Child Development Grant Programme Evaluation

Quantitative Endline Report Volume II: Endline technical compendium

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July 2019

Preface

This report presents the findings from the endline survey for the quantitative impact evaluation of the Child Development Grant Programme (CDGP) in northern Nigeria. The household survey data collection for this endline report was conducted from August to October 2018. This follows on from a midline survey conducted from October to December 2016 and a baseline survey conducted from August to October 2014. This report was produced by Pedro Carneiro, Imran Rasul, Giacomo Mason, Lucy Kraftman and Molly Scott.

Disclaimer

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This material has been funded by UK aid from the UK Government; however, the views expressed do not necessarily reflect the UK Government's official policies.

This assessment is being carried out by e-Pact. The project manager is Andrew Kardan. The remaining workstream team leaders for this evaluation are Kay Sharp (Qualitative Impact Evaluation), Molly Scott (Quantitative Impact Evaluation) and Aly Visram (Process Evaluation). Dr Imran Rasul is the technical director for the Quantitative Impact Evaluation workstream. The other team members for the Quantitative Impact Evaluation Workstream are Pedro Carneiro, Giacomo Mason, and Femi Adegoke. For further information contact (andrew.kardan@opml.co.uk).

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Acknowledgements

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List of abbreviations

ACF	Action Against Hunger
BCC	Behavioural change communication
BMI	Body mass index
CAPI	Computer-assisted personal interviewing
CDGP	Child Development Grant Programme
CHEW	Community health extension worker
CVs	Community volunteers
DEFF	Design effect
DFID	Department for International Development
FGD	Focus Group Discussion
HAZ	Height for age Z-score
HFIAS	Household Food Insecurity Access Score
HH	Household
ICC	Intra-cluster correlations
IDDS	Index-Member Dietary Diversity Score
IFS	Institute for Fiscal Studies
ITT	Intention to treat
IYCF	Infant and Young Child Feeding
KAP	Knowledge, attitudes and practices
LGA	Local Government Areas
LPM	Linear Probability Model
MUAC	Mid and Upper Arm Circumference
NGO	Non-Government Organisation
OLS	Ordinary Least Squares

OPM	Oxford Policy Management
PE	Process Evaluation
PSU	Primary Sampling Unit
RCT	Randomised Controlled Trial
SUN	Scaling Up Nutrition
ToR	Terms of Reference
UCL	University College London
WAZ	Weight-for-age Z-Score
WHO	World Health Organization
WHZ	Weight-for-height Z-Score

1   Original Terms of Reference

Child Development Grants: Cash Transfers Pilot in Northern Nigeria, 2013-2017

Terms of Reference for the Independent Evaluation Component

Background

1.   Sixty-four million of Nigeria's extreme poor live in the north of Nigeria.[1] They rely largely on agriculture and herding which are susceptible to climatic shocks and are providing diminishing returns. Poor households often only produce enough food to last one third of the year[2] and rely on seasonal work and migration to earn the money to fill the gap. However, these opportunities coincide with the peak agricultural seasons when households also need to work on their own land. The necessary pursuit of short-term but essential cash to buy food thus prevents poor households from working enough on their own land to be self-sufficient. This perpetuates a cycle of under-production, a dependence on markets for additional food and vulnerability to food prices.

2.   According to the Nigeria Demographic and Health Survey (NDHS) 2008, one in four Nigerian children is underweight, and 9% are severely so. Under-nutrition is most severe in northern Nigeria where a third of children under five are underweight, half are stunted, and a fifth are wasted[3]. Malnutrition has complex inter-related causes related to food security, caring practices, and health services and health environment[4]. In recognition of the need to address malnutrition in Northern Nigeria, DFID has launched a large-scale nutrition programme (complementing their existing health programme) that seeks to reduce the incidence and prevalence of under nutrition in children across five Northern states[5]. This programme is expected to address key issues in health service provision related to nutrition, including the provision of emergency treatment for severe acute malnutrition; and also aims to improve infant and young child feeding practices. The programme does not, however, directly address issues related to food security and the inability to access services due to financial constraints.

3.   The Child Development Grants Programme (CDGP) will pilot a cash transfer programme that will focus on removing the food security and financial barriers to improving nutrition. By providing cash to poor women it is expected that the programme will enable them to buy more and better quality food and also to spend money on education and health.

4.   The project will provide a child development grant (CDG) of 3,500 Naira (£14) a month each to 60,000 women with children under the age of 2. The women will also be given nutritional education and advice. 420,000 people will benefit by having improved food security and diet, greater resilience to shocks and better nutrition.

5.   There is strong evidence from elsewhere that cash transfers have an impact on food security, but the evidence that they have an impact on nutrition is weaker. So the programme has

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[1] This is calculated using 2004 Nigerian Living Standards Survey and 2010 UN Population Division population projections.
[2] Jennifer Bush, 2010, 'Household Economy Analysis, Millet and Sesame Livelihood Zone, DauraLGA, Katsina State', Save the Children Nigeria and Julius Holt, 2007, Preliminary Livelihoods Zoning: Northern Nigeria, FEWS NET.
[3] Calculated as a weighted average of the prevalence in the northeast and northwest zones using Nigeria DHS 2008 and Census 2006 data.
[4] UNICEF, 1990, 'Strategy for Improved Nutrition of Children and Women in Developing Countries, A UNICEF Policy Review', 1990:1. New York.
[5] DFID, 2011, 'Improving maternal, Newborn and Child Nutrition in Northern Nigeria', DFID.

been designed with an independent evaluation and research component to generate evidence of the impact of the programme on household food security, vulnerability and child nutrition. This will contribute to the longer-term objective of the approach being adopted and expanded by the government of Nigeria with support from other donors.

Programme Objective, Outcome and Outputs

6.   This programme is designed to have an impact at two levels: directly on the lives of poor people in the target areas of Zamfara and Jigawa states; and indirectly by informing the scaling up of social protection at state and national level. Key results areas are:

A.   Impact

7.   The programme will protect 420,000 people from hunger and extreme poverty and promote the expansion of the approach to other areas of Northern Nigeria. Specifically there will be a reduction in stunting and under-5 mortality in the children in the client/target households:

> i)   A reduction in the prevalence of stunting among 94,000 children in the target households measured by a change in the height for age z score (HAZ) will fall by 0.2 standard deviations per year and 1 standard deviation by the end of the project.[6]

> ii)   A reduction in the under–5 mortality rate of 3%–5%.[7]

8.   Other targets include the Jigawa and Zamfara state governments expanding the programme using their own resources, and social protection policies and programmes elsewhere in Nigeria being based on the project's approach.

B.   Outcome

9.   The outcome will be a fully–tested programme that has demonstrated how cash transfers and nutrition education improve the lives of poor families, can be expanded by government and has had a direct and sustainable impact on 60,000 target households. Indicators of progress and targets will be:

> i)   A reduction of 90% in the number of target households selling productive assets during the hungry season and in other times of economic stress.

> ii)   60,000 target households will be more food secure and their diets will be better and more varied.[8]

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[6]   The height (length)-for-age Z score (HAZ) measures the distribution of children's height compared to children of the same age from a reference population (WHO growth standards; expected mean=0, SD 1.0). We expect to see a change of up to 0.2 SD each year, approximately 1.0 SD by the end of the project. Other indicators will be the change in average height gain (expected about 1cm/year increase), prevalence of stunting (1-2% point reduction per year - decrease), birth weight (100/120g increase in birth weight and 4-5% point reduction in low birth weight over 5 years.
[7]   The estimate of the likely reduction in infant and child mortality is drawn from estimates that full coverage of nutrition interventions can reduce mortality by up to 25% between birth and 36 months and promoting breastfeeding can reduce under-five mortality by up to 8%. See Bhutta, Z.A. Ahmed, T. Black, R.E. *et al* 2008: 'What works? Interventions for maternal and child under nutrition and survival,' *The Lancet* 371(9610): 417-440, February 2008.
[8]   Food security will be measured using the Household Food Insecurity Access Score (HFIAS) and dietary diversity will be measured using the Index-Member Dietary Diversity Score (IDDS). Baselines and targets will be established following surveys carried during the inception phase.

C. Outputs

10. Outputs will be:

   i) A system for identifying, enrolling and providing a regular child development grant to women with children under the age of 2.

   ii) A package of complementary social mobilisation, nutrition education, mentoring and awareness raising activity that will support women receiving the grants to improve the nutrition of their children.

   iii) Increased government capacity and understanding in Jigawa and Zamfara to manage cash transfer programmes.

   iv) Strong evidence of the impact of the programme.

11. The Logical Framework is at annex 1. Elements of the Logical Framework will be refined during the programme's inception phase.

Evaluation

D. Evaluation Components

12. Evaluation of the cash transfer programme will be multidimensional and include discrete and continuous data collection. DFID Nigeria wishes to contract researchers and evaluators to carry out baselines and evaluation in the following 5 areas:

   i) Qualitative baseline studies on poverty (during programme inception phase)

   ii) A randomized control trial (or similar) to assess and attribute impact.

   iii) An evaluation of the implementation of the programme a "process evaluation".

   iv) Continuous-feed data collection.

   v) Qualitative evaluation research among beneficiaries, non-beneficiaries and key informants.

13. More detailed descriptions of each monitoring and evaluation area are given below.

E. Tendering process

14. The five areas of work set out above will be divided into two groups for the purposes of tendering.

Group 1

15. Group 1 is focused principally on gathering qualitative ethnographic data and includes the following components:

   i) The qualitative baseline studies on poverty (inception phase)

   iv) Continuous feed data collection, and,

v) Qualitative evaluation research among beneficiaries, non-beneficiaries and key informants (longitudinal)

Group 2

16. Group 2 is focused primarily on quantitative analysis of impact and providing management information for programme management. It comprises:

ii) A randomized control trial (or similar)

iii) Process evaluation

17. Bidders are expected to bid for all the components within each group. A bidder may bid for both groups.

18. DFID requires that one organisation bids for and leads on both groups. This would better facilitate data sharing and interaction, and would enable coordination to avoid duplication and/or over-burdening of interviewees. DFID also expects the bidding organisation to have the suitable specialist expertise to cover the scope of work outlined within Group 1 & 2

i) *Qualitative baseline studies on the nature and experience of poverty in Jigawa and Zamfara states*

Purpose

19. To build the evidence case for social protection, contribute to CDG programme design, contribute to evaluation design, and contribute to cohort research questions (area v).

Scope of work

20. Conduct a series of qualitative studies focusing on the nature and experience of poverty in Jigawa and Zamfara states. Data collection will be preceded by the development of an appropriate and approved methodology, and it is expected that data analysis will be carried out using suitable qualitative data analysis software.

Key research questions and issues

i) Build understanding of the nature and lived experience of poverty in Jigawa and Zamfara states.

ii) Explore the likely effects of introducing cash transfers to households in these states both at an economic level and in terms of socio-cultural dynamics.

iii) Learn how the contextual realities of kinship, social capital and cultural norms may mediate—amplifying, reducing, refracting—the effects of cash transfers in both beneficiary and non-beneficiary households.

iv) Elicit information on access to food, coping strategies in the face of shocks and crises, and on constraints and opportunities experienced by households in these states.

<u>Design and methodology</u>

21.   These studies should employ participatory research methods appropriate to a semi-literate environment. This may include the Household Economy Approach and Cost of Diet assessment method developed by Save the Children, household level case studies, and other qualitative research tools such as in-depth ethnographic interviewing and focus group discussions. A methodological approach should be outlined in proposals submitted to tender, and a complete methodology description, including fully justifiable design details and a description of sample size and strategy, will need to be submitted for approval by DFID Nigeria before beginning data collection.

<u>Data sources</u>

22.   Appropriately sized sample (size should be calibrated to data collection methods) of potential programme beneficiaries in Jigawa and Zamfara states.

<u>Outputs and dissemination</u>

23.   Deliverables will include:

    i)   Inception report including full methodology, analytical framework and fieldwork guide,

    ii)   Study report (including an executive summary) containing key findings and recommendations,

    iii)   A dissemination workshop accompanied by briefer summary findings presentations and advocacy documents,

24.   In addition, the work should be of a quality that it can be published in peer-reviewed journals.

ii)   Experimental / Quasi-Experimental Impact Evaluation

<u>Purpose</u>

25.   This is designed to quantify the impact of the programme and is a key component of the evaluation strategy. If the evaluation produces strong evidence that the programme has produced the expected outcomes, this will help make the case for expanding the approach. It will also demonstrate that the money has been well-spent. The former is especially relevant in Nigeria.

<u>Scope of work</u>

26.   An experiment using randomised sample selection and control groups to provide strong evidence of impact at appropriate levels of statistical confidence and power. Data will be gathered in sample surveys at several times during the life of the programme (baseline, mid-point and endline). Sample size will be determined during an inception phase based on the variation of parameters in the population.

