to LGA supervisors before payments start, with specific details on the payments schedule only being shared more widely nearer the time when beneficiaries need to be informed. The short notice given before payments start makes rapid and effective communication with beneficiaries especially important. However, as discussed in Section 4.2.2, the evidence suggests that CDGP is managing this well.

The large number of measures in place to help ensure the safety of programme staff, volunteers, and communities, as well as the flexibility to update schedules or suspend payments in response to any risks, points to a programme that is proactive in its management of security. The PE team did not encounter any cases of major security incidents and we find this to be a notable achievement given the potential risks around transacting large volumes of cash each month in a context with known security challenges. CDGP staff attribute this to a high degree of support and trust for this programme among the communities in which it works.

4.2.5 Summary of adaptations within this process domain

Table 5 summarises the key issues and adaptations undertaken in the payments process since the start of implementation.

Table 5: Summary of adaptations to the payments process

Issue	Adaptation	When	Outcome
Errors in verifying biometric details	Recording three fingerprints instead of one	Since mid-2017	Reduction in the rate of biometric details failing to be verified at the pay point, although errors still occur.
Managing waiting times at the pay point	Pay point centralisation	Early-2017	Has facilitated more efficient management of pay agents and payment schedules. Presents a risk that beneficiaries may need to travel further to reach pay points (though intended to be within 5 km maximum distance).
	First come first served	From 2015	Has helped to smooth operations at the pay point and mitigate crowding, although there are concerns that the intended process is not strictly implemented everywhere.
Variable starting date of the payment cycle	N/A		Payment dates appear to have become more variable over time. However, CDGP continues to maintain an extremely high rate of payment within a 10-day window after payments start.
Security	No distinct changes in process, but monitoring of security situation is ongoing		No significant security incidents have been recorded up to the time of writing.

5 SBCC

5.1 Key implementation processes

5.1.1 SBCC channels

CDGP prioritises 11 key SBCC messages to beneficiaries, which are in line with the Government of Nigeria's Community Infant and Young Child Feeding Counselling (C-IYCF) Package (Federal Ministry of Health Nigeria, 2012). These cover messages relating to healthy behaviours during pregnancy, breastfeeding, and complementary feeding practices for infants and hygiene practices.

The SBCC strategy involves using multiple channels to deliver these messages in both T1 and T2 communities. A brief description of these channels is provided in Table 6.

Table 6: Channels used to deliver SBCC messages

SBCC channel	Description	T1/T2*
Mass media	CDGP uses phone-in radio programmes, radio jingles, and posters to deliver messages through its mass media approach.	T1 and T2
Action-oriented groups (AOGs)	AOGs refer to public food demonstrations and health education talks that are held in the community. AOGs are sometimes timed to coincide with other events when beneficiaries and community members may gather, such as during payment, naming ceremonies, and weddings.	T1 and T2
Mobile cinemas / <i>majigi</i>	Mobile cinemas, known locally as <i>majigi</i> , are screenings of films and music videos on SBCC topics, held at night. Screenings are broadcast using a mobile projector, and are intended to rotate between communities.	T1 and T2
SGs	Meetings of up to 20 beneficiaries held on a monthly basis and facilitated by a CV. Each session is intended to be based on discussion of one of the key SBCC messages.	T2 only
One-to-one counselling	An individual meeting between beneficiaries and CVs, structured by a set of IYCF counselling cards. One-to-one counselling is intended as an 'on-demand' service that beneficiaries can request if they need further support on a particular topic.	T2 only
Home visits	Visits to a beneficiary's home that are initiated by a CV if there is an issue with a beneficiary that they want to follow up on.	T2 only

* Type of community – 'Treatment 1' (T1) – low-intensity communities, or 'Treatment 2' (T2) high-intensity communities

5.1.2 Delivery of SBCC

SBCC activities are primarily delivered by a large network of trained CVs who are based in each of the programme's traditional wards. Table 7 outlines CDGP's core processes for recruiting and maintaining this network.

Table 7: CV recruitment and training process

Process	Description
Recruitment	<p>In T1 communities CVs are selected by the TWC on entry into the community. They are recruited on the basis of possessing a number of desired characteristics, including being well-known and well-respected community residents who are familiar with community structures and willing to commit to the programme on a voluntary basis.</p> <p>In mid-2017, CDGP adopted a new approach to recruiting CVs in T2 communities, in which one beneficiary is nominated by her peers to be their CV.</p>
Training	<p>CVs are expected to receive initial basic training lasting three days to cover the objectives of CDGP, the core features of their role, and training on appropriate IYCF practices for mothers and infants. Trainings are held separately for CVs in T1 and T2 traditional wards.</p> <p>CVs are then intended to receive periodic additional refresher trainings to 'top-up' key messages during the course of implementation.</p>
Monthly meetings	<p>CV monthly meetings are held in each LGA every month. There are separate meetings for T1 and T2 CVs.</p> <p>CV monthly meetings are designed to serve as a platform for CVs to share their experiences and discuss any issues they are facing. CDGP staff also use meetings as an opportunity to conduct further training on particular topics. During these meetings, CVs are also asked to submit their workplans and forms indicating which activities they carried out in the previous month to CDGP staff.</p>
Supervision	<p>CVs receive ongoing supervision in their activities from CHEWs and government-seconded staff. Within the community, CVs also receive supervision from the 'lead' CV in the traditional ward. The role of lead CVs is described in Section 5.2.1 below.</p> <p>Supervisors are responsible for observing SBCC sessions and completing a supervision checklist form, to help them provide feedback to the CV afterwards.</p>

5.2 Key implementation issues and process adaptations

5.2.1 Maintaining the size and capacity of the CV workforce

As CDGP has entered new communities and its caseload of beneficiaries has increased, the required network of CVs needed to implement SBCC activities has grown accordingly. To meet this need, CDGP has had to recruit and train more CVs on an ongoing basis. Maintaining this network of CVs at scale has presented CDGP with some challenges.

The primary challenge is the sheer logistical demands of maintaining consistent coverage of trained CVs across all CDGP villages as more communities and beneficiaries are added to the programme over time.

Related to this are issues around the increased demand for CV trainings and refresher trainings. As the number of communities has expanded, key informants connected with the SBCC component have noted that new CVs have not always been able to receive the initial three-day training before starting their responsibilities. This has implications for CDGP's ability to maintain a basic standard of CV capacity to conduct their responsibilities.

To mitigate this challenge, CDGP undertook a 're-strategisation' process¹⁴ between July and September 2017. The objective of the re-strategisation was to help ensure that CDGP would be able to effectively expand its CV workforce as it was scaled up, while also continuing to build the capacity of new and existing CVs. The re-strategisation involved a review of all mechanisms for the recruitment and organisation of its CVs and culminated in the following adaptations being introduced:

- Setting a target CV-to-beneficiary ratio;
- Specialisations of CVs into lead CVs and IYCF CVs;
- Beneficiary-chosen CV model; and
- Seeking to make CV training a continuous process.

Each of these adaptations is discussed in further detail below.

Setting a CV-to-beneficiary ratio

The re-strategisation process established a target ratio of CVs to beneficiaries, set at one CV to 40 beneficiaries in T1 communities and one CV to 20 beneficiaries in T2 communities. This was done to help distribute CVs more evenly across beneficiaries and ensure a manageable caseload for each CV to avoid them feeling overworked. Each CV was assigned to specific beneficiaries, rather than allowing responsibility to rotate arbitrarily between them.

¹⁴ In April 2017 it prepared a note titled 'Concept note for Re-strategizing for IYCF in E-PACT Communities' outlining this process. It is important to note that this was introduced in 2017 toward the end of the implementation phase of the programme.

Maintaining the CV-to-beneficiary ratios has required CDGP to flexibly respond to increased beneficiary numbers by actively recruiting and training sufficient numbers of new CVs to maintain the target ratio.

Specialisation of CVs into lead CVs and IYCF CVs

CDGP sought to reinforce an existing classification of CVs into 'lead CVs' and 'IYCF CVs' in T2 communities. According to this specialisation, lead CVs are responsible for supervising other CVs and helping them fill out data tools, while IYCF CVs have primary responsibility for implementing SBCC activities.

According to CDGP's note on the re-strategisation process, two of the objectives of making this separation were to ensure IYCF CVs would have sufficient contact time with beneficiaries and to lessen the potential for CVs to become overworked. A further reason for this adaptation was as an effort to help maintain CV capacity and overcome issues that some CVs faced in filling out forms relating to their SBCC activities (discussed below in Section 7.2.3). Among CVs who were already part of CDGP, those who were literate were selected to be lead CVs to enable them to effectively fulfil this function of supporting other CVs with completing forms.

Beneficiary-chosen CV model

The re-strategisation introduced a requirement that new CVs in T2 communities should be selected by beneficiaries as opposed to the TWC. Under this model, groups of 20 beneficiaries nominate someone among them to act as their CV. The original model of beneficiaries being chosen by the TWC continues to operate in T1 communities.

Key informants gave a number of reasons for why this adaptation was introduced. The first common reason given was concerns that some of the initial cadre of CVs had proved ineffective in fulfilling their roles. Some respondents attributed this in part to some of the early CVs selected by the TWC being relatively elderly. A second view was some of the initial cadre of CVs had been selected on the basis of their links with traditional ward leaders rather than their suitability for the role. The rationale in allowing beneficiaries to select their own CV was to improve the likelihood that the candidate would be someone who was trusted and respected by beneficiaries themselves to be their main form of support on IYCF topics. Finally, some respondents at state and LGA level commented that there had been complaints among some of the first cohort of CVs that they were working for free, while the beneficiaries they were recruited to support were receiving a monthly cash payment.

Respondents noted that the beneficiary-chosen CV model allowed less effective CVs to be replaced by those nominated by beneficiaries. This process was conducted smoothly, but according to state-level key informants there were reports that some CVs who were dismissed through this process had complained. However, we are unable to determine whether such cases of CV dissatisfaction are common or limited to a few cases.

The beneficiary-chosen CV model implies that only women can be selected as new IYCF CVs in T2 communities. Prior to the re-strategisation, many CVs recruited to implement SBCC activities were male. According to key informants connected with the SBCC component, the selection of male CVs to carry out SGs and one-to-one counselling sessions had proved problematic in a context where it is more socially acceptable for women to discuss IYCF and maternal health issues with other women.

