

The Endline Evaluation of the Child Development Grant Programme

June 2019

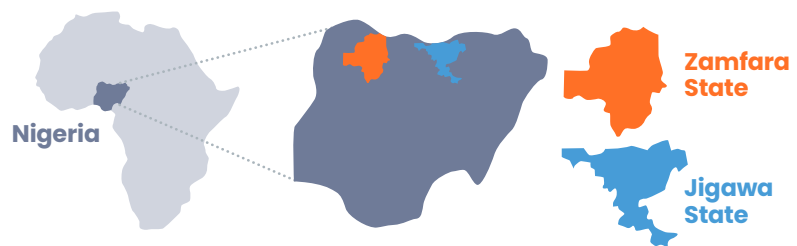


This infographic presents the summary findings of the endline evaluation of the Child Development Grant Programme (CDGP). The Evaluation was conducted by the e-Pact consortium and led by Oxford Policy Management and investigated how the programme has impacted maternal and child care practices, health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

The CDGP:

The intervention and its objectives

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



Cash plus behaviour change communication (SBCC) campaign from pregnancy until the child reaches the age of two



3500NGN

Paid monthly to mothers

16% of average monthly household consumption

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

+



Social Behaviour change communication (SBCC):

Nutrition advice, counselling and mentoring to support the feeding and nutrition practices of pregnant women, infants and young children, provided with different levels of intensity.

← SBCC →

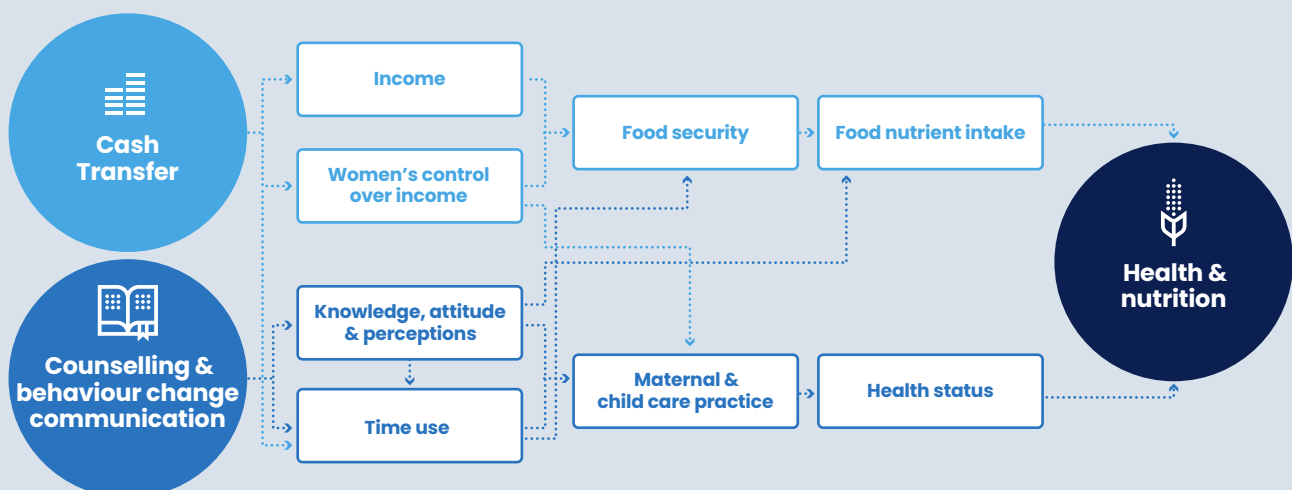


Pregnancy



← Until the child reaches the age of two →

The CDGP Theory of Change



The CDGP:

How was it implemented?



Cash transfer



Targeting

Did the cash reach the intended audience?