<u>Evaluation questions</u>

27.   The questions the evaluation should answer are:

i) Nutrition: Has the programme contributed to reducing stunting in children under the age of five and how does this vary by gender?

ii) Mortality: Has the programme contributed to reducing infant mortality and how does this vary by gender? Assessments should be made of the impact on under–5 mortality, infant mortality and neonatal mortality

iii) Food security and dietary diversity: Has the programme contributed to an improvement in the average Household Food Insecurity Access Score (HFIAS) and in the Index-Member Dietary Diversity Score (IDDS) in target households and how does this vary by gender?

iv) Economic security: Has the programme contributed to a reduction in the percentage of households liquidating productive assets in the hungry season or in the face of economic stress?

v) Well-being: Has the programme contributed to an increase in the percentage of programme clients reporting improvement in child and household well-being due to participation in the CDG programme?

vi) Knowledge, Attitudes and Practices: has the programme contributed to changes in KAPs among men and women related to nutrition and infant and young child feeding. (The process evaluation will focus on the how and the why).

Design and methodology

28.   The first choice for the evaluation design of the CDG programme is a randomized control trial (RCT). Other options include quasi-experimental approaches such as double-difference designs, matching procedures and regression discontinuity.

29.   It is currently envisaged that transfers will be rolled out gradually as follows: a minimum of 24,000 mothers by 2014; 36,000 by 2015; 48,000 by 2016; and 60,000 by 2017 divided equally between the two states. Two to three LGAs (local government areas) will be selected in each state according to poverty and geographical criteria agreed with the government. Some political compromises, which relate to the mapping of senatorial districts, may be necessary at this stage. Within these LGAs (once selected), random sampling of villages should be possible. Coverage within targeted villages will be high, enrolling all women who are pregnant or have children under two. Random sampling of households within villages has not been considered as an option thus far.

30.   Bidders for this work should present specific design options, including their approach to estimating sample size and sampling method, and information on their power calculations and confidence intervals, in their tender proposals. Any evaluation design should include a comparison of mobile and manual delivery methods and may include a comparison of different levels / intensities of complementary inputs (nutrition education, nutrition counselling etc.). Data collection methods should include quantitative surveys as well as anthropometric measurements to measure nutrition indicators.

31.   A complete methodology document, including fully justifiable design details, data collection schedule, and a description of sample size and strategy, will need to be submitted for approval by DFID Nigeria before beginning data collection.

<u>Data Sources</u>

32.   Programme beneficiaries and a control sample of non-beneficiaries, or beneficiaries enrolled later in the programme (step-wedge design).

<u>Outputs and dissemination</u>

> i)   Inception report including full methodology and analytical framework,
>
> ii)   Short reports presenting findings from each data collection phase,
>
> iii)   Mid–term results presentation workshop
>
> iv)   Final consolidated report containing key findings and recommendations,
>
> v)   Workshop to present final results
>
> vi)   Briefer summary findings presentations and advocacy documents,
>
> vii)   It will be expected that findings are submitted for publication in peer-reviewed journals at a later date.

iii)   Process evaluation

<u>Purpose</u>

33.   Process evaluations help identify obstacles to the implementation of a programme. They assess the coherence and validity of the programme design, and in particular by scrutinizing the assumed chains of cause and effect that lead from activity to output, to outcome and impact.

<u>Key questions</u>

34.   The evaluation questions in the process evaluation are drawn from the theory of change and the assumed pathways between programme activities, outputs, outcomes, and impact and the logframe. They include:

> i)   Are woman in programme areas who are pregnant or carers / mothers of under-fives aware of programme objectives? Are they aware of the procedures and requirements?
>
> ii)   Are men, traditional and religious leaders and other community opinion- leaders also aware of the programme objectives, procedures and requirements and accepting of them?
>
> iii)   How well does the beneficiary targeting and enrolment system work?
>
> iv)   How well are the two payment modalities functioning?
>
> v)   Are women retaining control of the transfer? Are they retaining control of the mobile phone (as applicable)? Are they confident in its use?
>
> vi)   Are women able to go and buy food or alternatively to directly commission the purchase of the food that they require (e.g. via older children)

vii) Have NGO and government field staff (both those directly contracted and sub-contracted) been well trained in their CDGP work? Are they motivated? What kinds of constraints and opportunities emerge in the course of their work?

viii) Assessment of the quality of the complementary nutrition and IYCF

Activities: do clients understand the messages? Are clients able to implement lessons learned in their own homes? If not, why not?

ix) Is routine programme monitoring being carried out effectively by implementing NGOs? Are lessons learned from monitoring being communicated up the programme chain?

<u>Design and methodology</u>

35.   The process evaluation should use Programme Theory together with impact pathways/theory of change in its design. A mixed methods approach is favoured, including surveys, Focused Ethnographic Studies, key informant interviewing, focus group discussions and structured observations. Data collection should be carried out twice, once after the programme has been running for a year and a second round in year 3. A methodological approach should be outlined in proposals submitted to tender, and a complete methodology document, including fully justifiable design details and a description of sample size and strategy, will need to be submitted for approval by DFID Nigeria before beginning data collection.

<u>Data Sources</u>

36.   Beneficiaries, implementing NGO personnel, other stakeholders.

<u>Outputs and dissemination</u>

i) Inception report including full methodology and analytical framework,

ii) Short reports presenting findings from each data collection phase, including user-friendly and actionable recommendations designed to help NGO staff improve programme implementation,

iii) Round one results presentation workshop

iv) Final consolidated research report containing key findings and recommendations,

v) Final results presentation workshop

vi) Briefer summary findings presentations and advocacy documents,

vii) It will be expected that findings are submitted for publication in peer-reviewed journals at a later date.

iv)   Continuous-feed data collection

<u>Purpose</u>

37.   The impact evaluation will assess impacts over the lifespan of the programme. The qualitative study described below will gather information that will build understanding and knowledge of these changes. The continuous-feed data collection will complement these

approaches by offering real–time snapshots of changes in intra–household dynamics and consumption patterns resulting from participation in the CDG programme, and will support arguments for programme effectiveness without having to wait for endline impact evaluation results.

Scope of work

38.   To develop instruments and analyse data collected on the use of cash transfers and the changes taking place in target households. While it is envisaged that information will be collected by the staff of the NGOs implementing the programme, the approach, questionnaires and other instruments used to collect the data will be developed by the contracted team, which will also analyse the data.

Key questions

39.   Key questions will focus on what the transfer was used for the previous month, and what kinds of changes have taken place in the household (social, economic, or other) as a result of receiving the transfer. Questions should also be asked about satisfaction with disbursal process and whether clients had any difficulties with the process. Finally, clients should be asked about security: whether receiving the transfer increased their sense of vulnerability.

Design and methodology

40.   The principal method of gathering data will be exit interviews administered to recipients who will be asked what they used the cash transfer for in the preceding month, together with simple questions about changes in intra-household dynamics, satisfaction with disbursal procedures, and security.

41.   These interviews should take approximately ten minutes, and will be administered to a randomly selected group of clients on paydays (for manual disbursement clients) and other programme-related activities (for mobile disbursement clients). The contracted institution will, in addition to developing, piloting and revising research instruments and analysing data, design a simple protocol for randomly selecting an appropriately-sized sample *in situ*.

Data sources

42.   Programme beneficiaries

Outputs and dissemination

  i) Research instruments (including training in their use) and analytical framework.

  ii) Short, accessible summary write-ups issued after every three rounds of data collection.

  iii) The team analysing the surveys should be conscious of the time-sensitive nature of some findings: in the event of complaints about the disbursal process or the security situation, this information should be communicated without delay to NGO staff[9].

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[9] The disbursal process will be carried out by a sub-contracted entity (commercial bank / mobile bank agents, or mobile phone company agents), not the implementing NGO itself.

v) *Qualitative evaluation research among beneficiaries, non-beneficiaries and key informants:*

Purpose

43.   This component will investigate the effects of the programme at household level. These will include changes such as perceived changes in nutritional status and morbidity of mothers and children, changes in attitudes towards education, and changes in gender roles within the household over the course of its participation in the CDG programme, as well as community level effects of the CDG programme. This component will also examine changes in knowledge, attitudes and practice related to the complementary nutrition activities included in the programme.

44.   This component will provide a longer–term perspective on changes resulting from programme participation, understanding of how programme has been received and viewed by beneficiary HHs and their communities.

Scope of work

45.   Carry out qualitative research on a range of questions related to programme effects at the household and community levels. Data collection will be preceded by the development of an appropriate and approved methodology. Data analysis will be carried out using suitable qualitative data analysis software.

Key questions

46.   This work will focus on exploring longitudinal changes in the domestic economy, perceived changes in nutritional status and morbidity of mothers and children, changes in attitudes towards education, and changes in gender roles within the household over the course of its participation in the CDG programme. Research will also explore community-level effects over time. Key research questions will include:

i)   How are household economic decisions affected by participation in the CDGP? Are consumption patterns changing? Are participating families able to save more and avoid selling productive assets?

ii)   In what ways are children benefiting (or not benefiting) from the transfers? Are there differences in the ways girls and boys benefit?

iii)   How are resources pooled, shared and distributed? How are these decisions taken? How does this differ between those in a polygamous marriage and those not in a polygamous marriage? How does this differ between junior and senior wives?

iv)   Do mothers perceive changes in their own or their children's nutritional status and morbidity patterns?

v)   Does participation in the CDG programme change attitudes towards education? If attitudes are changing, is this applicable to girls as well as boys?

vi)   How does exposure to complementary health and nutrition activities change knowledge, attitudes and practices towards breastfeeding, IYCF, care of sick and malnourished children, mothers' own nutrition practices, and health-seeking behaviour, hygiene and sanitation practices? These issues should be explored among fathers, mothers and resident senior women in households.

vii)	Has participation in the CDGP affected gender roles, decision-making and women's empowerment and self-esteem within beneficiary households? How does this experience differ between those in/ not in polygamous households and between junior and senior wives?	
viii)	How is the CDG programme received by communities, especially among non-beneficiaries?	
ix)	What are the community-level social and economic effects of the CDG programme?	

Design and methodology

47.   An appropriately-sized cohort of beneficiary families (taking into consideration the possibility of sample attrition) will be recruited to participate in a longitudinal household case study exercise, based around qualitative data collection carried out in five rounds (two in year 1, one each in years 2-4). Cohort data collection methods should include in-depth semi-structured interviews, structured observations, life histories and KAP approaches. Non-beneficiaries will not be placed in a cohort, but will be recruited separately for participation in FGDs at each data round. Key informants, including leaders, elders, civil society actors, health and education personnel, and businesspeople, will be interviewed at each data round to explore social and economic effects at the community level.

48.   A methodological approach should be outlined in proposals submitted to tender, and a complete methodology document, including fully justifiable design details and a description of sample size and strategy, will be submitted for approval by DFID Nigeria before beginning data collection.

Data sources

49.   A cohort of beneficiary Households recruited at inception, together with groups of non–beneficiaries recruited at each data collection round. Key informants should include: leaders, elders, civil society actors, health and education personnel, businesspeople.

Outputs and dissemination

50.   Deliverables will include:

i)	Inception report including full methodology and analytical framework.
ii)	Short reports presenting findings from each data collection phase.
iii)	Final consolidated research report containing key findings and recommendations.
iv)	Briefer summary findings presentations and advocacy documents.
v)	Findings suitable for publication in peer-reviewed journals.

F.   Reporting, Personnel and Timing

Reporting

51.   Team leaders for the activities in Group 1 and Group 2 will be responsible for the submission of all deliverables, and will report to the DFID Nigeria Social Development Adviser. As

mentioned in paragraph 18; *it would be desirable to have one contractor for both groups if possible.*

Profile of Consultancy Teams

Group 1 (areas i, iv and v)

52.   This team should be small (2 or 3 technical experts), and be biased towards expertise in qualitative research methods. The Team Leader should have at least ten years' experience of carrying out qualitative social research in the social protection sector, and possess demonstrated skills in research design, data analysis, team management, research coordination and dissemination. A solid track record of appropriate publications would be an asset. At least one consultant should have particular expertise, acquired over the course of not less than ten years, in gender research, and one team member will need experience in applying the Household Economy Approach and Cost of Diet assessments (or similar).At least one team member should be female. Experience of working in Africa is essential, and in Nigeria highly desirable. Opportunities for building up Nigerian research capacity should be maximised.