Seeking to make CV training a continuous process

To overcome the challenge of not being able to organise regular trainings as often as CDGP would have liked, according to key informants at the state and LGA levels, CDGP capitalised on its existing interactions with CVs to make training a continuous process.

CDGP has been able to overcome the issue of not being able to hold regular refresher trainings through its supervision and monitoring model that allows on-the-job training to take place. CHEWs and CDGP seconded staff to conduct quality monitoring visits to observe CVs as they carry out their activities. They use this opportunity to observe if a CV is facing difficulties and are able to immediately provide feedback and advice to CVs. In addition to this, CV monthly meetings are also used for topping up CV training and to introduce CVs to new processes. This has allowed CDGP to use existing channels and systems to make the capacity building of CVs consistent.

5.2.2 Ensuring beneficiary participation in SBCC activities

CDGP payments are not conditional on participation in SBCC activities and it is voluntary for beneficiaries to attend or request SBCC activities. Attendance, therefore, depends on beneficiaries' intrinsic motivation thus creating a challenge for CDGP to achieve high levels of exposure to SBCC activities and ensure uptake its key messages.

According to key informants, the SBCC component has been positively received by communities, and evidence from the midline quantitative and qualitative evaluations suggest that behaviours and practices among beneficiaries have indeed changed (e-Pact, 2017; e-Pact, 2018). However, while some SBCC activities have historically been very popular with beneficiaries, notably food demonstrations (e-Pact, 2018; e-Pact, forthcoming), levels of participation in other activities such as the demand for one-to-one counselling and attendance at SGs have been more varied. For example, there has been a substantial drop in participation in one-to-one counselling and active SGs,¹⁵ as is shown in Figure 4 and Figure 5 below.¹⁶ According to CDGP staff at state level, the drop in beneficiary demand for SBCC activities is related to a decline in beneficiary motivation to attend SBCC activities due the large number of activities that they are meant to attend. A second reason given was the impact of newly recruited CVs who were still learning how to conduct these activities and were either less effective at attracting participants or are misreporting numbers due to challenges capturing attendance in the data tools.

¹⁵ CDGP defines an active SG as one which has met at least once in the last three months.

¹⁶ Part of this decrease may be linked to the first cohort of beneficiaries beginning to exit the programme from mid-2016.

Figure 4: Number of one-to-one counselling sessions per month

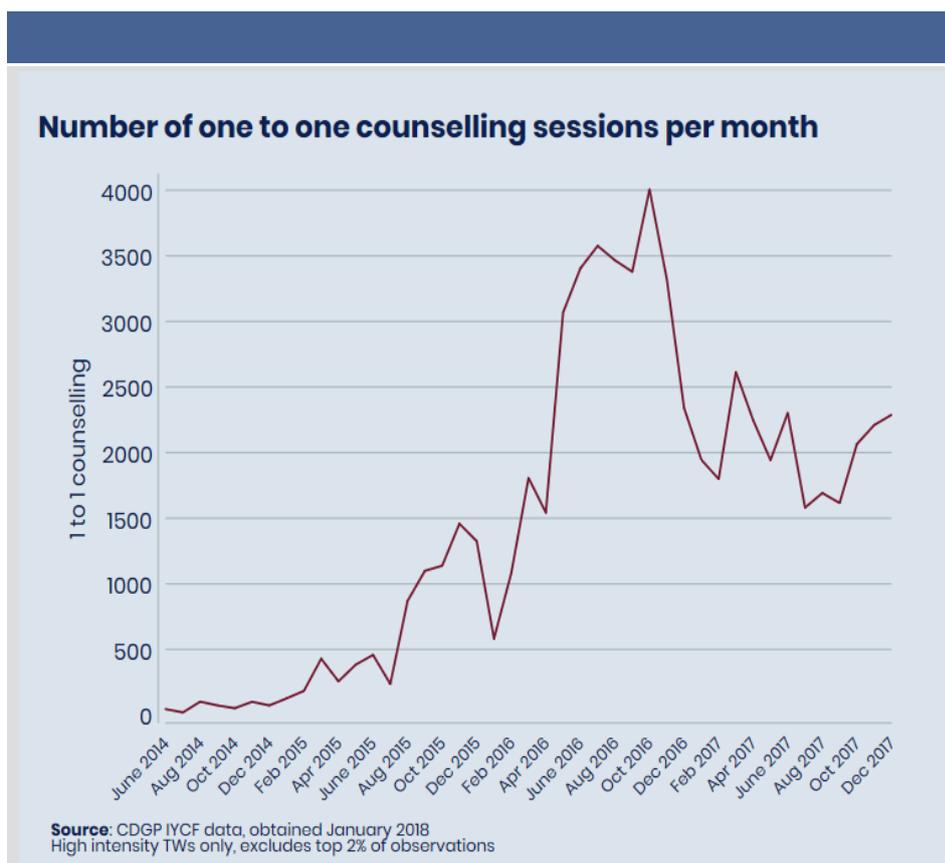
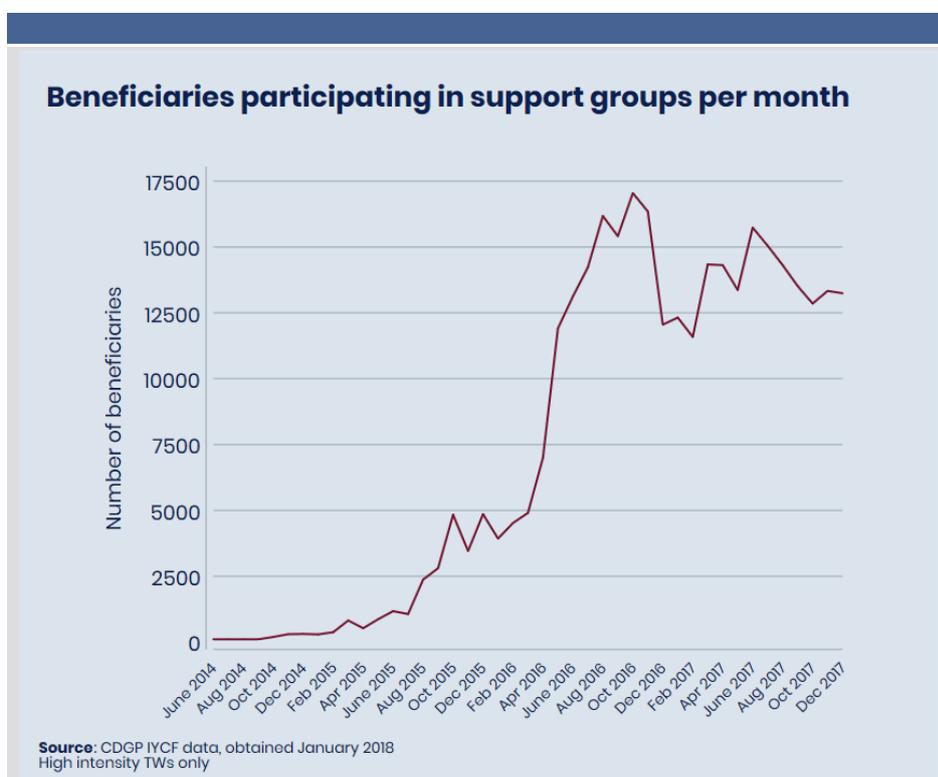


Figure 5: Number of participants in women’s SGs over time



In response to this variation, CDGP has made the following adaptations to try and improve beneficiaries' exposure to key SBCC messages:

1. Introduction of home visits as a new SBCC activity;
2. Using additional channels to target influential groups in the community; and
3. Introducing the beneficiary-chosen CV model.

These adaptations are discussed in turn below.

Introduction of home visits

Home visits were added to the SBCC curriculum at the end of 2017 to help increase the individual contact between CVs and beneficiaries. A home visit is similar to one-to-one counselling in the sense that it involves the CV visiting a beneficiary's home to meet with her individually. However, unlike one-to-one counselling sessions, which are organised on beneficiary demand, home visits are initiated by CVs.

Although home visits are a relatively new modality, the qualitative midline study (carried out in March 2016) found evidence that this form of interaction between CVs and beneficiaries had already been in operation informally prior to this. The qualitative midline reported that one-to-one counselling sessions were often not being initiated by beneficiaries, as per design. Rather, CVs often took the initiative of visiting a household themselves. The introduction of home visits as a new modality formalised this as a distinct activity and gave CVs set targets to meet in the number of visits to carry out each month.

The distinction between home visits and one-to-one counselling sessions has not always been clearly delineated. KIs at the community level suggested that while CVs are aware of home visits as being a separate activity, they are not always able to explain how the two are different. Given that the home visits have been a recent introduction, the PE2 team does not have data on the number of home visits carried out and whether this has had an effect on the number of one-to-one counselling sessions held. Therefore, we are unable to assess their success in terms of implementation.

Using additional channels to target influential groups

Over time, CDGP has developed its strategy for increasing levels of engagement in SBCC among the wider community, beyond the beneficiary women who are the direct recipients of cash. This includes increasing efforts to target men, older women in the community, religious leaders and other influential community members who may have an influence on health and nutrition-related decision making within households. Although involving the wider community in SBCC has been a stated intention of CDGP's SBCC component from the start, the means of communication and avenues used to do so have evolved over time.

Among the key groups CDGP aims to target are the husbands of beneficiaries and other men in the community. Initially, CDGP had planned to form male SGs in CDGP communities alongside the SGs set up for beneficiary women. However, as reported in PE1, the uptake of male SGs proved limited due to a lack of interest among men to form and participate in SGs and limited resources on CDGP's side to sustain them.

In place of male SGs in many communities, CDGP has adopted a strategy of engaging with men via other channels. This includes increased engagement with imams (religious leaders), to incorporate SBCC messages as part of Friday sermons. CDGP has also used Friday prayers, where a large group of men gather, as a platform to distribute CDGP posters. Key informants also told us that CVs sometimes meet men in informal gatherings and talk about SBCC messages. The extent to which imams speak about CDGP messages in their sermons in practice, and the extent to which CV meet with men in informal gatherings, is unclear as there are no monitoring indicators that capture information on these activities. However, the endline qualitative study finds evidence of husbands of beneficiaries being influenced by imams and male CVs and encouraging their wives to adopt IYCF practices (e-Pact, forthcoming).