90%

of pregnant women in CDGP areas received the transfer

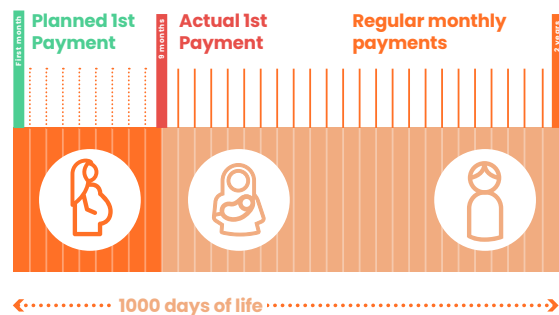


11%

of pregnant women in non CDGP areas received the transfer

Timing & frequency

Was the cash given when intended?



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

Once started, the payments have been regular.

Social Behaviour change communication



Exposure

Did the SBCC reach the intended audience?



94%

of women



94%

of husbands

Recall being exposed to at least one SBCC channel

Level of SBCC intensity

In high intensity SBCC areas, small group meetings and one to one counseling did not happen to the degree expected.



47%

High intensity



39%

Low intensity

of women were exposed to small group meetings

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



35%

High intensity



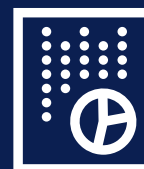
25%

Low intensity

of women were exposed to one to one counselling

The CDGP:

What was its impact?



The information channels most frequently recalled by women are posters and demonstrations. For their husbands, the most frequently recalled are radio and posters. Women were far more likely to attend health talks and food demonstrations than their husbands.

What were the messages people recalled most frequently?

The messages most frequently recalled by women were those relating to exclusive breastfeeding and eating nutritious foods.



Key



impact achieved as intended



partially achieved



not achieved

Income, consumption & livelihoods



Women's control of income



Food security



Livelihoods



Consumption expenditure

Health practice & behaviour



Maternal & child care practices



Knowledge & attitude



Practice & behaviour



Dietary diversity

Health & nutrition



Vaccination



Frequency of illnesses



Child nutrition & health



Maternal nutrition & health

Income, consumption & livelihoods



Women's control of income



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



68%

mother decides



27%

husbands & mothers jointly decide

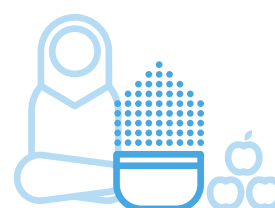
They spend it on food for the household and for children in particular.

Livelihoods



92%

CDGP



81%

Non CDGP

of women engage in a work activity.

CDGP women had more livestock and savings, and borrowed less.

Food security



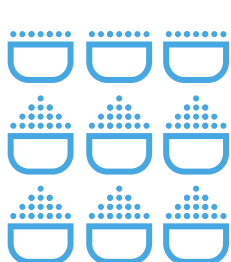
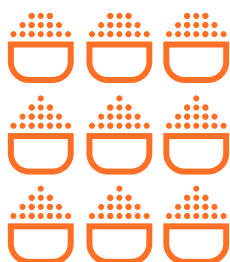
94%

CDGP

86%

Non CDGP

of households experienced little to no hunger in the last month



Consumption expenditure



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



49,500 NGN

(137 USD)

CDGP



45,200 NGN

(125 USD)

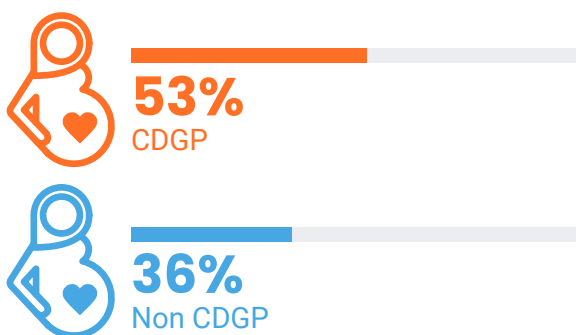
Non CDGP

Monthly household consumption

Health practice & behaviour

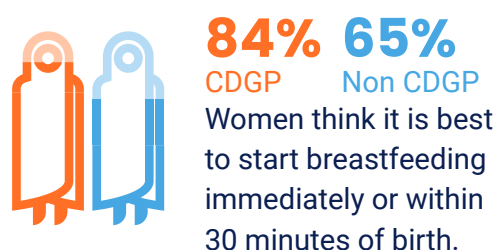


Maternal & childcare practices



of pregnant women report having used antenatal care (ANC) services.