Group 2 (areas ii and iii)

53.   This team should be small (3 or 4 technical experts) and be biased towards expertise in quantitative research methods. The Team Leader should have at least ten years' experience of carrying out robust quantitative programme impact evaluation in the social protection sector, and possess demonstrated skills in research design, data analysis, team management, research coordination and dissemination. A solid track record of appropriate publications would be an asset. At least one member of the team should have at least five years' experience working with mixed-methods approaches and process evaluation. The team should include an economist and a nutritionist, and should include at least one female member. Experience of working in Africa is essential, and in Nigeria highly desirable. Opportunities for building up Nigerian research capacity should be maximised.

Timeframe

Group 1 (components i, iv, and v)

• Activity	• Completed By
• Consultants identified and contracted	• March 2013
• Contract completed and signed	• April 2013
• Component (i) inception report submitted	• May 2013
• Component (i) inception report agreed and finalised	• June 2013
• Component (i) in-country data collection	• July 2013
• Component (i) draft research report submitted	• September 2013
• Component (i) dissemination workshop	• October 2013
• Component (i) research report finalised	• November 2013
• Component (iv) draft research instruments and analytical framework submitted	• November 2013
• Component (iv) research instruments and analytical framework agreed and finalised	• December 2013

• Component (iv) data analysis	• After each round of data collection, Y1-Y4
• Component (iv) summary reports submitted	• No more than one month after every three rounds of data collection, Y1-Y4
• Component (v) inception report submitted	• December 2013
• Component (v) inception report agreed and finalised	• December 2013
• Component (v) in-country data collection	• Jan 2014 (Y1) • Jan 2015 (Y2) • Jan 2016 (Y3) • Jan 2017 (Y4) • Jan 2018 (Y5) •
• Component (v) short reports submitted	• 3 months after data collection round
• Component (v) draft consolidated final report submitted	• February 2017
• Component (v) draft consolidated final report finalised	• March 2018

Group 2 (components ii and iii)

• Activity	• Completed By
• Consultants identified and contracted	• March 2013
• Contract completed and signed	• April 2012
• Component (ii) inception report submitted	• May 2013
• Component (ii) inception report agreed and finalised	• June 2013
• Component (ii) in-country data collection	• Baseline Y1 – August 2013 • Mid-term Y3 – August 2015 • Endline Y5 – August 2017
• Component (ii) short reports submitted	• 3 months after each data collection round
• Component (ii) mid-term results workshop	• 4 months after mid-term data collection round
• Component (ii) draft consolidated report submitted	• 3 months after endline data collection round
• Component (ii) final results workshop	• 3 months after endline data collection round
• Component (ii) consolidated report finalized	• 4 months after endline data collection round
• Component (iii) inception report submitted	• March 2014
• Component (iii) inception report agreed and finalised	• April 2014
• Component (iii) in-country data collection	• June 2014
• Component (iii) draft first report and briefing materials submitted	• September 2014
• Component (iii) round one results workshop	• September 2014
• Component (iii) first report finalised	• October 2014

• Activity	• Completed By
• Component (iii) round two data collection	• June 2016
• Component (iii) draft consolidated report submitted	• September 2017
• Component (iii) final results workshop	• September 2017
• Component (iii) consolidated report finalized	• October 2017

Duty of Care

54.   The Supplier is responsible for the safety and well-being of their Personnel (as defined in Section 2 of the Framework Agreement) and Third Parties affected by their activities under this contract, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property.

55.   DFID will share available information with the Supplier on security status and developments in-country where appropriate.

56.   The supplier is responsible for ensuring appropriate safety and security briefings for all of their Personnel working under this call-down contract and ensuring that their Personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the Supplier must ensure they (and their Personnel) are up to date with the latest position.

57.   This Procurement will require the Supplier to operate in or pass through conflict-affected areas and parts of which are insecure. The security situation can be volatile and subject to change at short notice. The Supplier should be comfortable working in such an environment and should be capable of deploying to the areas required within the region in order to deliver the Contract.

58.   The Supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their Personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the Contract (such as working in potentially dangerous, fragile or hostile environments etc). The Supplier must ensure their personnel receive the required level of training and safety in the field training prior to deployment.

59.   Tenderers must develop their ITT Response on the basis of being fully responsible for Duty of Care in line with the details provided above and the initial risk assessment ,matrix prepared by DFID (see Annex A of this ToR). They must confirm in their ITT response that:

> ➤ They fully accept responsibility for Security and Duty of Care.

> ➤ They understand the potential risks and have the knowledge and experience to develop an effective risk plan

> ➤ They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.

60.   If you are unwilling or unable to accept responsibility for Security and Duty of Care as detailed above, your ITT will be reviewed as non-complaint and excluded from further evaluation.

61.   Acceptance of responsibility must be supported with evidence of Duty of Care capability and DFID reserves the right to clarify any aspect of this evidence. In providing evidence, interested Suppliers should respond in line with the Duty of Care section in ITT Questionnaire.

Annex A

DUTY OF CARE RISK ASSESSMENT FOR SUPPLIER

Theme	DFID Risk score – Jigawa and Zamfara State
OVERALL RATING[10]	4
FCO travel advice*	3
Host nation travel advice	None
Transportation	3
Security	4
Civil unrest	2
Violence/crime	4
Espionage	3
Terrorism	4
War	1
Hurricane	1
Earthquake	1
Flood	1
Medical Services	4
Nature of Project/ Intervention	2

*Zamfara and Jigawa are rated 1 and Kaduna and Kano are rated 4. Access to Jigawa and Zamfara requires travel through Kaduna and Kano, just passing through no overnight stay required.

1 Very Low risk	2 Low risk	3 Med risk	4 High risk	5 Very High risk
Low		Medium	High Risk	

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2 the Overall Risk rating is calculated using the MODE function which determines the most frequently occurring value

2   Changes to ToR

This section outlines the changes to original ToR that were proposed by e-Pact.

The original ToR suggested a stepped wedge design. However, for this evaluation, we determined that such a design is not required and a cluster RCT would be sufficient, as well as being simpler to implement (as it does not require a staggered rolling out of the intervention). Therefore, we proposed using a simple cluster RCT, with the control group receiving the intervention after the evaluation endline survey is conducted.

The ToR proposed assessing the impact of the CDGP on under-five mortality, infant mortality and neonatal mortality. However, mortality is an extremely challenging variable to measure accurately. Moreover, as the incidence of mortality is relatively low in the target population, it would require prohibitively large samples of children and households to statistically detect any changes in mortality. Therefore, we proposed not to collect data on mortality and rather focus on child anthropometrics and dietary diversity as the key nutrition indicators.

The midline quantitative evaluation was removed for the ToR at the time the original contract was issued. However, in 2016 after the duration of the CDGP programme was extended, moving the end date from 31 March 2018 to 31 July 2019, DFID requested that a midline survey be conducted. This was facilitated by an updated contract in July 2016.

The timeline for the quantitative surveys was changed from the original ToR specification. The ToR specifies:

- Baseline – August 2013
- Mid-term – August 2015
- Endline – August 2017

However, due to changes in the implementation timing of the CDGP, the baseline was delayed so that it occurred just before the implementation. This ensured that pregnant women in our baseline sample were still pregnant when the programme began its implementation, and thus were then eligible to receive the CDGP. This meant we conducted our listing and baseline survey in September to October 2014. Therefore, the revised dates are:

- Baseline Y1 – Aug/Sept/Oct 2014
- Mid-term Y3 – Oct/Nov/Dec 2016
- Endline Y5 – Aug/Sept/Oct 2018

3   Our team and governance structure

The e-Pact team is led by Imran Rasul, as the evaluation director. He provides strategic oversight, consolidates the outputs produced by all workstreams, participates in dissemination activities, and engages with the policy process as and when necessary. The evaluation director is ultimately responsible for the quality of the technical work produced through this project.

Imran is supported by Andrew Kardan, who is the project manager for this evaluation. The project manager is responsible for the day-to-day management of the project and is the first point of call for DFID. Andrew also supports the team leaders in the delivery, coordination and consolidation of outputs from the different workstreams.

This evaluation consists of three workstreams: the quantitative impact evaluation, the qualitative impact evaluation and the process evaluation. The quantitative impact evaluation workstream is managed by Molly Scott at endline, and was managed by Lucie Moore at baseline and midline. Molly is responsible for timely delivery of outputs and internal coordination of activities between Oxford Policy Management (OPM) and the Institute for Fiscal Studies (IFS), and is the key contact person for coordination with programme staff on quantitative issues. Dr Imran Rasul has provided technical direction to the quantitative impact evaluation throughout. Imran provides the overall direction on technical matters to ensure appropriate and rigorous design, implementation and analysis. Dr Pedro Carneiro leads the econometric analysis. Femi Adegoke leads the in-country data collection team. Giacomo Mason has provided research assistance throughout the baseline, midline and endline phases, and at endline, Lucy Kraftman has also provided research assistance in the production of the final report. Many of the core members of the evaluation team for the quantitative workstream have remained unchanged since the baseline, with the exception of the change in the workstream leader for the quantitative impact evaluation at endline[11]. None of the evaluation team has any conflict of interest to declare, and all have been able to work freely throughout the evaluation process.

Andrew Kardan, Kay Sharp, Ekundayo Arogundade and Aly Visram provided quality assurance and peer review for the endline reports.

The major outputs of the evaluation, including all evaluation reports, are reviewed by the CDGP Evaluation Review Group consisting of: Sam Cooper (DFID Nigeria Social Development Adviser), Kristen Hopkins (DFID Nigeria Evaluation Adviser), Patrick Nolen (University of Essex) and Michael Samson (EPRI).

The major outputs are also reviewed by EQUALS, DFID's external quality assurance provider, as well as by the CDGP. These report reflects the valuable inputs of all peer reviewers and stakeholders who provided us with their comments.

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[11] Molly also provided peer review inputs to the midline reports in 2017, and research assistance during the baseline.

4 Overall evaluation framework and evaluation questions

4.1 Key research hypotheses and evaluation questions

This impact evaluation aims to answer the following research hypotheses, as set out in our inception report.

Hypothesis I: The CDGP intervention, and in particular the provision of a regular transfer of NGN 3,500[12] on a monthly basis to women, will result in the consumption of larger quantities, and more varied types, of food, resulting in an increase in dietary intake and consequently a reduction in child malnutrition.

Underlying assumption: Households do not currently meet their food requirements and will use the transfer for food consumption rather than for other purposes. It is also expected that households will direct the transfer to the most nutritious foods and not only to the basic staple diet. This hypothesis also assumes that the transfer will be a sufficient additional source of income with a limited substitution effect on other livelihood mechanisms. This also assumes that women are able to make decisions about how the transfers are used.

Hypothesis II: The provision of a regular predictable cash transfer will result in a reduction in negative risk-coping behaviour, and in particular a reduction in the distress sale of assets and debt accumulation among beneficiary households.

Underlying assumption: Beneficiary households are currently engaged in detrimental risk-coping behaviour and the transfer will be sufficient to enable them to disengage from this behaviour.

Hypothesis III: Through nutritional advice and counselling the programme will improve knowledge, attitudes and practices (KAP) among the targeted men and women in relation to nutrition and general maternal and childcare practices.

Underlying assumption: Current KAP are a contributory factor in relation to the poor dietary and health practices of households. The validation of Hypothesis III will also depend on the nature and quality of advice and counselling, combined with the availability of good complementary services and support (e.g. health facilities, accessibility of clean water, general hygiene and sanitation practices, etc.).

Hypothesis IV: The cash transfer will result in improved material wellbeing, and will contribute to the relational wellbeing of households through enhanced trust and reciprocal social and economic collaboration.

Underlying assumption: The programme will not negatively impact on existing social networks and sharing practices, and the impact on gender dynamics at the household level will be positive.

Hypothesis V: Provision of a regular cash transfer to women will enhance their ability to make economic choices and result in improved social capital.

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[12] The monthly transfer value was increased to NGN 4,000 from January 2017

Underlying assumption: The beneficiary women will be able to use the cash transfer as they intend and wider cultural norms will be sensitively challenged, while the process will be supported through community sensitisation involving men and community leaders. If the cash transfer is seen as an unearned windfall it may not be controlled by the woman and may be controlled by the man, with benefits divided among the household.

Hypothesis VI: Poor implementation of the programme (i.e. poor targeting, irregular payments, inadequate information dissemination, and an inappropriate behavioural change communication (BCC) campaign) will mitigate the potential impacts of the programme.

These hypotheses will be answered through a list of key research questions and through a combination of the research methods, as summarised in Table 1.