Beneficiary-chosen CV model

Part of the rationale for introducing the beneficiary-chosen CV model in T2 communities (described in Section 5.2.1 above) was to try and motivate beneficiary participation in SBCC activities. The idea was that if beneficiaries themselves were able to nominate someone they trusted among them to be their CV, they may be more inclined to participate in CV-led activities. However, the PE2 team has been unable to see whether this change increased participation in SBCC activities as the CDGP monthly IYCF data we had access to covered participation up to December 2017, which is only three months after the introduction of the new model and therefore arguably too soon to observe an identifiable change.

5.2.3 Challenges in delivering voice messages

The original SBCC strategy included sending pre-recorded voice messages to beneficiaries to promote key behaviours via CDGP-issued mobile phones. However, CDGP faced multiple issues in implementing this modality. Firstly, poor network coverage in many communities, unreliable supply of electricity to charge phones, and low levels of literacy all limited beneficiaries' capacity to use phones. This led to low overall use of this channel, which was documented in greater detail in PE1 (e-Pact, 2016). Evidence of low uptake of voice messaging was also found in the CDGP midline qualitative research study (e-Pact, 2017). The decision to stop issuing mobile phones to beneficiaries during enrolment (see Section 3.2.3) served to further reduce the chance that beneficiaries would be able to access messages. At the same time, the cost of delivering voice messages was scheduled to rise as the service provider had proposed a revision in the contract that would pass on a charge for all messages sent to CDGP rather than only messages that were successfully delivered to beneficiaries.

CDGP decided to discontinue voice messages after about a year of implementation. This decision was justified in that it allowed CDGP to focus its resources on the SBCC components that are more widely used by beneficiaries, and given the low reported uptake of this channel it is not likely to have major implications for beneficiaries' overall access to SBCC messages.

5.2.4 Costs and challenges in implementing community dramas

CDGP initially intended to include community dramas as a channel to deliver key messages. This involved recruiting a trained group of actors, mobilised within the community, to carry out live dramas about IYCF. However, as the programme moved from pilot to scale, CDGP found it challenging to implement these community dramas. This was due to difficulties in identifying a suitable group at the community level who could participate in them and the high resource requirements in setting up and monitoring the implementation of the dramas (see e-Pact, 2016).

In view of these challenges, CDGP abandoned community theatres early in programme implementation. In early 2017, it began to devise an alternative approach to replace them. Mobile cinemas, known as *majigis*, are a series of short films and songs about key IYCF messages screened at night in CDGP communities using mobile projectors. CVs have reportedly been trained in how to set up the equipment, which rotates between CDGP communities, and facilitate the screening within communities. The idea behind this approach was to maintain the initial concept of holding dramas or entertaining events in communities to deliver messages, but at a lower cost since films and messages could be pre-recorded before distribution. This also enables the quality of content to be standardised, whereas in the community theatres approach the quality of content could vary by group, and CDGP had limited means of individually monitoring all theatres.

However, mobile cinemas have so far only been a moderate success. Although they were introduced as an innovation to reduce costs relative to community theatres, similar difficulties have nonetheless become apparent due to the high logistical requirements to mobilise the staff, transport, and equipment needed to convene a single *majigi*. Although CVs are trained in how to set up the equipment, CDGP staff time is still required to coordinate activities and transport the necessary equipment. There are also a set of security-related challenges associated with mobile cinemas, given that they are held at night. In less secure areas within the CDGP LGAs, mobilising group gatherings and carrying equipment after dusk presents potential personal safety risks. Moreover, AAH and SCI institutional rules prevent official transport from being used after 5pm. In communities where security issues are lower, CDGP has sought to leverage support from LGAs for transport but has had variable success in doing so.

According to CDGP's monthly data, by December 2017 only 10 mobile cinemas had been held in Jigawa and none in Zamfara despite a notional launch for this approach seven months earlier (in September 2017).

In the view of the PE2 team, some of the difficulties associated with mobile cinemas could have been better anticipated in advance of their launch. Limited resources to implement activities according to a demanding roll-out schedule is a familiar challenge for CDGP, faced previously both in its initial roll-out of registration and payments activities in new communities when the programme first began, as well as in the community theatre approach that the *majigi* was intended to replace. Challenges relating to security are also well known to CDGP in its experience of implementing payments. If a viable means of implementing mobile theatres is not ultimately found, we would question whether the barriers faced could not have been better forecast at the design stage.

5.2.5 High staffing requirements to deliver SBCC activities

CDGP's SBCC component is implemented through an intensive delivery model. It involves a wide range of different activities that are implemented by a large workforce of CVs, embedded within all CDGP traditional wards. Overseeing the effective implementation of SBCC places high demands on CDGP staff to coordinate activities and ensure that recruitment, training, and supervision of sufficient numbers of CVs is maintained on an ongoing basis.

Managing the staffing requirements of the SBCC component has posed a challenge for CDGP from the start of implementation. This issue was first discussed in PE1, which reported on the delay in initiating the SBCC component when CDGP first began implementation. Due to staff shortages and higher-than-expected resources required to roll out registrations and payments, CDGP was not able to begin implementing SBCC until mid-2015 – almost a year after the first payments were disbursed (e-Pact, 2016).

CDGP has continued to face some intermittent issues with dedicating sufficient resources to support SBCC. These challenges have been variously discussed above and relate to difficulties in organising enough trainings for CVs and implementing the mobile cinema and community theatre approaches as per their original planned schedule. Several of the adaptations already discussed above were directed toward bringing greater efficiency to the organisation of SBCC (notably, the CV re-strategisation) and stripping back some elements of the strategy by discontinuing community theatres and voice messages.

One key adaptation that was made very early in CDGP's implementation was the decision to include government-seconded staff in LGA teams. Seconded staff are a core part of the staffing structure at LGA level. There are between 10 and 20 staff in each LGA, depending on the scale of operations in the LGA, and their responsibilities extend across the programme. The decision to draft in seconded staff was made partly to help provide CDGP with a larger pool of staff to implement its activities, as well as to help secure government buy-in for the programme and build capacity within the government (e-Pact, 2016).

The responsibilities of seconded staff relating to SBCC include working alongside CHEWs to help supervise CVs' delivery of SBCC activities, organising food demonstrations and mobile cinemas, and participating in CV monthly meetings. The ability to leverage this kind of support has helped CDGP to manage the intensive resource requirements of implementing SBCC activities while maintaining other resource-intensive activities such as ongoing registrations and payment.

5.2.6 Summary of adaptations within the SBCC process domain

Table 8 summarises the key issues that CDGP has faced in carrying out the SBCC component and the adaptations it has made to address them.

Table 8: Summary of adaptations to the SBCC process domain

Issue	Adaptation	When	Outcome
Maintaining the size and capacity of the CV workforce	Setting a CV-to-beneficiary ratio	July – September 2017	Helped to ensure that CVs have a manageable caseload, and to bring greater consistency in the coverage of CVs. Has required CDGP to be responsive in adjusting its CV workforce to the growing scale of the programme over time.
	Dividing CVs into lead CVs and IYCF CVs	July – September 2017	Has helped to allow CVs to divide responsibilities within each traditional ward team, with some CVs focusing on delivering activities and those who are literate focusing on supervision and data collection responsibilities.
	Beneficiary-chosen CV model	July – September 2017	Has allowed some less effective CVs to be replaced. There is some evidence of tensions arising through this process, due to frustration or disappointment among some of the CVs who were disengaged.
Challenges in holding new and refresher trainings	Seeking to make CV training a continuous process	Ongoing	Capacity building has been made a consistent feature of CDGP, by reinforcing existing channels and platforms.
Ensuring beneficiary participation in SBCC activities	Introduction of home visits	December 2017	Formalises an existing practice of CVs visiting beneficiaries of their own accord, and potentially helps to increase CVs' contact with beneficiaries in T2 communities. However, since this is a recent adaptation, monitoring data are not available.
	Using additional channels to target influential groups	Ongoing	Has helped CDGP reach groups that are influential in SBCC decision making. However, the extent to which these activities take place is unknown as the more informal channels of engagement with some key target groups are not monitored.
Low uptake of voice messages	Discontinuing voice messages	Mid-2016	Removed the cost of an SBCC channel that was found to have low uptake, and for which costs were set to rise due to changes in the agreement with the service provider.
Costs and challenges in conducting community drama	Evolution from community theatre approach to mobile cinemas	October 2017	Implementation has proved challenging so far, due to higher-than-expected resource requirements. Coverage to date has consequently been limited.
High staffing requirements to deliver SBCC activities	Using seconded staff to support SBCC activities	Early in implementation	Has helped to ease early staffing bottlenecks.

6 Accountability

6.1 Key implementation processes

6.1.1 Feedback channels

CDGP provides the opportunity for its beneficiaries, wider community members, staff, and volunteers to provide feedback to the programme through a range of different channels. A brief description of each channel is presented in Table 9 below.

Note that while CDGP uses the term ‘CRM’ to describe its system for receiving complaints and feedback, in this report we use the term ‘feedback’. This is because the types of information that are collected by the CRM mechanism are not limited to complaints but also include requests for information and other types of feedback.

Table 9: CRM channels

CRM channel	Description
BRGs	<p>BRGs are dedicated community-level structures set up by CDGP in each traditional ward that are responsible for receiving community feedback.</p> <p>BRGs are expected to meet on a monthly basis to discuss feedback and plan their response to it. There are two BRGs in each traditional ward (one with male and one with female members). Each BRG includes a community leader, an imam or a TBA, two CVs, and two beneficiaries (in the female group) or two husbands of beneficiaries (in the male group).</p>
Complaints helpdesk	<p>The helpdesk is a designated CDGP staff presence set up at key events or programme activities (such as during payment or food demonstrations), for the purpose of allowing beneficiaries to register their feedback in person.</p> <p>The helpdesk is mobile; it is intended to rotate between communities within the LGA.</p>
CVs and CDGP staff	<p>Feedback can also be provided directly to CVs and CDGP staff members who may either resolve it at the point of receipt or escalate it to the relevant CRM focal person in the LGA office.</p>
Toll-free hotline	<p>A phone number that individuals can call free of charge and confidentially. It is managed centrally from SCI’s office in Abuja. While a complaints hotline has existed from the start of the programme, it became free of charge from January 2017.</p>

6.2 Classifying and responding to feedback

CDGP records the feedback it received via different channels on a central database and classifies it into seven categories. These are as follows: (1) Request for information; (2) Request to become a beneficiary, CV, or TWC member; (3) Minor dissatisfaction; (4) Major dissatisfaction; (5) Breach of SCI or AAH code of conduct; (6) Allegations of child abuse or sexual exploitation by non-SCI or AAH staff or representatives; and (7) Payment-related issues. CDGP aims to resolve and respond to all the feedback it receives within a target turnaround time. The time taken depends on the category of the feedback and the severity of the complaint. Further details on feedback categories and turnaround times can be found in Annex C.