Knowledge & attitude

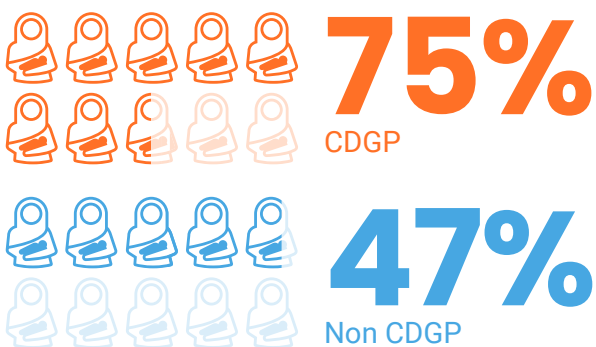


Women think it is best to start breastfeeding immediately or within 30 minutes of birth.



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

Practice & behaviour

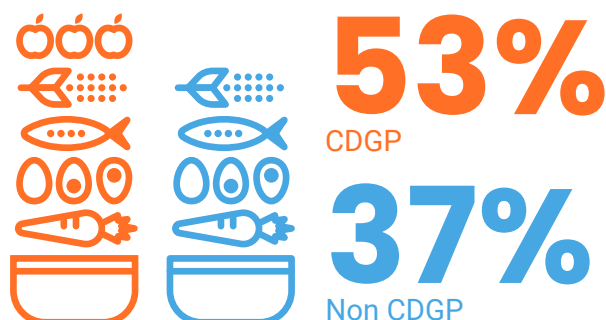


of women report children under 6 months as being exclusively breastfed.

Dietary diversity



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



Health & nutrition

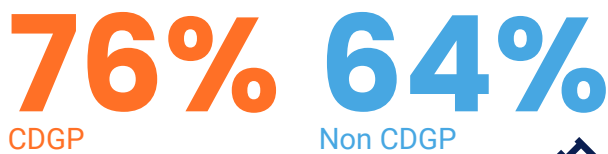


Vaccination



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

Children with measles vaccination



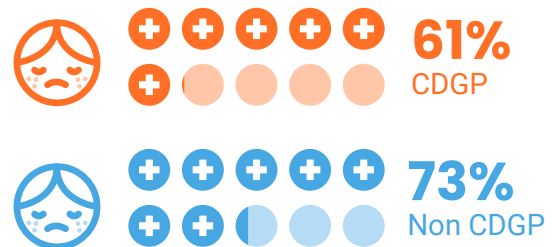
Child nutrition & health



Children who were directly exposed to CDGP cash transfers, were taller in CDGP communities, than in non-CDGP communities.

But for their older siblings (born before CDGP started) and younger siblings, there were no impacts on height. This shows that impacts are only experienced for children directly exposed to the cash.

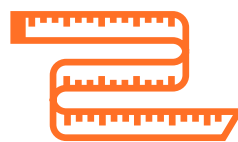
Frequency of illnesses



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

Illnesses are less frequent among children in CDGP areas.

Maternal nutrition & health



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

Evaluation of the CDGP:

What have we learned and how can this inform policy?

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

The programme has had many notable and positive impacts. However child malnutrition remains very high. This highlights the need for many supporting interventions to address it.

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

For further information visit - www.opml.co.uk or contact

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Original graphics were designed by [Data Design](#)
and the report was designed by Phil Appleton - phil@phildoesdesign.com
with original support from [Marta Moratti](#) and [Kate Isle](#).

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

The Child Development Grant Programme: Qualitative endline report

The Child Development Grant Programme: Quantitative endline report