Table 1:   Research hypotheses and key research questions

Research hypothesis	Key research questions	Methods used to answer the question
Hypothesis I: The provision of a regular transfer of NGN 3,500[1] each month to pregnant women will result in the consumption of larger quantities, and more varied types, of food, resulting in an increase in dietary intake and consequently a reduction in child malnutrition	Has the programme contributed to reducing rates of wasting, underweight and stunting in children under the age of five? Is there a difference between boys and girls?	Quantitative survey
	Has the programme contributed to an improvement in the average HFIAS and/or IDDS in target households, and how does this vary by gender?	Quantitative survey
	How are household economic decisions affected by participation in the CDGP? Are consumption patterns changing? Are participating families able to reduce their negative coping mechanisms (e.g. avoid selling productive assets, manage debts, not withdraw children from school, etc.)?	Quantitative and qualitative surveys
	In what ways are children benefiting (or not benefiting) from the transfers? Are there differences in the ways girls and boys benefit?	Quantitative and qualitative surveys
	How are resources pooled, shared and distributed? How are these decisions taken? How does this differ between those in a polygamous marriage and those not in a polygamous marriage? How does this differ between junior and senior wives?	Quantitative and qualitative surveys
	Do mothers identify changes in their own or their children's nutritional status and morbidity patterns?	Qualitative survey
Hypothesis II: The provision of a regular cash transfer will result in a reduction in negative risk-coping behaviour, and in particular a reduction in the distress sale of assets among beneficiary households	Has the programme contributed to a reduction in the percentage of households liquidating productive assets in the hungry season or in the face of economic stress?	Quantitative survey
Hypothesis III: Through nutritional advice and counselling, the programme will improve KAP among the targeted men and women in relation to nutrition and general maternal and child care practices	Has the programme contributed to changes in KAP among men and women related to nutrition and IYCF?	Quantitative and qualitative surveys
	Are women in programme areas who are pregnant or carers/mothers of under-fives aware of programme objectives? Are they aware of the procedures and requirements?	Quantitative survey and process evaluation
	Are men, traditional and religious leaders and other community opinion leaders also aware of the programme objectives, procedures and requirements, and accepting/supportive of them?	Quantitative and qualitative surveys
	How does exposure to complementary health and nutrition activities change KAP toward breastfeeding, IYCF, care of sick	Quantitative and qualitative surveys

	and malnourished children, a mother's own nutrition practices and health-seeking behaviour, and hygiene and sanitation practices?	
Hypothesis IV: The cash transfer will result in improved material wellbeing and contribute to the relational wellbeing of households through enhanced trust and reciprocal social and economic collaboration	How is the CDGP received by communities, especially among non-beneficiaries?	Qualitative survey
	What are the community-level social and economic effects of the CDGP?	Quantitative and qualitative surveys
	Has the programme contributed to an increase in the percentage of programme clients reporting improvement in child and household wellbeing due to participation in the CDGP?	Quantitative survey and continuous data feed
Hypothesis V: Provision of a regular cash transfer to women will enhance their ability to make economic choices, and will result in improved social capital	Has participation in the CDGP affected gender roles, decision-making and women's empowerment and self-esteem within beneficiary households? How does this experience differ between those in/not in polygamous households and between junior and senior wives?	Qualitative survey
	Are women able to go and buy food, or alternatively to directly commission the purchase of the food that they require (e.g. via older children)?	Quantitative and qualitative surveys
	Are women retaining control of the transfer? Are they retaining control of the mobile phone (as applicable)? Are they confident in the use of the transfer/phone?	Quantitative and qualitative surveys
Hypothesis VI: The impact of the programme will be mitigated if it is not implemented effectively, i.e. irregular payments and poor information dissemination	How well does the beneficiary targeting and enrolment system work?	Quantitative survey and process evaluation
	How well are the payment modalities functioning?	Process evaluation
	Have NGO and government field staff (both those directly contracted and those sub-contracted) been well trained in their CDGP work? Are they motivated? What kinds of constraints and opportunities emerge in the course of their work?	Process evaluation
	How well was the complementary nutrition advice and mentorship implemented?	Process evaluation

1. Increased to NGN 4,000 in January 2017

5   Detailed methodology

The **quantitative impact evaluation** method is outlined below. The CDGP evaluation inception report contains details regarding the other components (i.e. the qualitative impact evaluation and the process evaluation).

5.1   Overview of the quantitative impact evaluation

The quantitative impact evaluation is designed to generate robust evidence of the impact of the programme on household food security and vulnerability and child nutrition. The current evidence regarding the effect of cash transfers on child and maternal nutrition is mixed – see the literature review table in the baseline report (Carneiro P. , Mason, Moore, & Rasul, 2015) – and to our knowledge there is no evidence regarding the effect of cash transfers on nutrition in northern Nigeria. The quantitative impact evaluation was also designed to rigorously test the difference in key outcomes as a result of 'high' and 'low' intensity versions of the CDGP SBCC component. As per design, the 'low-intensity' SBCC consisted of posters, radio messages, health education, food demonstrations, text messages and community dramas. The 'high-intensity' SBCC component was designed to include support groups and one-to-one counselling sessions for women receiving the transfer, in addition to all the components of the 'low-intensity' SBCC.

The quantitative impact evaluation is a key component of the evaluation strategy. If the evaluation produces strong evidence that the programme has produced the expected outcomes, this will help make the case for expanding and scaling up the approach.

The key evaluation questions, emerging from the research hypotheses outlined above, that the quantitative impact evaluation seeks to address are:

1.   How are household economic decisions affected by participation in the CDGP?

2.   Has the programme contributed to changes in KAP among men and women related to nutrition and IYCF?

3.   Has the programme contributed to a change in breastfeeding practices, IYCF practices, care of sick and malnourished children, mothers' own nutrition practices, and health-seeking behaviour, hygiene and sanitation practices?

4.   How are consumption patterns changing as a result of the CDGP?

5.   Has the programme contributed to an improvement in the average food security and dietary diversity, and how does this vary by gender?

6.   Are participating families able to improve their coping mechanisms (e.g. avoid selling productive assets, better manage debts, etc.) as a result of the CDGP?

7.   Has the programme contributed to reducing rates of wasting, underweight and stunting in children under the age of five? Is there a difference in the impact of the programme on boys and girls?

5.2   A cluster RCT design

Randomly assigning an intervention is considered the most rigorous way of estimating the causal impact of an intervention. This is because it helps to ensure that treatment and control groups are similar in terms of both observed and unobserved characteristics at the start of the evaluation. Thus, any differences observed at the end of the programme can be attributed to that intervention. In this evaluation, we use a cluster randomised controlled methodology, as opposed to an individual RCT. We adopted this approach due to the risk that randomising across individuals might create tension within clusters, if some individuals were invited to participate in the CDGP and others not. The clustered approach also helps to minimise spillovers between treatment and control households. Spillovers refers to a situation in which the control group receives partial treatment, or is indirectly affected by the intervention, as a result of treatment households passing on either cash or information provided by the intervention.

This study has two treatment groups and one control group. The first treatment group (Treatment 1) was offered the unconditional cash transfer and 'low-intensity' SBCC. The second treatment group (Treatment 2) was offered the unconditional cash transfer and 'high-intensity' SBCC. The control group was intended to receive no intervention for the duration of the evaluation, but can receive the intervention after the endline survey without affecting the evaluation. Having two separate treatment groups and one control group enables us to measure the impact of the unconditional cash transfer and 'low-intensity' SBCC, as well as the additional effect of providing 'high-intensity' SBCC.

Results from the endline and midline data collection show that in most cases the two treatment groups in fact offered a similar intensity of IYCF training (see Section 11.3). This is evidenced by similar self-reported exposure to the low- and high-intensity SBCC channels by survey respondents living in Treatment 1 and Treatment 2 villages. For this reason, most of the results in this report and our Volume I report are presented by pooling Treatment 1 and Treatment 2 villages into a single treatment group, which is then compared to the control group. However, we include a separate section in the main report to test differences between the two treatment groups for the programme's effect on a set of key indicators related to the ToC, and comment on them when they are statistically significant.

The unit of randomisation is the village. This unit was chosen in consultation with Save the Children and ACF. We chose to randomise by village because there are clear boundaries between villages, which should help to minimise disputes about who is eligible for the CDGP and the risk of spillovers between treatment and control households. This is shown below in Figure 1.

However, it was found that the villages were on average too large to use as a unit for our data collection for the evaluation. Therefore, as described in more detail in Section 5.5 we sampled one traditional ward per village for the purpose of our data collection (even though all households in treated villages were potentially eligible to receive the programme support).

Figure 1:   Unit of randomisation
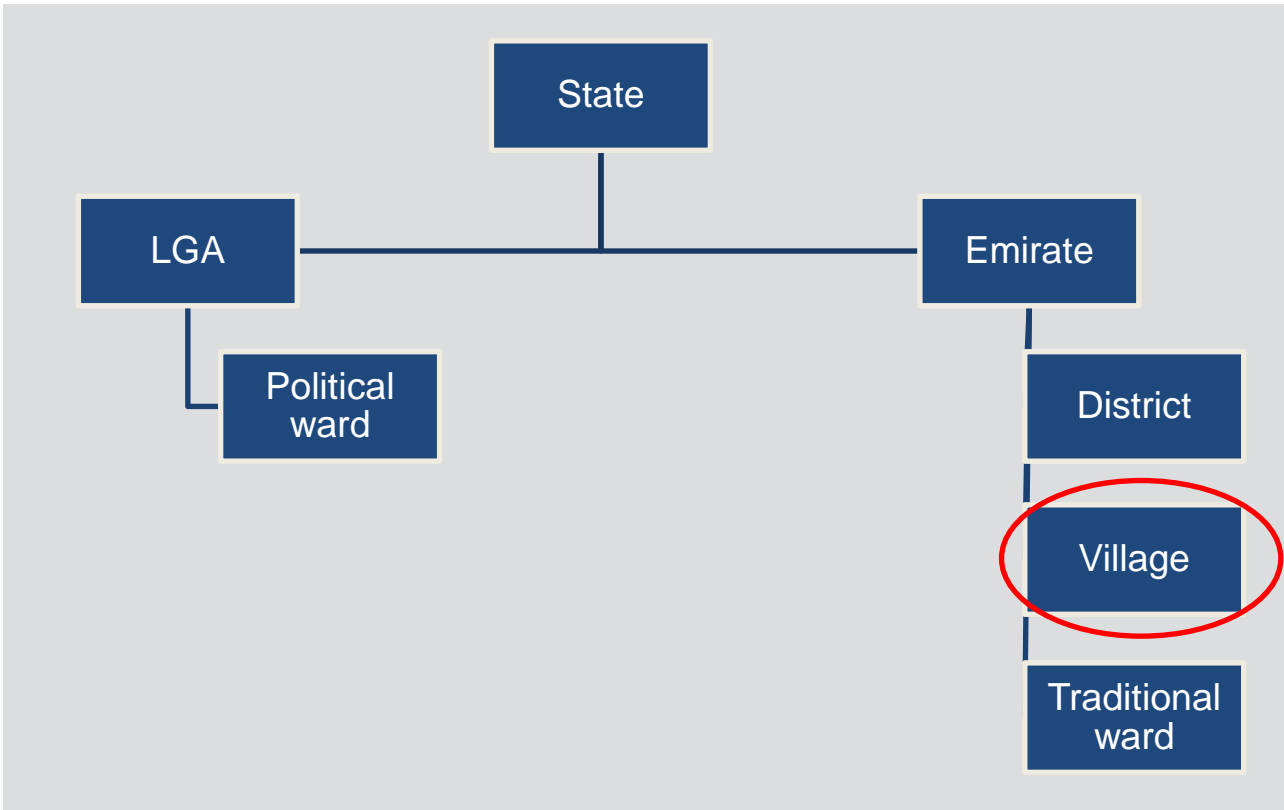
5.3   Evaluation timing and linking with the CDGP roll-out

This section outlines the key steps in the evaluation and their sequencing. It is intended to give an overview of how the evaluation sampling and data collection link with the rolling out of the CDGP.

The table below outlines the timeline for the evaluation. Each activity in the table is described in more detail below.

Table 2:   Evaluation timeline

Date	CDGP activity	Evaluation activity
Apr 2013 – Mar 2014	CDGP design phase	
Apr 2014 – July 2014	CDGP pilot phase	
Jan 2014 – May 2014		Pre-test listing and baseline survey instruments
July 2014		Randomly select a sample of evaluation villages and a sample of one traditional ward per village
July 2014 – Sep 2014		Listing training and field work
Aug 2014 – Oct 2014		Baseline training and field work
Aug 2014 – Oct 2014		Randomisation of villages
Aug 2014 – Feb 2015	CDGP enrolment in evaluation areas in treatment villages	
Mar 2015 – Dec 2017	CDGP expansion to non-evaluation areas in treatment villages	
Apr – Aug 2016		Pre-test midline survey instruments
Sep 2016 – Dec 2016		Midline training and field work
Apr – June 2018		Pre-test endline survey instruments
Aug 2018 – Oct 2018		Endline training and field work
Nov 2018 – February 2019	Registration of new beneficiaries in control areas	
March – May 2019	CDGP payments made in control areas	

CDGP design phase

The key aspects of the CDGP were designed over a one-year period, starting in April 2013. As part of these design activities, a set of strategies, systems and interventions were designed to:

   i)   sensitise beneficiaries and the wider community to the programme;

   ii) target, enrol and register pregnant women;

   iii) deliver cash transfers;

   iv) provide mechanisms to register and respond to complaints;

   v)   improve the nutrition status of pregnant women and young children through SBCC, especially SBCC relating to maternal and IYCF practices;

   vi) monitor programme activities through an internal monitoring, evaluation and learning system.