6.3 Key issues and process adaptations

6.3.1 Barriers to providing feedback

Among the key challenges cited by key informants to CDGP's ability to establish an effective CRM mechanism is the existence of certain barriers that community members face, or have faced in the past, in providing their feedback to CDGP. The types of barrier mentioned by informants included the following:

- Lack of awareness of the channels that are available for providing feedback, making a complaint or request of the programme.
- Fear of possible negative repercussions of speaking out about the programme or a lack of trust that their information will be treated confidentially.
- Social norms around making complaints. Several respondents indicated a perception that people may be hesitant to provide feedback about a programme that is benefiting them or their community. This was frequently described as a feeling that it is inappropriate to provide feedback or complaints about a programme that is giving assistance without asking anything of beneficiaries in return.
- Cost of providing feedback. Prior to the introduction of the toll-free hotline (described below) some beneficiaries were reportedly deterred from giving feedback due to the monetary costs incurred. This was also reported in PE1 (e-Pact, 2016).

CDGP aims to raise awareness of, and trust in, its CRM mechanism through its community sensitisation activities and posters in CDGP communities. However, in recognition of the barriers that remain, CDGP has also introduced two further adaptations over the course of implementation to try and promote uptake of CRM. These are:

1. Making the hotline toll-free; and
2. Introducing the complaints helpdesk.

The adaptations are discussed in further detail below.

Making the hotline toll-free

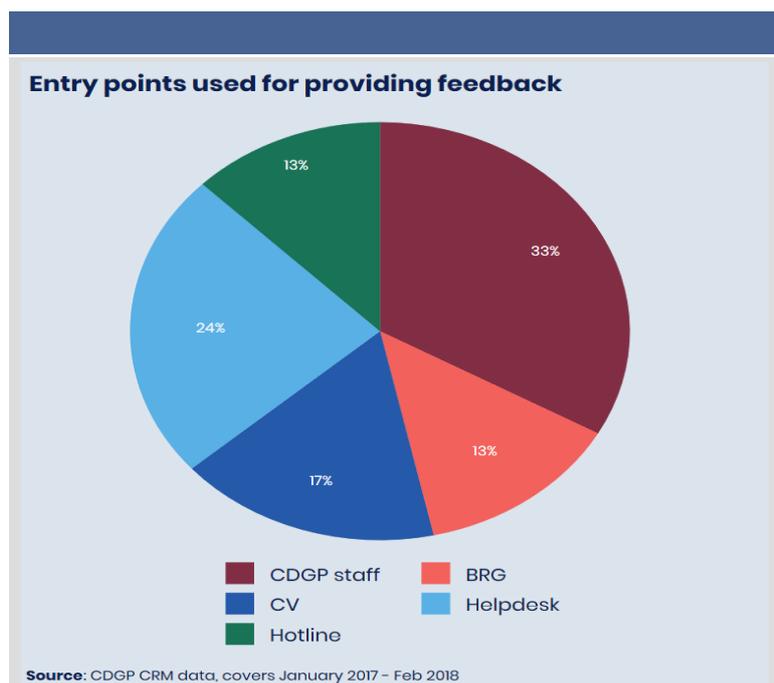
Since the start of implementation, CDGP has maintained a hotline that anyone can call to anonymously provide feedback or complaints about the programme. Dialling this hotline formerly incurred a small cost to the beneficiary, which was identified by programme staff as a deterrent to widespread use.

The costs of using the hotline were reported by some respondents as being particularly important given that this is the only mechanism available through which feedback can be provided anonymously and directly to CDGP (e-Pact, 2016). To overcome this constraint CDGP made this hotline toll-free from January 2017. Implementing this change also entailed moving the hotline from being managed by each LGA office to a central hotline that is managed centrally and also used by other SCI programmes. The centralisation process is discussed separately in Section 6.3.2 below.

The introduction of the toll-free line has effectively removed costs to individuals in placing calls to CDGP to provide their feedback. The result, according to key informants, has been an increase in the numbers of complaints. Due to the anonymity afforded to callers, the hotline is also frequently cited by respondents as the key channel through which feedback on topics regarded to be especially sensitive are made, such as whistleblowing about fraud cases.

Nonetheless, the hotline is still not accessible to all individuals who may want to use it. It requires people to have access to a phone and sufficient network connectivity to place the call. Issues around the uptake and use of mobile phones within CDGP communities have been discussed in sections 3.2.3 and 5.2.3 above, and access to phones has been reduced due to CDGP’s decision to stop providing beneficiaries with mobile phones during registration. Some respondents also stated a view that not everyone is aware of the number to call. This may explain why the hotline appears to be among the lesser used channels of the CRM mechanism to date, as shown in Figure 6 below.

Figure 6: Feedback received through different CRM channels



Introduction of the complaints helpdesk

PE1 reported that beneficiaries and community members often use events such as payments, food demonstrations, or health education talks as an opportunity to talk directly to programme staff (e-Pact, 2016). In recognition of the fact that many people seemed to feel more comfortable providing feedback directly to CDGP staff compared with through other channels, CDGP introduced the complaints helpdesk in January 2017 to provide the community with an additional touch point to speak to staff.

According to key informants connected with the CRM mechanism, the introduction of the helpdesk has made the CRM system more visible to beneficiaries, thereby reducing the barrier related to knowledge of how and where to provide feedback. It certainly appears to be frequently used; Figure 6: Feedback received through different CRM channels. Figure 6 shows that this was the second most common channel used for providing feedback from January 2017 to February 2018.

The helpdesk also appears to have particularly enhanced opportunities for people to provide feedback about payments. The presence of the helpdesk at payment times means that people who experience challenges or complaints connected with the payment have an immediate port of call to place that feedback. This could be one of the reasons behind an increase in feedback about payments. Beyond a sudden spike in payment-related complaints in December 2016 (which we think is likely to have been caused by payment delays related to difficulties in the contract renewal with SIBTC occurring at around this time), Figure 7 shows a sustained increase in the number of complaints on payment received throughout 2017, as compared with 2015 and early 2016.

Taken together, the introduction of the toll-free line and helpdesk do seem to have helped increase access and utilisation of the CRM mechanism. Nonetheless, it is not realistic to expect these innovations in themselves to change the underlying social norms that can still make people hesitant to provide feedback in this context. Changing these social norms is likely to require more time and dedicated interventions supporting this type of behaviour change. Given the short duration of the programme, we do not expect CDGP's contribution to this wider process of social change to be considerable. However, according to key informants, CDGP has made explicit efforts in this respect. Through its sensitisation activities it has attempted not only to increase awareness about the different CRM channels but also to actively encourage active uptake of these channels and a feeling of ownership of the CRM mechanism among communities.

Figure 7: Volume of complaints received about the payments mechanism

6.3.2 Managing CDGP staff capacity to respond to feedback

CDGP has a planned procedure and turnaround time in place for handling of complaints and requests received. As the programme has expanded and the number of beneficiaries and communities grown, the programme has also needed to build its capacity to handle a growing volume of complaints and requests for feedback. As seen in Figure 6 above, most of the feedback that is received has been provided through CDGP staff and the helpdesk, with BRGs and CVs being less frequently used. This implies that there are many complaints that are not being directly received and resolved at the community level, but are instead the responsibility of CDGP staff to address.

As the programme has grown and the volume of feedback received has expanded, CDGP has introduced two main adaptations to help manage the demands on staff capacity to handle complaints.

1. Centralising the hotline; and
2. Increasing CRM staff capacity.

These are described in further detail below.

Centralising the hotline

At the same time that the hotline was made toll-free, it was also moved from being handled within LGA offices to a central line managed in Abuja. This was done to help ensure that there would be dedicated staff available to answer calls. Respondents highlighted that under the previous system there was a risk of calls going unanswered, as LGA staff might have

been engaged in programme activities when a call came through, or working in communities without sufficient network coverage to receive calls (e-Pact, 2016).

Increasing CRM staff capacity

CDGP has also made efforts to increase the staff resources dedicated toward managing the CRM mechanism. As described in PE1, at the start of the programme there were no staff based at LGA or state level who dealt exclusively with CRM. The absence of staff with a dedicated responsibility for CRM was found to negatively affect the monitoring and timely resolution of complaints (e-Pact, 2016). M&E officers and other implementation staff instead shared the responsibility for feedback resolution.

To overcome these issues, CDGP created a CRM officer post at the state level and assigned government-seconded staff at the LGA level as CRM focal persons. CDGP staff have reported that this change helped CDGP not only to respond to feedback but also to document it as appropriate and ensure that individual cases are correctly escalated to the level at which they should be addressed. The addition of further staff for CRM also facilitated the introduction of the helpdesk, which is staffed by LGA CRM focal persons.

Despite these changes, CDGP still faces challenges in resolving feedback as per the stated turnaround times given in its SOPs. This holds especially true for the most serious complaints, where the resolution process can require establishing a committee to investigate the complaint. Depending on the complexity of the case, the time taken to resolve the issue through this committee can be lengthy. According to key informants, other linked issues may also be uncovered in the process, which themselves then need to be resolved.

6.3.3 Variation in the effectiveness of BRGs

Some respondents at central levels of programme implementation cited variation in the effectiveness of BRGs across communities as a barrier to CRM uptake. In some communities they are reportedly active and well known to the community, but in others there are concerns that the community is not aware of the function and existence of the BRG. One reason given for why this may be the case is that BRG members are not typically afforded the same level of respect in community as CVs, nor do they receive the same level of incentives (such as stipends to attend meetings) as CVs. This may lower their motivation to actively carry out their roles.

Moreover, there is some overlap in the ascribed responsibilities of the TWC and the BRG. The TWC and the BRG have a similar composition – both include village leaders, influential men and women such as the imam, and the TBA and CVs. This can in some cases lead to confusion among beneficiaries regarding what the roles of these seemingly parallel structures are. Community members may know members of the BRG for their other roles in the community, but not as an independent committee that they can approach to provide feedback. Due to this overlap, according to key informants BRG responsibilities are covered in TWC monthly meetings rather than in dedicated BRG meetings as intended by CDGP design; as a result, the BRG remains dormant in some communities. This is an issue that CDGP has experienced from the outset (as described during PE1).