CDGP pilot phase

The programme's implementation strategies and systems were trialled during a four-month pilot phase, which provided cash transfers to 500 pregnant women in 15 traditional wards in Zamfara and Jigawa (six and nine traditional wards, respectively). The objectives of the pilot phase were to:

i)   assess the effectiveness of the proposed implementation strategies and systems;

ii)   identify any risks or challenges; and

iii)   modify and/or further develop the strategies and systems in preparation for roll-out to 60,000 women.

Pre-test listing and baseline survey instruments

While the CDGP implementers was designing and piloting the programme, the evaluation team designed and tested the data-collection tools.

Select a sample of evaluation villages and a sample of one traditional ward per village

We selected the sample of villages to be used in the evaluation from a list of all villages in the five LGAs where the programme could operate. The list was provided to the evaluation team by the programme implementers. Before selecting the sample, we excluded villages that were part of the CDGP pilot. After sampling the villages, we sampled one traditional ward per village for our data collection. As mentioned above, we did this because the villages were on average too large to use as a unit for our data collection for the evaluation. The CDGP's budget did not allow for additional villages beyond those included in the CDGP pilot and those in the evaluation treatment sample to be included.

Listing training and fieldwork

The listing training took place in the second half of July 2013 and the fieldwork started on the 3rd August 2014. The aim of the listing was to make a census of every household in the evaluation areas. We also collected information on all households from within each traditional ward in order to inform our actual procedure for sampling households to be included in the baseline survey. Most of the households sampled contained at least one pregnant woman, while the remaining households contained at least one woman deemed likely to become pregnant in the next two years.[13] We also collected a proxy wealth measure of all households, which we used to check that our randomisation of villages into Treatment 1 villages, Treatment 2 villages and control villages resulted in groups that were 'balanced' (i.e. Treatment 1 villages, Treatment 2 villages and control villages are similar and did not have systematically different characteristics prior to the intervention). For reasons discussed below, the listing was conducted in three tranches, with each

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[13] We determined who was likely to become pregnant by examining the factors correlated with being pregnant using the Nigeria 2013 Demographic Health Survey data. We then collected data on these factors in our listing survey and used this data to estimate the probability that a woman would become pregnant in the next two years. We then sampled women most likely to become pregnant based on this prediction model. For more information, please refer to the baseline report (Carneiro, Mason, Moore, & Rasul, 2015).

tranche being made up of approximately one-third of the evaluation villages. We did the listing for Tranche 1 villages first, then Tranche 2 villages, and then finally Tranche 3 villages.

Sampling households

Once the listing in a village was complete, we selected a sample of listed households for the baseline survey.

Baseline training and fieldwork

The baseline training took place in the first half of August 2013 and the fieldwork started mid-August 2014 and ran until the end of October 2014. The baseline teams followed behind the listing teams and interviewed a sample of households selected from the listing data.

Randomisation of villages

As mentioned above, we conducted the randomisation of the villages into Treatment 1 villages, Treatment 2 villages and control villages in three tranches. We did this so that CDGP implementation would not need to wait for the entire baseline data collection to be completed before programme implementation could begin. Once we had conducted the randomisation and finished the baseline data collection in the first tranche of villages, the programme was able to begin implementation. In particular, the programme could then begin the enrolment of beneficiaries in Treatment 1 and Treatment 2 villages within Tranche 1. Conducting the randomisation and roll-out by tranche was desirable in order to avoid a long delay between the household listing and the programme roll-out. Delay to the programme registration after the listing would have risked some pregnant women in the evaluation sample no longer being pregnant by the time programme implementation and enrolment began, and thus not receiving the transfer (since women are only eligible to register for CDGP transfers if they are pregnant, as per the programme's design).

Thus, a key advantage of carrying out the randomisation in three tranches was that it reduced this possible time lag between the evaluation's listing, and registration for the intervention. To further mitigate the risk of delay, it was agreed that when enrolment began in treatment villages, the programme would enrol all women who were pregnant at the time of the evaluation listing, even if they had given birth by the time the enrolment began.

To ensure that the randomisation was successful, we examined whether the households assigned to each treatment group were similar in terms of a range of observable characteristics before the treatment was implemented. This procedure is known as balance testing. For more details, please refer to the baseline report (Carneiro P. , Mason, Moore, & Rasul, 2015).

CDGP enrolment in evaluation areas in treatment villages

Enrolment in the evaluation areas of treatment villages began after the baseline teams had finished the baseline survey. This enrolment was also conducted in tranches following the listing and baseline survey. In other words, once we had carried out the randomisation in Tranche 1, and the baseline survey teams had completed Tranche 1 villages, the programme could then begin implementation and the enrolment of beneficiaries in the Treatment 1 and Treatment 2 villages in Tranche 1.

CDGP expansion to non-evaluation areas in treatment villages

The CDGP first covered the traditional wards sampled for the evaluation in Treatment 1 and Treatment 2 villages. Once these had been completed the programme continued to enrol newly pregnant women in those evaluation traditional wards as well as expanding to the remaining traditional wards in Treatment 1 and Treatment 2 villages. As previously mentioned, the programme's budget did not permit additional villages beyond those included in the CDGP pilot and those in the evaluation treatment sample to be covered.

Among our sample of women who were not pregnant at baseline, (and therefore not immediately eligible to receive CDGP), more than 85% became pregnant and gave birth between baseline and endline. These women were indeed successfully recruited to participate: by endline, 86% of those in low-intensity communities and 87% of those in high-intensity communities had ended up receiving the grant.

Pre-test midline survey instruments

The instruments for the midline survey were pre-tested in five CDGP pilot communities in Zamfara (Tsafe LGA) in early August 2016. This pre-test of midline survey instruments is outlined in more detail in Section 10 of the midline quantitative evaluation report, Volume II (Carneiro P. , Mason, Moore, & Rasul, 2017)

Midline training and fieldwork

The midline training took place in mid-September 2016 and the fieldwork started in early October 2016 and ran until the end of November 2016.

Pre-test endline survey instruments

We conducted two pre-tests of the endline survey instruments, in April and June 2018. This is described in more detail in Section 7.3 below.

Endline training and fieldwork

The endline fieldwork started on 27th August 2018 and was completed on 1st October 2018. The survey was timed to take place at the same time of year as the baseline, to ensure that any differences observed since the baseline are not the result of seasonal effects.

CDGP roll-out in control villages

In accordance with the original design intentions of the programme, after all endline evaluation activities had completed CDGP has conducted a roll-out of their programme in control communities. The team undertook an initial listing of all control communities between November 2018 and January 2019 to identify eligible beneficiaries, and plans to provide monthly payments from March until May 2019.

5.4   Data

The quantitative impact evaluation collects data using the following surveys:

i)   **Listing survey:**

- **When:** administered before the baseline household survey

- **Sample:** survey respondents were all households in the evaluation settlements

- **Purpose:** used to identify households eligible to be sampled for the panel survey

ii) **Community survey:**

- **When:** administered at baseline, at midline and at endline

- **Sample:** survey respondents were focus groups of elders in the evaluation traditional ward

- **Purpose:** to measure village characteristics (infrastructure, mobile phone coverage, health facilities, etc.)

iii) **Market prices survey:**

- **When:** administered at baseline, midline and endline

- **Sample:** survey respondents were traders

- **Purpose:** to measure the availability and prices of foods in markets in the CDGP LGAs.

iv) **Household panel survey:**

- **When:** administered at baseline, midline and endline, to the same sample of households.

- **Sample:** respondents were all households in the evaluation sample

- **Purpose at baseline:** to measure the pre-intervention situation with regard to the dimensions that are expected to change (final and intermediate outcomes)

- **Purpose at midline/endline:** to measure the post-intervention situation and impact of the programme

v) **GPS survey:**

- **When:** administered at midline

- **Purpose at midline:** to make a census of health facilities and markets in CDGP areas, and record the coordinates of health facilities, markets and villages

5.5 Sampling strategy

The evaluation sample comprises 210 villages that are representative of the five LGAs in which the programme operates (Tsafe and Anka in Zamfara, and Buji, Kiri Kasama and Gagarawa in Jigawa). This includes 70 Treatment 1 villages, 70 Treatment 2 villages and 70 control villages.

As discussed earlier, while the unit of randomisation chosen for the intervention was the village, villages are too large to use as sampling units for the evaluation. Therefore, for the purpose of the evaluation we randomly sampled one traditional ward in each of the treatment and control villages. If the sampled traditional ward was too small (defined as containing less than 200 households in total), we also sampled a neighbouring traditional ward. If the sampled traditional ward was too large (defined as containing more than 200 households in total), we divided the traditional ward into equal parts and listed one part.

For the survey, within each village we sampled 26 households, making a total sample size of 5,460 households. We visited the same households at baseline, midline and endline. We sampled households that contained at least one pregnant woman and households that contained at least one woman who was not currently pregnant but who was likely to become pregnant during the period of the evaluation. We first sampled all households with pregnant women (up to a maximum of 26 households with pregnant women) and where there were fewer than 26 households with pregnant women we made up the remainder of the sample with households with women likely to become pregnant during the evaluation period. We determined women considered likely to become pregnant by examining the factors correlated with being pregnant using the Nigeria 2013 Demographic Health Survey data. We then collected data on these factors in our listing survey and used this data to estimate the probability that a woman would become pregnant in the next two years. We then sampled women most likely to become pregnant based on this prediction model. For more information, please refer to the baseline report (Carneiro, Mason, Moore, & Rasul, 2015).

For each household, the **baseline survey** comprised:

- A woman questionnaire administered to the sampled woman

- A man questionnaire administered to the sampled woman's husband.

- A child questionnaire administered to the woman but about one of her children under five (if she had any). If the woman had more than one child under five we randomly selected the child.

For each household, the **midline survey** comprised:

- A woman questionnaire administered to the sampled woman. If the woman had died between the baseline and midline data-collection periods, or could not be interviewed because she was temporarily away from the household, a subset of the questionnaire was administered to the main carer of the woman's children (if she had any).
- A man questionnaire administered to the sampled woman's husband. If the husband refused to answer or was not available, the questionnaire was administered to any household member that was deemed able to answer instead of the husband.
- An 'old child' questionnaire administered to the woman (or the primary carer of the woman's children, if the woman had died or was temporarily away) but about the same child that was under five years old at baseline and surveyed.
- A 'new child' questionnaire administered to the woman (or the primary carer of the woman's children, if the woman had died or was temporarily away) but about a randomly selected child among any biological child of the index woman born since the baseline survey.

For each household, the **endline survey** comprised:

- A woman questionnaire administered to the sampled woman. If the woman had died between the baseline and endline data-collection periods, or could not be interviewed because she was temporarily away from the household, a subset of the questionnaire was administered to the main carer of the woman's children (if she had any).

- A man questionnaire administered to the sampled woman's husband. If the husband refused to answer or was not available, the questionnaire was administered to any household member that was deemed able to answer instead of the husband.

- A 'midline child' questionnaire administered to the woman (or the primary carer of the woman's children, if the woman had died or was temporarily away) about the 'new child' first sampled at midline. This is a child who was born between the baseline and midline surveys. Note that at endline we changed our terminology for referring to this child, and throughout this report they are referred to as the 'midline child' rather than the 'new child'.

- An 'endline child' questionnaire administered to the woman (or the primary carer of the woman's children, if the woman had died or was temporarily away) about the a randomly selected child among any biological children of the index woman born after the midline survey, but before the endline survey.

All statistics presented in this report are unweighted and therefore representative of the households sampled at baseline and endline. The implication of this is that households in small villages are over-represented. If the characteristics of these households and their inhabitants, are different from those living in larger villages, then the estimates presented in this report are skewed towards those types of household and individuals. This makes it potentially misleading for these statistics to be used as a guide to the characteristics of beneficiaries. However, the quantitative survey does cover all the programme villages (excluding the 15 pilot villages) and thus provides a robust measure of the impact of the programme.