Efforts to reinforce the role and visibility of BRGs

Key informants connected with the CRM process reported that wider efforts were being made to try and revive BRGs in communities where they had become less effective from late 2016 onwards. This was done by trying to promoting the visibility of BRGs among the community, as well as trying to reinforce the incentives of BRG members to be active in their roles. As part of this, CDGP now has a policy of rotating the BRG member who attends quarterly meetings at the LGA level. This was done to try and help ensure that all members of the committee were recognised for their role, as well as to ensure that all members are exposed to the capacity-development opportunities presented by the quarterly LGA meetings. This change also means that a different member of the committee receives the transport stipend of NGN 3,000 each month, in order to help ensure bring about an equitable distribution of the financial incentives received by the BRG members.

We have been unable to determine the extent to which these changes have been successful in improving the effectiveness of less active or visible BRGs. BRGs are in theory an integral part of the CRM mechanism as a whole. The role of the structure was designed to provide a dedicated channel for providing feedback that is based on the community and thus available at all times to community members. Yet the concerns raised about the effective functioning of some BRGs in practice may explain the fact that we find more feedback being provided directly to CDGP staff than to the BRG.

6.3.4 Summary of adaptations within the accountability process domain

Table 10 summarises the key issues that CDGP has faced in the accountability process domain and the adaptations it has made to address them.

Table 10: Summary of adaptations within the accountability process domain

Issue	Adaptation	When	Outcome
Barriers to providing feedback	Making the hotline toll-free	January 2017	Has helped reduce cost to beneficiaries in placing feedback, and provides an anonymous channel for doing so. However, this channel is not accessible to people who do not have access to a phone or live in areas with poor network coverage.
	Introducing the complaints helpdesk	January 2017	Offers a visible and accessible channel to individuals to provide feedback, but increases staffing requirements for CDGP.
Managing CDGP staff capacity to respond to feedback	Centralising the hotline	January 2017	Has increased the likelihood that calls are picked up, increasing responsiveness to complaints and reducing the burden on staff time at the LGA level.
	Increasing CRM staff capacity	January 2016 onwards	Having full-time staff for CRM increases the ability of CDGP to respond to feedback, though more complex complaints still continue to face a resolution process.
Variation in functionality of BRGs	Efforts made to improve BRGs' functionality	Ongoing	There remain indications that BRGs vary in effectiveness between communities. It is more common for people to provide feedback to CDGP staff directly than to report through their BRG.

7 Programme monitoring

7.1 Key implementation processes

7.1.1 Data sources: inputs to the M&E system

Table 11 below summarises the main data sources and reports that constitute the M&E system of the programme.

Table 11: Process overview – M&E system inputs

Stage	Description
MIS	<p>The foundation of CDGP's M&E system is its MIS. The MIS is an online platform with a unique record for each beneficiary that contains the information collected during registration, together with the payments history linked to that account.</p> <p>The transactions history is automatically updated whenever pay agents process a payment using their electronic tablets. A parallel record of the payments history for each beneficiary is also maintained separately by SIBTC.</p>
IYCF data	<p>Information relating to SBCC activities is held on an Excel spreadsheet. This is known as the IYCF data. It contains aggregate information for each traditional ward on the different activities taking place each month and the number of participants recorded as having attended.</p> <p>The information is collected on paper forms directly by the CVs and CHEWs responsible for each SBCC activity. Information from the forms is compiled at monthly LGA data validation meetings, where the LGA data assistant enters it onto a spreadsheet.</p>
Complaints data	<p>CDGP also collects complaints data through its CRM mechanism. The protocol is for complaints received to be recorded on a complaints form by any CV, pay agent, or staff member who hears the complaint.</p> <p>Complaints forms are submitted to the LGA each month to be entered by the LGA data assistant.</p>
Births-tracking database	<p>Data on the birth dates of beneficiaries' children are maintained on an Excel spreadsheet.</p> <p>These data are gathered by a combination of different data sources (see Section 3.2.1 above). They are updated on an ongoing basis, primarily through reports provided by CVs of when new births have occurred in their communities.</p>

Post-Distribution Monitoring (PDM) survey	<p>The PDM survey is a quarterly survey of beneficiaries that measures beneficiary experiences of the payments process, satisfaction with CDGP, how they use the money, and their exposure to SBCC activities.</p> <p>There are two versions of the PDM survey: a 'light touch' version conducted every three months and a more in-depth version carried out every six months that also captures information on food insecurity, dietary diversity, and coping strategies. The sample size is around 379 randomly selected beneficiaries, with a different sample drawn for each survey.</p>
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7.1.2 Data aggregation: analysis and use of M&E data

The data collected through the CDGP M&E system are aggregated in various types of reporting outputs. These are summarised in Table 12 below.

Table 12: Process overview – M&E system outputs

Stage	Description
Monthly dashboard	The monthly dashboard is the primary repository of CDGP's M&E data. It is an Excel spreadsheet that compiles information from across the MIS, CRM data, and IYCF data. It is aggregated at the LGA level.
Weekly dataset	Summative information on the numbers of beneficiaries enrolled and registered in each community is also compiled on a spreadsheet every week in CDGP's 'weekly dataset'.
Indicator Performance Tracking Table	CDGP updates the Indicator Performance Tracking Table every month to record progress against its logframe targets.
Monthly progress reports	<p>Monthly progress reports are narrative reports written at LGA, state, and central level that bring together information from the different reporting outputs outlined above plus the PDM survey findings.</p> <p>The reports follow a consistent template each month and are intended to help summarise implementation progress each month and record any challenges faced. There is a different section for each distinct component of the programme.</p>
Quarterly progress reports	Report on progress on implementation and challenges to be discussed at quarterly meeting held between SCI, AAH, DFID, and e-Pact.

The M&E system is used by staff at central, state, and LGA level to help understand operational performance and identify particular issues faced. There is no systematic approach to guiding precisely how information is to be used and by whom, but rather the reports are available to staff to different levels for them to access and respond to the information that is most relevant to them.

Some of the data sources and outputs within the M&E system serve specific purposes. For example, the CRM data are primarily used by CRM managers at state and central level to track complaints reporting and resolution. The data on beneficiary birthdays also serve a specific purpose in being used to monitor upcoming exits to ensure that women can be notified in advance of their exit and then removed from the payroll at the correct time.

7.2 Key issues and process adaptations

7.2.1 Intellectual property over MIS data

CDGP did not have its own electronic MIS in place when implementation started in 2014 and did not begin to develop the current system until toward the end of 2016. Prior to this, it used an MIS platform maintained by SIBTC to house the registration data and payments history for all beneficiary accounts.

Under the nature of their contract, CDGP had access to the data held on the portal but the intellectual property belonged to SIBTC. The fact that CDGP did not own the intellectual property rights to its beneficiary data made the programme vulnerable to losing this data if CDGP and SIBTC were to stop working together. The prospect of losing access to this data would have effectively prevented CDGP from continuing without SIBTC, thereby posing a huge potential risk to the programme and ruling out the possibility of considering alternative payments providers.

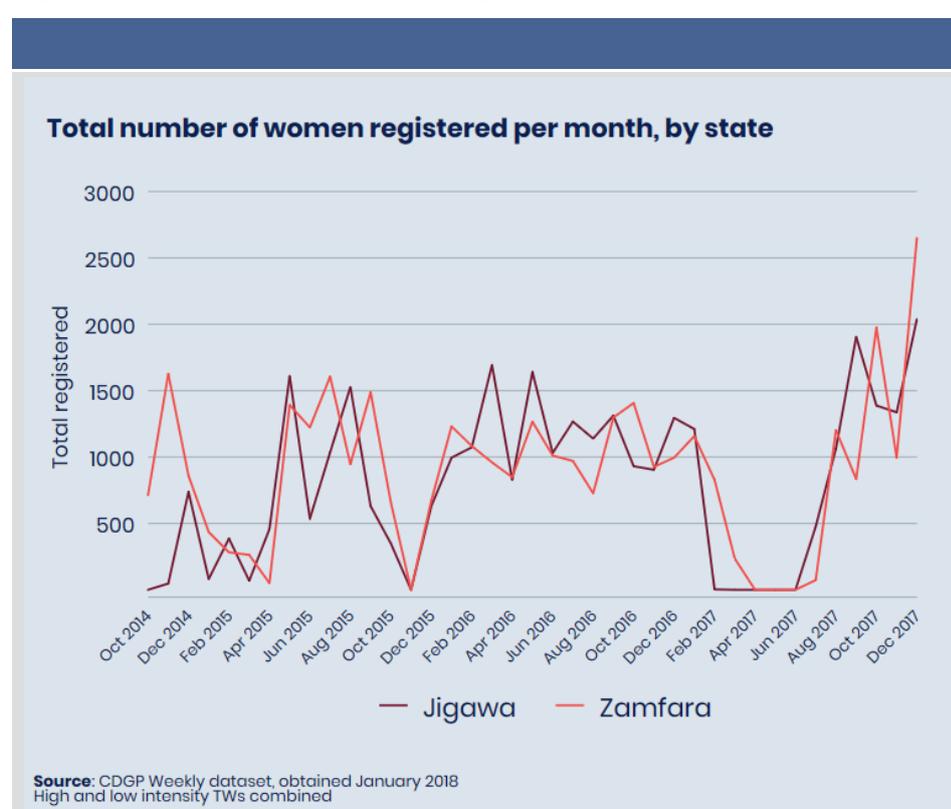
To address this issue CDGP began to build a new MIS from the end of 2016. This required a large-scale data collection effort, lasting for around six months in total, in which beneficiary data were re-entered onto tablets to be uploaded into the new system. Staff at all levels of operations, from LGA up to central level, participated in this process. The level of effort required led to all new registrations being paused for a period of around three months. The collapse in new registrations while this process was underway in mid-2017 is illustrated in Figure 8.

The immediate implications of this transition for beneficiaries who had been eligible to register during this period was therefore a loss of up to three months of possible payment. To mitigate this impact, CDGP sought to catch up with the missed registrations after the work on the MIS had been completed and normal processes resumed. The programme also stipulated that women who had delivered a baby during the months of transition would still be able to register into the programme to ensure that they did not miss out. Under normal circumstances, women are only eligible to register during pregnancy. Notably, the MIS transition did not disrupt the experience of CDGP for existing beneficiaries. CDGP was able to maintain the payments process as normal and continue running SBCC activities during this time.

The transition to the new MIS has achieved the key objective of giving CDGP independent ownership of its beneficiary data. According to key informants at central level, this has been an important innovation in protecting CDGP's access to its beneficiary data in case of any future changes in the terms of engagement with SIBTC. In terms of analysis, the existence of the new platform does not in itself permit new types of analysis to be conducted that were not possible before. This is because the newly built platform exactly replicates the design of the SIBTC MIS (which also continues to operate in parallel).

Although the analytical capability of the system itself has not been affected by the transition, CDGP did use the opportunity of establishing the new platform to collect additional information from beneficiaries. This included capturing three fingerprints instead of one (as discussed in Section 4.2.1 above) and collecting further demographic information such as ethnicity, disability status, and primary livelihood activities of the household. The addition of these new variables has served to expand the research possibilities contained by the data. According to users of the M&E system not all of these variables are systematically analysed as part of routine reporting activities. However, part of the rationale for collecting these additional variables was to help CDGP to address specific research questions that programme staff and technical advisers are keen to explore within CDGP's remit as a pilot programme for learning. As it enters its last year of implementation, CDGP is in the process of conducting a set of research studies that plan to draw on the M&E data where relevant.

Figure 8: Volume of CDGP registrations over time



7.2.2 Limited analytical capability of the IYCF data

There are limitations in the analytical capability of CDGP's M&E system to support day-to-day programme management decisions. The first issue is the level of aggregation of the data on SBCC activities, which is largely summative and therefore does not allow CDGP to analyse SBCC exposure at the beneficiary level. This issue was also discussed in PE1 (e-Pact, 2016).

The lack of beneficiary-linked data prevents certain types of analysis from being conducted. For example, CDGP is not able to assess the frequency of participation in SBCC activities for individual beneficiaries over time, or to trace the different combinations of activity that

they have been exposed to. This makes it difficult, for example, for CDGP to infer whether its activities are reaching all beneficiaries or whether participation is more concentrated among certain groups of beneficiaries only. Instead, what is measured is aggregate information on the overall numbers of beneficiaries participating in SBCC activities by community. CVs and CHEWs do in fact collect some information on the individuals who participated in SGs and one-to-one counselling in T2 communities, but this information is aggregated when it is entered by the LGA data assistant.

CDGP did not transition its IYCF data over to the new MIS platform at the same time as this was done for registration and payments data. The new MIS has therefore only been partially established, and the IYCF data are still collected using paper forms and manually entered onto Excel spreadsheets. The decision not to transfer the IYCF data across to the new MIS was made in view of the heavy demands on staff time that would have been needed to complete this, in addition to the registration and payments data, and alongside maintaining regular programme implementation activities.

However, as CDGP enters the final year of implementation it is our understanding that there are still plans to fully complete this transition for the SBCC data. This would entail constructing an MIS that tracks beneficiary-level exposure to SBCC activities going forward. Historical IYCF data are also planned to be incorporated, albeit in summative form rather than at the individual beneficiary level. Although this type of information would greatly enhance the analytical capability of the M&E system for understanding SBCC implementation, it is our view that this represents a relatively late stage in implementation to be considering this kind of adaptation given the scale of investment that it would likely require.

7.2.3 Low-quality IYCF data

The quality of CDGP's IYCF data depends on the accuracy of information entered by CVs through their various data collection tools. However, our interviews suggest that CVs and CHEWs can face challenges in correctly filling in these forms. This leads to a risk that the overall quality of the data collected is low.

Part of the issue stems from the low levels of literacy among some of the CVs volunteering for CDGP, which can make it difficult or time-consuming for them to complete their data collection obligations. Literacy of CVs is identified as one of the desirable characteristics of suitable candidates for this role in the initial selection process. However, as the programme has expanded programme staff have reported increasing difficulty in identifying candidates combining all the desirable skills in every community. An ability to complete forms is not the primary function of CVs, and therefore they may often be recruited on the basis of a different skills than literacy.

Second, key informants connected with the SBCC activities have noted that CVs are not always clear on how to define certain types of activity. In particular, there have reportedly been some inconsistencies between CVs in their understanding of how a one-to-one counselling visit should be defined and how this differs from the more recently introduced home visits activity. This type of ambiguity is described in more detail in Box 2. Variation in the understanding of these definitions compromises the quality of the data thus making it a less accurate picture of what activities are being conducted and therefore less reliable for programme monitoring, planning and decision making.

A final risk to data quality is the requirement to manually enter data for all M&E data that sits outside the main MIS. This requires data from paper forms to be manually entered and compiled in several stages, from LGA through to state to central level. Although checks to data quality are built in at every level, errors in data entry are possible and key informants who have interacted with this process have reported occasional concerns with inconsistent data being entered.

Box 2: Challenges in defining types of SBCC activities

Some respondents have pointed to issues in the consistency of understanding between CVs and CHEWs in how they should report different IYCF activities on their data collection forms. For example, CVs may sometimes visit a beneficiary's home to carry out a one-to-one counselling session and find several women present who would like to participate in the discussion. When this happens it is not always clear whether this should be recorded as a single one-to-one visit, several visits (depending on how many women were present), or not recorded at all if the discussion involved more than one person.

There is also a lack of clarity over the definition of the recently introduced 'home visits'. The formal definition according to CDGP is a visit that is initiated by a CV to follow up with a beneficiary on an issue that was discussed during the SG. However, it is not always clear whether it still counts as a home visit if new issues are raised in this second meeting or if a meeting that is requested by the beneficiary to follow up with an issue that was discussed in a previous meeting should be considered a one-to-one counselling visit or a home visit.

Whether CVs have a consistent understanding of how to formally classify different SBCC activities may not have any direct influence on how they conduct their work in practice. But the challenge that it presents is in making the IYCF data less usable as a measure of implementation and identifying any challenges that need to be addressed.

CDGP has introduced a number of adaptations to improve the quality of collected data. These are as follows:

1. Additional training on data tools;
2. Simplification of data tools;
3. Seeking to ensure that lead CVs exist in all communities to support data collection; and
4. Introduction of monthly data validation and quarterly data quality monitoring meetings.

We now discuss each of these innovations in turn.

Additional training on data tools

CDGP has introduced additional dedicated training for CVs on their data collection responsibilities in an effort to increase their confidence and capacity to carry this duty out to a high standard. The first trainings devoted to data collection tools were carried out at the start of 2017 and dedicated training in data collection has now been integrated into the standard training package for all CVs. CDGP has also sought to make greater use of CV

monthly meetings as a platform for further *ad hoc* training around data collection tools, as well as an opportunity for CVs to ask questions.

Simplification of data tools

From October 2017, CDGP began rolling out revised versions of some of the forms completed by CVs. The newer forms were designed to be clearer and easier to complete. They include more pictorial representations to help CVs correctly tally the number of women from different target groups attending SGs. Instead of written instructions, the form now uses pictures to indicate which group should be recorded in each field of the form (for example, pregnant women, women with babies under six months, or women with children over six months). The new form has also combined the attendance register of one-to-one counselling and SGs, so that this now appears in one form instead of two.

CVs and key informants interviewed reported that both the additional training provided and simplification of data tools have helped to strengthen capacity in completing the forms. The new forms are reportedly easier to fill out, and have helped to reduce the overall burden of paperwork by reducing the number of discrete forms that CVs need to complete each month.

Ensuring that lead CVs exist in all communities to support with data collection

As a result of the CV re-strategisation process (July–September 2017) outlined in Section 5.2.1, CDGP has sought to formally reinforce the roles of lead CVs with respect to supporting CVs with data collection and the completion of forms. Prior to the re-strategisation process, lead CVs did not exist in all communities. After the re-strategisation, CDGP sought to ensure that there is at least one lead CV who is literate in each community, who do not also have responsibility for conducting data collection activities.

Introduction of monthly data validation and quarterly data quality monitoring

Data validation meetings were introduced in April 2017 to help improve the standard of IYCF reporting by introducing more checks on the quality of data collected. These meetings are held in a central location in the LGA (such as in the LGA capital office or a school) and attended by the lead CV. They are intended as an avenue for checking data collection forms individually, to provide immediate feedback if there are gaps or inconsistencies between them. They also provide an additional venue for sharing messages and further training to lead CVs with regard to data collection tools.

In 2016, CDGP also introduced a new quarterly data quality monitoring process led by the state M&E officer and data assistant. This involves carrying out a range of quality checks on the submitted IYCF data to understand where gaps and inconsistencies still exist, and then feeding this information back to the LGA teams.

Many respondents indicated that these meetings have been useful in addressing specific issues with data quality, as well as in providing a further opportunity for training to the lead CVs that attend and drawing attention to the importance of ensuring high-quality data collection. Yet concerns remain that data quality continues to be an ongoing challenge that is difficult to fully overcome in a context where not all of the individuals tasked with data collection responsibilities are literate and there is a heavy reliance on data entry and aggregation at several levels.

7.2.4 Summary of adaptations within this process domain

Table 13 below summarises the key issues faced, and adaptations introduced, within CDGP's M&E system.

The introduction of the MIS in 2017 has been among the most resource-intensive adaptations introduced by the programme since the first PE was conducted. This innovation has enabled CDGP to change from being a programme that was fully dependent on its payments provider to provide access to information about its beneficiaries to one that has full control over this data. This change has been important for securing CDGP's access to its programme data for the remainder of implementation, and has required a big effort of staff time and coordination to complete. It is, however, noteworthy that no programme MIS existed for the first three years of implementation.

Beyond intellectual property issues, CDGP has also faced challenges around the quality of its IYCF data. The changes that it has introduced suggest that programme staff have been relatively proactive in seeking to identify and mitigate these issues. Despite this, there remain concerns that some of the barriers to data quality – such as literacy, difficulty in understanding how to define different activities, and a high burden of data collection in addition to other responsibilities – make low IYCF data quality still a key issue for CDGP. This may raise questions about the overall value of collecting this kind of data in the first place. The costs of doing so, in terms of time required by CVs to fill out forms each month and by LGA data assistants and other supporting staff to check quality and enter all data, need to be weighed against the overall value and usability of the resulting information.