We do not attempt to construct sampling weights in order to reconstruct statistics that would be representative of all households with pregnant women in sampled LGAs. In order to do so, additional and reliable information would be required regarding the set of all potential villages in the five LGAs that could potentially have been included in the evaluation sample, and the number of households in non-sampled traditional wards in the same villages that were actually included in the evaluation sample. Accurate and reliable information does not exist for both dimensions and we prefer not to make what would be strong and unverifiable assumptions regarding those dimensions.

5.6   Sample size

As discussed above, we randomly sampled 26 households per village. Where there were fewer than 26 households with pregnant women, we made up the remainder of the sample with households containing women likely to become pregnant during the evaluation period.

5.6.1   Final sample achieved at baseline

The final sample achieved at the baseline data collection was as follows:

- 5,433 households[14]
- 5,433 women
    - ο 3,688 pregnant
    - ο 1,743 likely to become pregnant
- 5,416 husbands
- 4,164 children under five

There were 17 households (0.4% of households) in which the husband was not present and the wife was not willing to speak on his behalf. For these households we have incomplete information.

5.6.2   Final sample achieved at midline

During the midline data collection the team faced considerable security challenges, which negatively impacted the resulting sample size (See Section 7.6). Of the 5,433 households surveyed at baseline, at midline:

- 4,607 (84.8%) were surveyed successfully at the first visit
- 176 (3.2%) were surveyed successfully in a subsequent effort – either revisited or visited at another location
- 466 (8.6%) could not be visited because of security challenges
- 21 (0.4%) were not found by the survey teams
- 18 (0.3%) did not consent to be interviewed again
- 128 (2.4%) were found to have moved, but:
    - ο either the teams could not gather enough information about their current whereabouts; or
    - ο the household had relocated outside the areas covered by the survey and could thus not be visited at their new location
- 11 (0.2%) were either revisited or visited at different locations, but could not be found
- 2 (<0.1%) were households where the index woman had died and there were no other household member available to respond
- 4 (<0.1%) were lost to follow-up for other reasons[15]

Consequently, 4,783 households were successfully surveyed. In 4,628 (96.8%) of these households, the woman was found and administered the woman survey. In the case of 155 (3.2%) households, the index woman had died or was temporarily away when the teams were in the field; a shortened version of the questionnaires for the woman and child was thus administered. Among the women surveyed, 3,225 were pregnant at baseline (and hence eligible for the CDGP if they lived in a CDGP community): the households where these women reside constitute our main analysis sample.

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[14] In total, 24 (0.44%) households were excluded from the baseline sample for the following reasons: three (0.05%) households were not interviewed because there were security concerns so the survey team had to leave the community; one (0.02%) household was not interviewed because the terrain was deteriorating due to rain so the survey team had to leave the community; five (0.09%) households were not interviewed because replacement households were exhausted; and 18 (0.27%) households were dropped during data cleaning because the information was not complete.
[15] These include issues with the CAPI equipment and failure to upload to the centralised CDGP server.

In most cases – 4,693 (98.2%) – the index woman's husband was successfully identified using the household roster. More than half of the women's husbands were interviewed directly – 2,877 (60.2%). In 1,816 cases (38%), the husband was not available to be interviewed or refused, and a subset of questions about the household were thus asked to the person in the household who was in the best position to answer for the husband (including the woman herself, or the household head). In the end, we have some information for 4,652 husbands.

Of the 4,164 children surveyed at baseline, the teams were able to trace and survey 3,286. In addition, we collected data for 3,691 children born after the baseline interview.

In conclusion, the midline sample has the following size:

- 4,783 households
- 4,628 women
    - o of which 3,225 (67.5%) were pregnant at baseline and constitute our main analysis sample
- 4,652 husbands
- 3,286 children that were aged under five years old at baseline ('old child')
- 3,691 children that were born after the baseline interview ('new child')
    - o of which 2,718 (73.6%) were born to mothers who were pregnant at baseline

5.6.3   Final sample achieved at endline

During the endline data collection, fieldwork was affected by even more significant security challenges than the midline. This was especially the case in Zamfara. Moreover, the longer time elapsed since the baseline meant that more households had relocated elsewhere. Of the 5,433 households surveyed at baseline, at endline:

- 4,239 (78%) were surveyed successfully at either the first or a subsequent effort
- 760 (14%) could not be visited because of security challenges
- 55 (1%) were not found by the survey teams
- 15 (0.3%) did not consent to be interviewed again
- 300 (5.5%) were found to have moved, but:
    - o either the teams could not gather enough information about their current whereabouts; or
    - o the household had relocated outside the areas covered by the survey and could thus not be visited at their new location
- 64 (1.2%) were cases where the woman had died, and had left no children, and were thus dropped from the sample.

Consequently, 4,239 households were successfully surveyed. Similarly to midline, in the case of 68 (1.6%) households, the index woman had died or was temporarily away when the teams were in the field, and a shortened version of the questionnaires for the woman

and child was administered. Among the women surveyed, 2,850 were pregnant at baseline and constitute our main analysis sample.

A small proportion of women (2.9%) were widowed or divorced at the time of the endline interview. Of the 4,094 married women, just under half of their husbands were interviewed directly – 1,981 (48.4%). In 2,113 cases (51.6%), the husband was not available to be interviewed or refused, and a subset of questions about the household were thus asked to the person in the household who was in the best position to answer for the husband (including the woman herself, or the household head). In the end, we have some information for 4,094 husbands.

Of the 4,180 children surveyed at baseline, when they were aged 0-5, the teams were able to trace and survey 3,018. However, no detailed information for these children is collected at endline. Of the 3,691 children born between baseline and midline, and surveyed in the midline wave, the teams were able to trace and survey 2,981 (80.7%), given that 237 (6.4%) had died between midline and endline, and 101 (2.7%) had left the household where the index woman lives. In addition, we collected data for 2,741 children born after the midline interview.

In conclusion, the endline sample has the following size:

- 4,239 households
- 4,171 women
  - ο of which 2,850 (68.3%) were pregnant at baseline and constitute our main analysis sample
- 4,094 husbands
- 3,018 children that were aged under five years old at baseline (the 'old child' from the original baseline survey)
  - ο of which 1,905 (63.1%) were born to mothers who were pregnant at baseline
- 2,981 children born between baseline and midline ('midline child')
  - ο of which 2,209 (74.1%) were born to mothers who were pregnant at baseline
- 2,741 children that were born between midline and endline ('endline child')
  - ο of which 1,886 (68.8%) were born to mothers who were pregnant at baseline

5.6.4 Summary of sample sizes achieved in all waves of the survey

Table 3 below presents a summary of the sample sizes achieved at each wave of the survey.

Table 3:   Summary of sample sizes across all waves of the survey

	Househ olds	Index Women		Husbands	Children under 5 at baseline	Children under 2 at midline		Children under 2 at endline	
		Pregnant at baseline	Not pregnant at baseline			Born to women pregnant at baseline	Born to women not pregnant at baseline	Born to women pregnant at baseline	Born to women not pregnant at baseline
Baseline	5,433	3,688	1,743	5,416	4,164	N/A	N/A	N/A	N/A
Midline	4,783	3,225	1,403	4,652	3,286	2718	973	N/A	N/A
Endline	4,239	2850	1,389	4,094	3,018	2,209	772	1,886	855

Source: CDGP baseline, midline and endline survey data

5.7   Balance tests

Balance tests aim to verify whether the randomisation strategy outlined above has delivered treatment and control groups that had the same average characteristics before CDGP started. Showing that the groups were very similar in terms of the characteristics that we directly observe in our baseline survey raises confidence that these groups should also be the same according to characteristics that we do not directly observe. Establishing the likelihood that treatment and control groups had the same average characteristics before the start of the intervention is fundamental to the identification strategy underpinning our estimation of causal impact. If groups are well-balanced, this implies that differences in their outcomes that we observe after the intervention can be attributed to CDGP.

Extensive comparisons between communities with different treatment status are available in the baseline report (Carneiro P. , Mason, Moore, & Rasul, 2015). In Table 4 and Table 5 we also repeat the tests for a set of relevant indicators from the baseline data, comparing their mean levels across communities where the CDGP was not implemented with the mean in low- and high-Intensity communities. Differently from the baseline report, however, these tables separate between the sample of women who were pregnant at baseline (Table 4) and these sample of women who were not pregnant at baseline (Table 5). Balance is assessed on an indicator-by-indicator basis, by regressing the indicator on treatment status while controlling for LGA and randomisation tranche effect. This is equivalent to an adjusted t-test.

Table 4 shows that at baseline, there was some imbalance in household wealth and expenditure, and in the proportion of women who are in a polygamous marriage, among the sample of households with a pregnant woman at baseline. This forms our main sample for analysis, and in view of these differences we adjust the analysis in this report controlling for these baseline covariates – see Section 5.9. The same covariates are used in impact estimation using the sample of women who were not pregnant at baseline, as well as the sample of households of women who were; this is done for consistency. Table 5 shows that at baseline there was little imbalance in the sample of households without a pregnant woman in at baseline.

Table 4: **Balance tests for households with a pregnant woman at baseline**

	No CDGP	Low-Intensity CDGP	High-Intensity CDGP	No-LI Diff	No-HI Diff	LI-HI Diff
	Mean (SD)	Mean (SD)	Mean (SD)	p-value	p-value	p-value
Household size	7.70 (4.33)	7.43 (4.27)	7.55 (4.37)	.399	.508	.853
Progress out of Poverty Index (PPI)	26.65 (12.77)	28.34 (14.15)	26.53 (12.82)	.095	.680	.037
Equivalised daily per capita expenditure (USD PPP)	1.62 (2.08)	1.78 (2.38)	1.57 (2.15)	.224	.595	.071
% under poverty line (1.9 USD/day)	72.2	69.8	73.6	.184	.461	.024
% did not have enough food at some time in past year	15.7	13.4	16.2	.493	.787	.334
% with any member borrowing	23.4	23.2	22.6	.585	.722	.337
% with any member saving money	42.0	41.5	37.4	.856	.168	.136
Woman's demographics and activities						
% ever attended school	18.0	20.3	19.7	.243	.786	.341
Age (years)	25.59 (7.12)	25.26 (6.81)	25.20 (6.90)	.599	.232	.492
Num. children aged 0-2	0.47 (0.53)	0.46 (0.51)	0.45 (0.52)	.688	.388	.645
Num. children aged 3-5	0.67 (0.68)	0.69 (0.71)	0.67 (0.70)	.282	.753	.422
% in polygamous marriage	49.1	46.3	51.1	.273	.475	.053
% cultivated land in past year	4.6	3.2	4.6	.452	.944	.498
% had any work activity in past year	74.3	69.5	70.5	.410	.347	.838
% owning any animal herself	61.6	56.0	57.5	.011	.159	.262
% has a say on major HH purchases	48.6	52.0	50.5	.373	.837	.418
% has a say on what food to buy	42.6	45.9	42.0	.544	.880	.423
Body mass index	21.89 (3.04)	22.07 (3.21)	21.91 (3.15)	.260	.906	.238
% thin (BMI < 18)	10.1	9.0	8.6	.433	.308	.868
Woman's knowledge and attitudes						
% who would advise a pregnant woman to visit a health facility for a check-up if she's healthy and nothing is wrong	66.8	70.6	70.2	.335	.788	.458
% who say the best place for a woman to give birth is at a health facility	15.5	16.1	14.3	.705	.384	.652
% thinking it's best to start breastfeeding immediately or within 30 minutes of birth	18.2	20.0	17.7	.700	.874	.601

% think baby should receive liquids other than breastmilk in first 3 days	53.8	45.4	50.2	.109	.562	.282
% thinks colostrum is good for the baby	63.4	69.3	64.8	.101	.822	.109
% thinks best to breastfeed exclusively for 6 months	13.5	16.9	15.2	.206	.615	.406
Husband's demographics and activities						
% ever attended school	55.7	56.2	46.4	.820	.096	.029
Age (years)	42.97 (9.12)	42.38 (9.42)	42.12 (9.28)	.358	.084	.407
Husband's knowledge and attitudes						
% cultivated land in past year	96.3	95.0	95.5	.426	.521	.769
% who would advise a pregnant woman to visit a health facility for a check-up if she's healthy and nothing is wrong	71.8	75.8	76.0	.323	.552	.612
% who say the best place for a woman to give birth is at a health facility	20.6	20.3	19.4	.584	.382	.760
% thinking it's best to start breastfeeding immediately or within 30 minutes of birth	19.9	20.8	19.5	.953	.899	.946
% think baby should receive liquids other than breastmilk in first 3 days	50.5	42.3	47.5	.154	.698	.292
% thinks colostrum is good for the baby	67.2	69.1	68.0	.856	.937	.786
% thinks best to breastfeed exclusively for 6 months	12.8	14.2	12.4	.717	.557	.339

Source: CDGP baseline survey data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children.
2. Mean = unweighted estimate of the mean in each group. SD is reported for continuous indicators only.
3. Diff. = p-value of the difference between the mean in each pair of groups.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. Differences are estimated by OLS regression with LGA and tranche fixed effects. SEs are clustered at the village level.

Table 5: Balance tests for households without a pregnant woman at baseline

	No CDGP	Low-Intensity CDGP	High-Intensity CDGP	No-LI Diff.	No-HI Diff.	LI-HI Diff.
	Mean (SD)	Mean (SD)	Mean (SD)	p-value	p-value	p-value
Household size	7.13 (3.95)	7.21 (4.02)	6.80 (3.85)	.627	.167	.076
Progress out of Poverty Index (PPI)	27.88 (12.44)	26.64 (12.02)	27.52 (12.10)	.766	.726	.991
Equivalised daily per capita expenditure (USD PPP)	1.61 (1.98)	1.59 (1.98)	1.63 (1.99)	.370	.885	.411

% under poverty line (1.9 USD/day)	72.1	75.2	71.0	.838	.684	.816
% did not have enough food at some time in past year	16.7	12.9	15.8	.439	.972	.450
% with any member borrowing	21.9	20.6	20.5	.780	.648	.514
% with any member saving money	43.6	37.1	35.9	.106	.034	.619
Woman's demographics and activities						
% ever attended school	20.9	18.8	23.1	.881	.897	.982
Age (years)	24.51 (7.21)	24.02 (5.78)	23.76 (6.69)	.217	.102	.579
Num. children aged 0-2	0.94 (0.53)	0.89 (0.52)	0.91 (0.52)	.212	.368	.674
Num. children aged 3-5	0.66 (0.66)	0.70 (0.64)	0.63 (0.66)	.404	.625	.201
% in polygamous marriage	40.6	38.3	39.0	.740	.619	.899
% cultivated land in past year	3.8	4.1	8.1	.826	.199	.311
% had any work activity in past year	68.6	69.7	72.2	.188	.629	.392
% owning any animal herself	55.9	57.1	52.8	.626	.252	.430
% has a say on major HH purchases	47.9	48.7	48.0	.806	.822	.649
% has a say on what food to buy	43.3	41.4	40.8	.488	.927	.545
Body mass index	20.29 (2.91)	20.28 (2.51)	20.20 (2.69)	.723	.768	.497
% thin (BMI < 18)	26.4	23.7	27.5	.155	.887	.134
Woman's knowledge and attitudes						
% who would advise a pregnant woman to visit a health facility for a check-up if she's healthy and nothing is wrong	72.7	74.2	76.7	.608	.850	.755
% who say the best place for a woman to give birth is at a health facility	21.3	19.0	22.6	.439	.863	.375
% thinking it's best to start breastfeeding immediately or within 30 minutes of birth	12.5	16.6	9.7	.157	.510	.028
% think baby should receive liquids other than breastmilk in first 3 days	56.6	47.9	55.7	.218	.712	.366
% thinks colostrum is good for the baby	64.9	59.5	70.1	.099	.375	.013
% thinks best to breastfeed exclusively for 6 months	16.7	16.4	13.4	.895	.105	.210
Husband's demographics and activities						
% ever attended school	38.5	42.6	38.3	.502	.567	.191
Age (years)	40.98 (8.87)	40.90 (8.46)	39.93 (7.99)	.908	.049	.124
Husband's knowledge and attitudes						

% cultivated land in past year	77.8	79.7	79.8	.658	.727	.424
% who would advise a pregnant woman to visit a health facility for a check-up if she's healthy and nothing is wrong	25.6	25.0	24.3	.742	.393	.579
% who say the best place for a woman to give birth is at a health facility	18.8	17.3	14.4	.591	.375	.708
% thinking it's best to start breastfeeding immediately or within 30 minutes of birth	53.0	45.7	53.7	.446	.906	.474
% think baby should receive liquids other than breastmilk in first 3 days	68.6	65.7	70.7	.200	.915	.244
% thinks colostrum is good for the baby	13.9	14.8	11.7	.850	.261	.234
% thinks best to breastfeed exclusively for 6 months	77.8	79.7	79.8	.658	.727	.424

Source: CDGP baseline survey data. Notes:
1. The sample is women who were not pregnant at the time of the baseline survey in 2014. We interviewed this woman and her husband and also asked questions about her children.
2. Mean = unweighted estimate of the mean in each group. SD is reported for continuous indicators only.
3. Diff. = p-value of the difference between the mean in each pair of groups.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. Differences are estimated by OLS regression with LGA and tranche fixed effects. SEs are clustered at the village level.

5.8   Attrition

During the midline and endline surveys, we sought to re-interview the same households interviewed at baseline. However we were not always able to re-interview all households, due to a number of factors including insecurity and relocation of sampled households. This section describes our approach to assessing the extent to which this attrition poses a threat to our estimation strategy by introducing bias.

At endline, the overall attrition rate was 22% (1,194 households). This was mostly due to the increased security challenges experienced by the survey teams in Zamfara: in secure villages, the attrition rate is under 10%. This attrition rate is higher than what we faced at midline (reflecting in part both heightened insecurity challenges, as well as the longer duration of time that had elapsed since the baseline). At midline, the overall attrition rate was 12% (650 households), and if we restrict attention to villages not affected by security challenges, the attrition rate was under 5%.

Attrition might in some cases bias the estimation of the impact of the CDGP. In particular, this would happen if:

- households that dropped out of the sample were significantly different to the ones that we can keep observing – i.e. if we have selective attrition;

- AND if the selective attrition in the areas that were exposed to the programme is different from the areas without the programme.

For example, suppose households who drop out of our sample at endline are on average poorer, and poor households are more likely to drop out in CDGP villages. In this case, our estimation strategy risks attributing to the CDGP effects that are actually due to endline sample being different from the baseline. In other words, this means that we can no longer claim that the sample used for analysis was in fact well-balanced before the programme started. This would threaten our identification strategy.

We obviously cannot observe attrited households at endline, so the effect of attrition cannot be tested directly. However, we can get a long way toward ruling out selective attrition by comparing attrited and non-attrited households in terms of the baseline characteristics we can observe for all of them. We can frame this problem as a simple prediction one, and investigate it using regression techniques. We adopt this slightly different approach to the previous section on assessing balance, because our main interest lies not so much in mean differences between attrited and not attrited, but in testing the differences in attrition determinants across treatment groups.

In particular, we regress a binary indicator for household attrition (at midline and endline) on programme status, village insecurity status, and a set of baseline characteristics of the household and the index woman. These characteristics include: household size, number of children aged 0-2 and 3-5, the index woman's age, whether the index woman is in a polygamous marriage and whether she ever attended school, PPI index, per-capita expenditure, poverty status (per-capita expenditure below 1.9 USD/day), and an indicator of whether the household did not have enough food in the year leading up to the baseline interview. Furthermore, we interact insecurity status and baseline characteristics with programme status.

Results are in Table 6 for our main analysis sample. We can see that the overall attrition rate is not predicted by programme status at either midline or endline (columns 1 and 4). When we add controls for insecurity and baseline characteristics, we can see that village-level insecurity predicts most of the attrition (columns 2 and 5). The coefficients on the covariates are not reported. However, we show the p-value from the joint test that the coefficients on all covariates are equal to zero, which rejects the null hypothesis. In fact, polygamous households and more food-insecure households are slightly more likely to drop out of the sample, conditional on programme and insecurity status.

Columns 3 and 6 finally allow interactions between programme status and the other variables in the model. Insecurity is weakly but significantly correlated with programme status, as evidenced by the coefficients on the interactions. However, baseline covariates do not seem interact significantly with programme status at midline or endline. The same conclusions are mirrored in Table 7 for the sample of women who were not pregnant at baseline.

Given these results, we conclude that attrition does not introduce bias in our estimates of the effect of CDGP. Households that leave our sample are indeed slightly different from those who remain, at least in some observable respects. However, these differences between attrited and non-attrited are the same across treatment status, which gives us confidence that attrition does not introduce bias in our impact estimation. Again, this analysis only concerns characteristics we can observe at baseline; we cannot directly test the same for unobservables. But observing no differences in observables, together with the randomised nature of treatment assignment, raises confidence that households are also very similar in terms of unobservable characteristics too.

Table 6:   Attrition, households with a pregnant women at baseline

	Attrition at Midline – 12.6%			Attrition at Endline – 22.7%		
	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)
	(1)	(2)	(3)	(4)	(5)	(6)
Low-Intensity community	0.043	-0.001	0.007	0.070	0.013	-0.012
	(0.055)	(0.006)	(0.049)	(0.058)	(0.010)	(0.066)
High-Intensity community	-0.007	0.009	0.056	0.067	0.013	0.071
	(0.048)	(0.007)	(0.052)	(0.056)	(0.010)	(0.066)
Insecure community		0.969***	0.976***		0.908***	0.931***
		(0.004)	(0.006)		(0.007)	(0.009)
Low-Intensity * Insecure community			-0.004			-0.030*
			(0.008)			(0.014)
High-Intensity * Insecure community			-0.015			-0.031*
			(0.010)			(0.014)
Model includes baseline covariates		✓	✓		✓	✓
p-value of baseline covariates		0.087	0.151		0.004	0.202
Model includes interactions			✓			✓
p-value of baseline covariate interactions			0.532			0.099

Source: CDGP baseline, midline, and endline survey data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children.
2. The table shows coefficients and standard errors from a linear model, where the dependent variable is an indicator for the household having attrited at either midline or endline. Columns (1) and (4) show models with only indicators of Low- and High-Intensity villages (where the reference category is No CDGP villages). Columns (2) and (5) show models with added controls for insecurity status and a set of baseline covariates. These characteristics include: household size, number of children aged 0-2 and 3-5, the index woman's age, whether the index woman is in a polygamous marriage and whether she ever attended school, PPI index, per-capita expenditure, poverty status (per-capita expenditure below 1.9 USD/day), and an indicator of whether the household did not have enough food in the year leading up to the baseline interview. Columns (3) and (6) further add interactions between the programme indicators and the covariates. P-values at the bottom of the table test the hypothesis that the coefficients on baseline covariates and the coefficients on the interactions between programme status and baseline covariates are jointly equal to zero.
3. The models are estimated by OLS regression with tranche fixed effects. SEs are clustered at the village level.

Table 7:   Attrition, households without a pregnant woman at baseline

	Attrition at Midline – 10.7%			Attrition at Endline – 20.4%		
	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)
	(1)	(2)	(3)	(4)	(5)	(6)
Low-Intensity community	-0.024	-0.004	-0.060	0.021	0.021	-0.035
	(0.050)	(0.013)	(0.087)	(0.054)	(0.020)	(0.117)
High-Intensity community	-0.064	-0.006	-0.020	0.030	0.021	0.048
	(0.045)	(0.014)	(0.077)	(0.054)	(0.018)	(0.107)
Insecure community		0.954***	0.931***		0.885***	0.922***
		(0.009)	(0.020)		(0.013)	(0.017)
Low-Intensity * Insecure community			0.038			-0.051*
			(0.021)			(0.026)
High-Intensity * Insecure community			0.015			-0.051*

			(0.026)			(0.024)
Model includes baseline covariates		✓	✓		✓	✓
p-value of baseline covariates		0.439	0.327		0.895	0.216
Model includes interactions			✓			✓
p-value of baseline covariate interactions			0.241			0.241

Source: CDGP baseline, midline, and endline survey data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children.
2. The table shows coefficients and standard errors from a linear model, where the dependent variable is an indicator for the household having attrited at either midline or endline. Columns (1) and (4) show models with only indicators of Low- and High-Intensity villages (where the reference category is No CDGP villages). Columns (2) and (5) show models with added controls for insecurity status and a set of baseline covariates. These characteristics include: household size, number of children aged 0-2 and 3-5, the index woman's age, whether the index woman is in a polygamous marriage and whether she ever attended school, PPI index, per-capita expenditure, poverty status (per-capita expenditure below 1.9 USD/day), and an indicator of whether the household did not have enough food in the year leading up to the baseline interview. Columns (3) and (6) further add interactions between the programme indicators and the covariates. P-values at the bottom of the table test the hypothesis that the coefficients on baseline covariates and the coefficients on the interactions between programme status and baseline covariates are jointly equal to zero.
3. The models are estimated by OLS regression with tranche fixed effects. SEs are clustered at the village level.

5.9   Econometric estimation of impact

As described in Section 5.2, the cluster RCT design enables us to estimate the causal impact of the CDGP intervention. In this section we further describe the econometric methods used to estimate impact in this report.