The balance of CDGP's efforts and adaptations regarding the M&E system appear to have been largely concerned with the processes by which data are collected and stored, rather than around how data are actively used. This observation echoes a finding previously discussed in PE1, which reported that the analysis supported by the M&E system was largely for the purpose of accountability; that is, reporting back on logframe targets. Many respondents interviewed did give an optimistic account of the value of the M&E data, reporting that information is frequently used by staff at all levels to help understand implementation progress. However, some reported being unsure how and where they could find information that they would find helpful, and overall it remains unclear to what extent the outputs of the M&E system have added value to day-to-day implementation activities, beyond their accountability function.

Table 13: Summary of adaptations within the programme monitoring domain

Issue	Adaptation	Timing	Outcome
Intellectual property over monitoring data	Introduction of a new MIS platform	Implementation started from late 2016, lasting until mid-2017	Removed CDGP's vulnerability to losing their beneficiary data if their terms of engagement with SIBTC were ever to change. Provided an opportunity to introduce additional data into the MIS that expands the research potential of this data. However, the new MIS was introduced relatively late into programme implementation, and making the transition was costly in terms of staff time and a pause in all new registrations for a period of three months.

Limited analytical capability of IYCF data	No adaptations – no MIS introduced for IYCF data	N/A	CDGP remains unable to analyse trends in SBCC coverage and exposure at the beneficiary level.
Low-quality IYCF data	Additional training on data tools	Early 2017	Reportedly useful in reinforcing understanding of the different data collection forms and indicator definitions, but concerns that some misunderstandings still persist.
	Simplification of data tools	October 2017	Reportedly helpful in improving the clarity of forms and reducing the burden to CVs in completing them.
	Reinforcement of role of lead CVs in all communities	July – September 2017	Has helped mitigate challenges of low literacy by raising capacity in completing forms.
	Introduction of data validation and data quality monitoring meetings	April 2017	Has helped to draw attention to issues in data quality and data entry, but concerns that challenges remain.

8 Conclusion and lessons learned

8.1 Conclusions

This report and the accompanying PE1 report document in detail CDGP's specific operational experience during the lifetime of this project. The report has also highlighted CDGP's experience in adapting its implementation model, starting from changes instituted soon after the pilot phase through to innovations still occurring in 2018 even as the programme approaches its final year of implementation. In the course of this evaluation, three concluding themes emerge: 'lock-ins', 'adaptations to scale', and 'adaptations to context'. These themes bring together the different features of CDGP's implementation experience and highlight important considerations in the design and scale-up of similar nutrition-sensitive cash transfer programmes.

Lock-in

This report has identified several examples of cases where CDGP has faced an implementation challenge that could not be fully addressed through an adaptation to the implementation model. In these cases, the lack of ability to fully resolve the challenge was due to restrictions brought about by a decision made early in the design timeline of the programme. This characterises the first emerging theme from this PE, which is a 'lock-in' – something we define as an early design or implementation decision that subsequently limits a programme's ability to adapt its processes.

The first example of a lock-in for CDGP relates to the contractual relationship with SIBTC. Under the original terms of the agreement with SIBTC, CDGP was dependent on SIBTC to access all beneficiary data. This made CDGP vulnerable to the prospect of the working relationship with SIBTC ever being terminated, as without independent rights to beneficiary data CDGP would not feasibly be able to continue operations. This 'lock-in' constrained CDGP's ability to pursue testing of alternative payment modalities for the purpose of learning. Ultimately this lock-in has not lasted for the entirety of the implementation period, as CDGP has been able to establish its own MIS that replicates the data maintained by SIBTC under CDGP's intellectual property.

A second example of a lock-in is CDGP's continued use of sim cards as part of the registration and enrolment process. Mobile phones are no longer provided at enrolment and sim cards therefore serve no independent purpose to beneficiaries beyond the phone number being used as the beneficiary's unique ID code in the MIS. However, the programme perceives itself to be locked in to continuing to provide sim cards for the purpose of assigning unique ID codes rather than simply generating new ones in a similar format. As such, the early design decision to deliver payments and SBCC through mobile phones thus influences the current implementation model even though its original intention remains unfulfilled.

The presence of lock-ins is not unique to CDGP. Indeed, lock-ins are a common feature of many programmes and may often exist for good reasons. Nor is it the case that lock-ins imply that the wrong choice was made at the start of implementation. The point is simply that early decisions at the outset of the implementation of a programme can have consequences later on in terms of constraining the ability to flexibly respond to new issues or capitalise on

new opportunities that emerge. Understanding the implications of lock-ins is therefore an important consideration as design decisions and investments are made early in programme implementation.

Adaptations to scale

The second theme that emerges from this evaluation relates to the importance of the innovations a programme makes during the course of implementation to accommodate the increasing scale of implementation; in this case, the number of beneficiaries and communities reached. We define this as ‘adaptations to scale’. Over the course of implementation, CDGP made several adaptations to its programme design to overcome issues that it experienced due to the significant scale of its operations. Two notable adaptations to scale are explored below.

As the programme grew in scale, CDGP found that the caseload of CVs was becoming unmanageable as the number of beneficiaries for each CV continued to increase as more beneficiaries were enrolled in the programme. Between July and September 2017, CDGP introduced a fixed ratio of beneficiaries to CVs in order to distribute the caseload equally across all CVs and preserve high-quality implementation of CVs’ responsibilities. Adding additional CVs to the programme came at a cost as they needed to be recruited, trained, and supervised. However, this cost is marginal compared to the benefits of smooth operations of a complex programme.

As the programme was scaled up and reached more communities, CDGP found that the original strategy of setting up pay points in each community was no longer feasible due to the time the pay agent would require commuting to each pay point in the context of geographically dispersed communities in northern Nigeria. Therefore, CDGP introduced an adaptation to scale by rationalising pay points so that one pay point was used to pay beneficiaries across a number of nearby communities. This ensured that pay agents could cover beneficiaries across a wider geographical area in one payment session than in the previous model when CDGP was operating a smaller scale. This adaptation to scale improved the efficiency of payments and enabled the programme to carry out additional complementary activities at pay points, such as setting up a helpdesk and SBCC activities.

Adaptations to context

The third theme that emerges from this research are the adaptations CDGP has made during the course of implementation as it becomes more familiar with the specific context in which it is operating in. As CDGP understood more about the behaviour of its beneficiaries and the social, cultural, and economic environment of the communities it operates in, it flexibly incorporated ‘adaptations to context’ in its implementation model to improve its effectiveness and capitalise on emergent opportunities.

As CDGP gained experience of implementing its programme, the assumptions underlying its strategy for community dramas came into question as it became evident that the availability of skills required to set up a community drama group in each community to deliver SBCC messages was limited. Further, the setting up, training, and supervision of such groups across a programme operating at large scale was not feasible. As such, the community drama component of the SBCC interventions was replaced with mobile cinemas as CDGP explored the feasibility of alternative approaches.

During the course of implementation CDGP observed that beneficiaries and other members of the community preferred to provide feedback on the programme directly to staff during community visits and at pay points. Recognising this, CDGP introduced complaints helpdesks at pay points where beneficiaries could lodge complaints in person and directly to CDGP staff.

In both cases, CDGP capitalised on its understanding of the beneficiary context to adapt its approach to implementation.

8.2 Lessons learned

The evidence produced in both rounds of CDGP's PE reveals a pilot programme that has modified and changed many aspects of its design and implementation model since operations began. This is illustrated by the wide-ranging set of adaptations and innovations documented throughout this report. Many of these changes have constituted effective responses to issues identified in implementation, leading to improvements in programme delivery. In other cases, the changes introduced have only partially succeeded in addressing particular issues, leaving some challenges remaining. The CDGP experience underlines the importance of designing programmes that are able and willing to adapt their implementation model in response to implementation challenges arising from changes in context and scale of operation while being cautious to understand downstream consequences as a result of any operational decisions so as to avoid being locked in to an implementation model that limits continued flexibility to adapt.

As the programme is coming to a close, there are a number of lessons learned over the course of this PE of the CDGP that can inform the design and implementation of future nutrition-sensitive cash transfer programmes:

- I. **Fraud – A trade-off exists in the extent to which the goal of eliminating fraud is actively pursued. Programmes and the donors that fund them should consider whether the marginal cost of seeking to reduce fraud cases down to zero is worth the effort**

This PE has documented a number of adaptations made by CDGP throughout implementation to try and prevent ineligible beneficiaries from being enrolled into the programme. The extent of this effort testifies to both a 'zero-tolerance' approach to fraud that is increasingly common in donor-funded programmes as well as how challenging it is to achieve this in the context of a complex programme. Trying to fulfil this 'zero-tolerance' obligation, as well as recovering all lost funds when fraud is identified, has been costly for CDGP. In particular, in cases where the amount of money owed is small, it can cost more to try and recover the funds than the value of what is returned. When the cost of following up on small amounts of money is high, this may not represent value for money or a good use of limited programme resources.

- II. **Targeting – There may be a trade-off between establishing a targeting approach that meets international best practice and one that is practical given implementation realities**

The design of CDGP is strongly rooted in the notion that the first 1,000 days of a child's life, from conception until they turn two, is a vital window of opportunity for interventions to support child health and development. This is taken from international literature on child development and the optimum window of opportunity for nutrition interventions. However, it has proved difficult for CDGP to strictly adhere to this in practice. In a context where the majority of births are at home, unreported, and parents are often unsure of the exact date of birth of their children, monitoring children's ages is a difficult and costly exercise to do accurately. Given the costs invested by CDGP in birth tracking and the gaps that remain, we would question whether it was a worthwhile investment to try and implement the 'first 1,000 days' concept to the letter. This is an ideal that does not appear to have been practicable in this context. An alternative approach would have been to deliver a fixed number of payments to all beneficiaries. This would have been less costly for CDGP and could be monitored more accurately. Under this approach women who registered early in pregnancy could stop receiving payments before their child turned two (earlier than the 1,000 days) and those that registered late would receive payments beyond this time. However, it is not evident that the degree of error would be lower than under the current system, which relies on information that is difficult to obtain given the context. Further, a fixed-number of payments approach offers a transparent and un-contestable exit rule that can be easily understood and monitored by beneficiaries, CVs and community leaders.

III. MIS – It is important to establish a functional M&E system early in implementation as the costs of adapting a system during implementation are large

Among the biggest constraints to CDGP implementation was the fact that it did not have its own MIS until well into the second year of implementation activities. Establishing the MIS mid-way through implementation was a considerable undertaking that involved the effort of staff at all levels and affected beneficiaries through the suspension of new registrations for three months. In addition to these costs, we would argue that the lack of an MIS may have weakened the development of an overall culture for M&E in CDGP. Information has not always been used to best effect for supporting programme implementation and decision making. This is illustrated by an analysis style that has tended to favour summative presentation of results at a given point in time rather than examination of trends over time or information at the beneficiary level. Careful design of an M&E system from the outset, in relation to the objectives programme implementers would like it to meet and how it will be analysed, is an important lesson learned in maximising the usefulness of programme monitoring.

IV. Choice of M&E indicators – When designing an M&E system, it is important to carefully consider the value of the information to be collected in relation to the costs of collecting it

Some of the information collected through CDGP's M&E system is of variable quality. This is particularly the case for its IYCF data. The PE found that many CVs struggled to complete data collection forms to a high quality, due to low levels of literacy and understanding of the reporting tools. If the information being collected is of poor quality then it is of limited use to programme implementers to help understand operations on the ground. Given the burden for CVs in collating this data, and the cascading responsibilities of data assistants at LGA and state level to enter and analyse this information, we question of the value of doing so.

The lesson for future programmes is to consider these trade-offs when designing monitoring systems, to ensure that data that are collected are of high quality and serve a clear purpose and justify the effort required to collect them.

V. Flexibility to adapt – Implementation quality can be improved over time as more innovative, cheaper, or better ways of delivering processes are discovered. It is important to build flexibility into the programme design to allow space for this adaptation

The PE has revealed a programme that has transformed many aspects of its design and implementation model since operations began. Many of these changes have constituted effective responses to issues identified in implementation. This underlines the benefits that can result from designing programmes that are able to adapt their implementation model in response to implementation challenges or opportunities. However, there are also aspects of implementation where CDGP has been constrained in its ability to adapt due to the persistence of early decisions. These 'lock-ins' include the payments mechanism that was designed with a flexible mobile-phone-based system in mind. When this system was not ultimately implemented, CDGP was left with the relics of a mobile-phone-based system without the benefits of one and it continued to provide beneficiaries with sim cards that serve no purpose on the programme other than providing a unique identification number that could easily be generated through alternative means. The possibility of future adaptation is an important consideration to bear in mind in the design phase. While specific adaptations cannot necessarily be predicted in advance, programme designers may be able to prepare for such an eventuality by ensuring there is flexibility in the original design.

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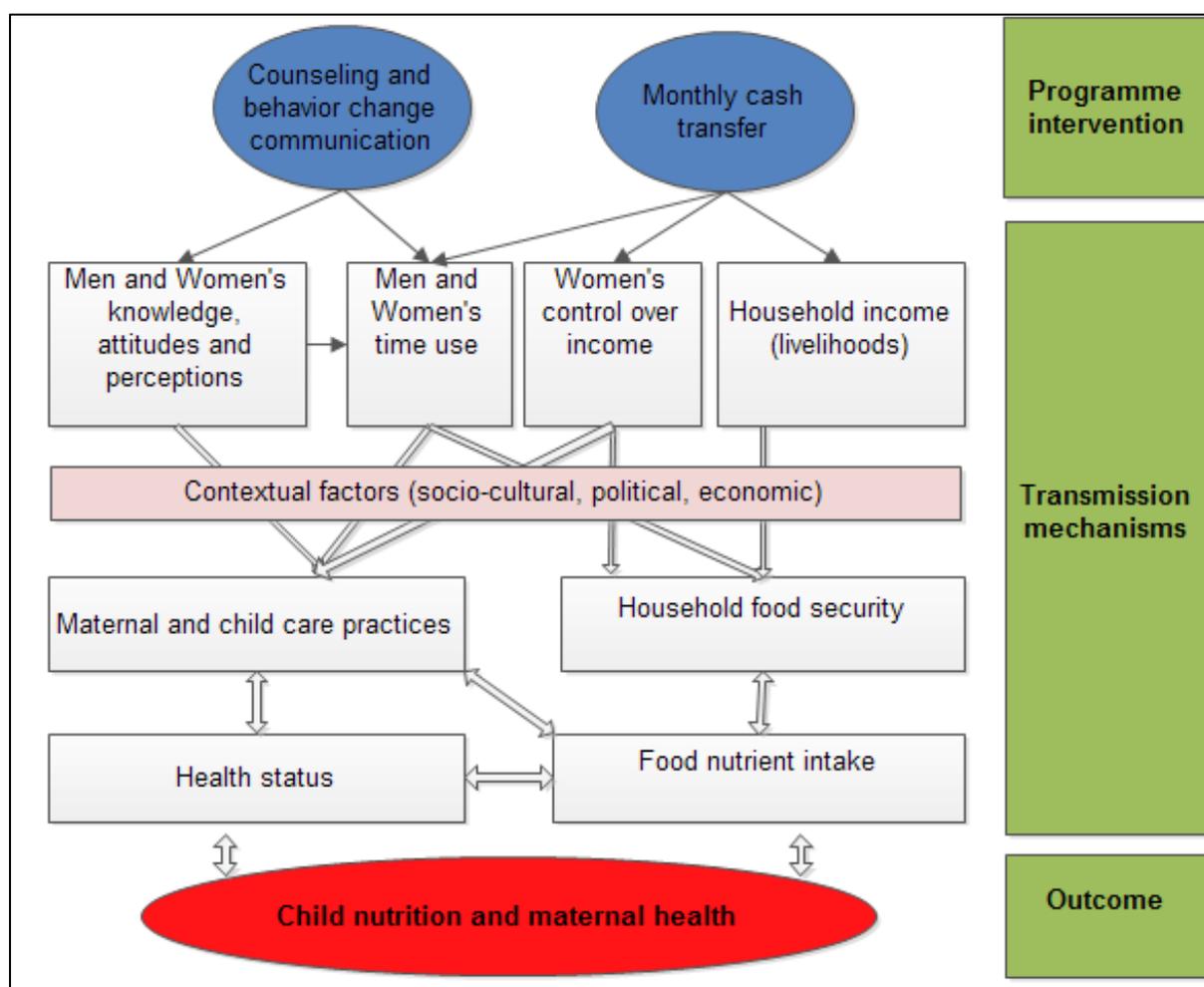
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Annex A CDGP Theory of Change

The theory of change diagram, shown below, summarises *how* the CDG programme interventions are expected to achieve the outcomes of improved child nutrition and maternal health. Between the interventions (in blue) and the outcome (in red), there are a number of expected intermediate effects and connections ('transmission mechanisms'):

- The *monthly cash transfer* is expected to increase beneficiary households' income and women's control over the use of income (for example, for food purchases). Indirectly, it is also expected to have an impact on men's and women's time use, and on their responses to seasonal risks and stresses. These effects in turn are expected to result in increased food security, and an increase in the quantity and quality of food consumed.
- The *counselling and SBCC* are expected to influence women's and men's knowledge, attitudes, perceptions and time use, resulting in improved maternal and childcare practices and ultimately improved health and nutrition of women and children.

Figure 9: Theory of Change



Source: CDGP Evaluation Inception Report, ePact 2014:8

A core purpose of the qualitative research is to explore how these transmission mechanisms actually work. All of the intended causal chains may be helped or hindered, or mediated in

various ways, by the socio-cultural, political and economic context in which the programme is implemented. Also, the assumptions about how one element affects another may prove to be wrong or incomplete, and other factors outside the programme's control might affect its success in changing behaviour and improving food security.

The definition of household food security assumed here – 'physical and economic access ... at all times to sufficient safe and nutritious food for an active and healthy life' – relates to both the quantity and quality of the diet people are able to consume. Maternal and childcare practices affect what people choose to consume or provide for their families, and how they prepare it, from the range of foods that they can access.

Annex B Calculating the repetition rate of food demonstrations

Using CDGP's Monthly IYCF data for 2017, we calculated the number of times an average beneficiary in each LGA would be exposed to a food demonstration in a year. This is calculated on the basis of the reported number of food demonstrations held in that LGA per year (see Table 14) and the SOP guidance that each food demonstration is meant to include 75 beneficiaries in total. We find that that in most LGAs a beneficiary would be able to attend between one and two food demonstrations per year while in two LGAs – Garagawa and Kiri Kasama – on average a beneficiary would attend only one demonstration or even less per year.

Table 14: Repetition rate of food demonstrations for a beneficiary

State	LGA	Number of food demos held in 2017	Average beneficiaries paid monthly in 2017	Repetition rate per beneficiary
Jigawa	Buji	106	9,396	1.2
	Gagarawa	100	5,277	0.7
	Kiri Kasama	100	10,167	1.4
Zamfara	Anka	148	9,934	0.9
	Tsafe	125	13,787	1.5

Source: CDGP IYCF data, obtained January 2018

Annex C Feedback types and response times

Table 15: Description of feedback categories including response mechanisms

Category	Description	Examples	Response
1	Request for information	Any request for information on the CDGP including staff and partners, e.g. When do monthly payments start? Why are you transferring cash to only pregnant women?	Resolved within 24 hours, with response provided to complainant
2	Request for assistance	Any request for assistance including the request to become a beneficiary of the CDGP, e.g. Request to become a Beneficiary, Request to become a CV or TWC member	Resolved within 24 hours with response provided to complainant
3	Minor dissatisfaction	Lack of follow up, staff and CVs not arriving on time for scheduled activities, complaints about the quality of activities	Resolved within 24 hours with response provided to complainant
4	Major dissatisfaction	Issues about programme approach, safety of children/adults being put at risk, forceful collection of phones and funds by husbands	Target turnaround time of seven days with response provided to complainant, but turnaround time depends on severity of complaint
5	Breach of SCI or AAH code of conduct (including fraud)	Breaches of SCI/AAH code of conduct and child safeguarding/child protection policy by AAH/SCI staff, partners, or representatives, e.g. issues of fraud, theft, bribe/kickbacks from beneficiaries, fake pregnancies, dishonestly non-reported miscarriages, corruption, financing of terrorism, thumbprint editing fraud, misappropriation of resources, etc.	Resolved as per SCI and AAH policy
6	Allegations of child abuse or sexual exploitation by non-SCI or AAH staff or representatives	Allegations of child abuse or sexual exploitation of beneficiaries by non-SCI/AAH staff or representatives, i.e. members of the community or other NGOs or United Nations agencies' staff	Resolved as per SCI and AAH policy
7	Payment-related issues	Complaints such as no money in beneficiary's account or issues with fingerprint recognition	Technical payment issues referred to SIBTC and resolved within seven days

Source: Adapted from CDGP SOPs