Before expanding on these methods, it is important to highlight two features of the analysis we did to generate the main results presented in Volume I of this report. The first is that these results compare the non-CDGP group with both the low-intensity and high-intensity groups (pooled). This is different to the intentions of the original evaluation design, which was planned to measure these two groups separately in order to estimate the additional impact of implementing the high-intensity version of the SBCC component, in addition to the low-intensity version with the cash transfer. The decision to pool the two treatment groups for our main results is taken for two main reasons:

1. When examining access to various SBCC components in Volume I, we found that the rates of exposure to the 'high-intensity' channels reported by women and men were not as different as expected between those living in high- and low-intensity communities. reported similar rates of exposure to each channel, including the 'high-intensity' channels (small group meetings and one-to-one counselling). At endline, 34% of women who were pregnant at baseline in the low-intensity group reported having attended small group meetings in the past 12 months (which according to the design of the CDGP strategy, should only take place in high-intensity villages), compared to 42% of women who were pregnant at baseline in the high-intensity group. This difference is smaller than we would expect, suggesting that the programme was not implemented quite as expected and that there was more similarity in the two versions of the programme than first planned.

2. We do measure impacts for two groups separately in a dedicated section of the Volume I report, which considers a sub-set of key outcome indicators. When we do so we find that for most indicators we examine, the impact of CDGP is not significantly different between

the high- and low-intensity groups. This also seems to suggest that implementation may not have been substantially different between the two groups.

A second point to emphasise is that the main estimates included in our report are based on a sub-sample of the households we surveyed at endline. The main analysis sample consists of households that had a pregnant woman at baseline, regardless of whether they ever received cash from CDGP. This type of analysis measures the impact of being eligible to receive the cash component of the CDGP at the beginning of the study. We use this approach to ensure our results are not subject to any selection bias. Selection bias could be an issue if some women became pregnant in order to get CDGP and if these women were in some ways different from those who didn't try to become pregnant.

In this report, after our main findings we do also present impacts of CDGP for a number of key indicators using the second sub-sample; of households that did not contain a pregnant woman at baseline. If women in these households became pregnant after the baseline survey, those in CDGP communities would have also been eligible to receive the programme. Analysis of this second sample is useful in providing some indication of the impact of CDGP on later cohorts that were exposed to the programme, in addition to the impacts measured by our main analysis sample corresponding to the first cohort that were eligible for CDGP immediately after baseline. If CDGP has changed or improved its implementation processes over time, we may observe different impacts for this second group. However, the strength of evidence for impacts presented over this sub-sample is weakened due to the risk of bias that could emerge if women in CDGP areas deliberately sought to become pregnant in CDGP areas in order to benefit from the programme, and these women were in some ways different from those who didn't try to become pregnant. In Section 7.1 of Volume I we examine the likelihood that this bias affects results for this sub-sample. This sub-sample as has a somewhat smaller sample size than our main analysis sample, which also somewhat reduces the power of the estimation to detect significant impacts. As well as measuring impacts of the programme on this sub-sample, we also use it to provide information on the effect of CDGP on fertility choices.

We now describe the econometric methods used to estimate impact in this report. All estimates of the effect of the CDGP contained in the main report are intention to treat (ITT) estimates, comparing the outcomes of households residing in villages receiving the programme to households residing in control villages. This is the simplest possible comparison, which measures the impact of programme *availability* on outcomes. Again, this is done to ensure that the results are not affected by selection bias. Selection bias could be a problem if the women who end up receiving CDGP are in some ways different from those who do not. The impacts could either be direct, through the take-up of the programme by at least part of the population in the village, or indirect, which are the result of spillovers from those who have taken up the programme to those who have not (but who are still in the sample). For example, there are likely to be spillovers from the SBCC campaign from those receiving it to those not receiving it but living in the same area, since information can easily spread from the first to the second group.

The assignment of each treatment arm is randomised across villages. Due to the randomisation, in principle no adjustment for baseline covariates is needed to recover the ITT in a regression framework. However, as discussed Section 5.7 above, we assessed the balance of the sample in terms of observable variables at baseline across villages in different treatment arms. This was done to see whether there were any differences between our treatment groups in average observable characteristics that persisted despite the randomisation. We noted small imbalances in

expenditure and the propensity of the household to have members in a polygamous marriage. In view of this, to guard against potential bias we adjust all our estimates for baseline per-capita total expenditure and for an indicator of whether the index woman was in a polygamous marriage at baseline. Furthermore, to increase the precision of our estimates we also control for the following indicators of family composition: number of members in the age ranges 0-2, 3-5, 6-12, 13-17, 18-65, and 65+, age of the index woman, and whether she ever attended school.[16]

There are two main types of regression model used to estimate the ITT parameters in this report. The first, simpler one applies to outcomes y that are observed only at endline – e.g. outcomes related to the development of children born after the midline, or new questions added in the endline. For these outcomes, we estimate:

$$y_{ivlr} = \alpha + \theta T_{vlr} + \beta X_{ivlr} + \gamma_l + \mu_r + \varepsilon_{ivlr} \qquad (1)$$

where y_{ivlr} is a particular outcome for an individual or household i in village v in LGA l randomised in tranche r (see Section 5.3 for a description of the randomisation approach by 'tranche'). T_{vlr} is an indicator variable that takes value 1 if pregnant women residing in village v in LGA l and tranche r have access to the CDGP intervention. X_{ivlr} is the vector of baseline characteristics mentioned just above, which are predetermined with respect to the intervention.[17] Finally, α is a constant, γ_l is a vector of LGA fixed effects (dummy variables taking value 1 if the household resides in each LGA), μ_r is a vector of tranche fixed effects, and ε_{ivl} is an error term. The parameter θ measures the ITT for the CDGP, which corresponds to the mean difference in the indicator between households eligible for CDGP and the non-eligible households adjusted for baseline characteristics and LGA- and tranche-specific unobservable factors.

In Section 10 of Volume I, we present estimates of effects by programme status, i.e. comparing the effect in low- and high-intensity CDGP communities. The specification above is easily adapted as:

$$y_{ivlr} = \alpha + \theta^{LI} T_{vlr}^{LI} + \theta^{HI} T_{vlr}^{HI} + \beta X_{ivlr} + \gamma_l + \mu_r + \varepsilon_{ivlr} \qquad (2)$$

where T_{vlr}^{LI} and T_{vlr}^{HI} are indicator variables for households residing in low-intensity or high-intensity villages.

The second type of regression model is used for outcomes that are observed at both midline and endline – e.g. labour force participation or knowledge indicators. In this case, we exploit the entire midline and endline samples by estimating the following model:

$$y_{ivlr} = \alpha + \theta_0 W_{ivlr}^{EL} + \theta_1 T_{vlr} + \theta_2 W_{ivlr}^{EL} \times T_{vlr} + \beta X_{ivlr} + \gamma_l + \mu_r + \varepsilon_{ivl} \qquad (3)$$

where W_{ivlr}^{EL} is an indicator for observations at endline, rather than midline – the reference category. In this specification, θ_1 captures the ITT for midline, and the linear combination $\theta_1 + \theta_2$ captures the ITT for endline.

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[16] In the midline report we did not make any adjustment for baseline characteristics. This might make some of the midline estimates given in this report slightly differ from the ones presented in the original midline report.

[17] In some cases, we add further orthogonal control variables to this vector. For example, when estimating effects on children outcomes, we might adjust for child gender or age. This is always explicitly mentioned in table notes. Furthermore, in the case of outcomes that are observed at baseline, we add the baseline level of the outcome ($y_{0,ivlr}$) to the regression model – adopting a so-called ANCOVA specification.

When we want to allow for different effects for low- and high-intensity villages, we simply introduce separate indicators as in (2) above

$$y_{ivlr} = \alpha + \theta_0 W_{ivlr}^{EL} + \theta_1^{LI} T_{vlr}^{LI} + \theta_1^{HI} T_{vlr}^{HI} +$$
$$\theta_2^{LI} W_{ivlr}^{EL} \times T_{vlr}^{LI} + \theta_2^{HI} W_{ivlr}^{EL} \times T_{vlr}^{HI} + \beta X_{ivlr} + \gamma_l + \mu_r + \varepsilon_{ivl} \qquad (4)$$

where the hypothesis $\theta_1^{LI} = \theta_1^{HI}$ serves as a straightforward test that the effect was the same between low- and high-intensity communities at midline, and $\theta_2^{LI} = \theta_2^{HI}$ is the equivalent hypothesis for endline.

Standard errors for all estimators are clustered at the level of the primary sampling unit (PSU), the village, to account for any spatial correlation induced by, for example, common shocks to women and children living within the same village. This is especially important in a setting such as ours, where the randomisation is carried out not at the individual level but at the cluster level, where the cluster is the village. We consider binary and continuous outcomes: in both cases, we estimate the above regression by Ordinary Least Squares (OLS), which in the case of binary outcomes takes the name Linear Probability Model (LPM). The 'Effect of CDGP' we report in all our tables and figures corresponds to the θ parameters from the above regression, unless otherwise noted.

In addition, in the case of continuous outcomes (such as anthropometrics, expenditure or earnings) we estimate quantile regressions, which allow us to measure programme impacts along the whole distribution of the outcome. This is especially important if impacts are concentrated in one section of the distribution. For example, it might be the case that the effect of the CDGP on children's weight is larger for children that are thinner; thus, presenting only the effect on mean weight might confound this aspect.

Standard mean regression models the conditional mean of an outcome as a function of right-hand side variables. In our case, if we assume that the error term ε_{ivl} has mean zero, we can write the equivalent of equation (3):

$$E[y_{ivlr}] = \alpha + \theta_0 W_{ivlr}^{EL} + \theta_1 T_{vlr} + \theta_2 W_{ivlr}^{EL} \times T_{vlr} + \beta X_{ivlr} + \gamma_l + \mu_r$$

Quantile regression instead models a quantile of the distribution of the outcome. By assuming the error term ε_{ivl} has *median* zero, we have:

$$Q_q[y_{ivlr}] = \alpha + \theta_0 W_{ivlr}^{EL} + \theta_1 T_{vlr} + \theta_2 W_{ivlr}^{EL} \times T_{vlr} + \beta X_{ivlr} + \gamma_l + \mu_r$$

where $Q_q[y_{ivlr}]$ is the q-th quantile of the distribution of y_{ivlr}. By estimating θ_q at different values in the 0–1 interval, we can see how the programme affects different parts of the distribution of the outcome. In this report, we present results from quantile regression exclusively in a graphical fashion (see Annex A in Volume I for details on how to read the figures).

5.10   Risks of the study and mitigation strategies

The baseline report identified a number of risks that might negatively affect our impact evaluation. In this section we present updated evidence from our endline data on whether and how these risks have materialised, with what implications for our analysis.

1. **The risk that the rolling out of the intervention in the evaluation treatment areas does not take place straight after the baseline survey**. Our evaluation strategy was contingent on the programme being rolled out immediately after the baseline survey. This is because our main analysis sample consists of women who reported to be pregnant at the time of the programme. If gaps between the baseline survey and implementation were large, the risk was that many women identified as pregnant by the evaluation listing survey, who are then included in the evaluation sample, would not have ended up receiving the intervention. This would mean that a proportion of our treatment group are not in fact treated, increasing the extent to which our ITT estimates of programme impact are underestimates of the true effect of receiving the CDGP. To overcome this risk we have applied two approaches: first we broke the evaluation sample up into three tranches and carried out the randomisation in each tranche so that the CDGP could start implementation as soon as the baseline team had finished in each tranche; second, the CDGP enrolled women who were listed by the evaluation team as pregnant even if they had given birth by the time the enrolment began. These strategies seem to have been largely successful. As shown in Section 11.3 below, about 90% of women who were pregnant at baseline and resided in treatment communities reported having received CDGP payments by the time of the endline.

2. **The risk that either the treatment or the control group benefit from another programme that is not offered to the other group.** Randomisation of the intervention across villages should ensure that any exposure to other programmes is evenly distributed across our treated and control communities. At baseline and midline we observed negligible differences in the proportion of communities exposed to other programmes, apart from CDGP. At endline, we do in fact find a somewhat higher proportion of communities in the treatment group that reported having another programme active in the community apart from CDGP. The difference is 10.55 percentage points. This difference is not statistically significant (See Section 11.1) (that is, the change is not statistically different from zero), and therefore we don't believe there is a risk that our findings may conflate the impact of CDGP with the impact of different programmes.

3. **The risk that the control group receives the intervention before the endline survey**. As discussed above, in order to estimate the causal impact of CDGP, it is necessary to observe a control group of households are similar to treated households aside from their exposure to CDGP. If the control group did in fact receive the intervention, the impacts observed in the data will be affected by this. In particular, we expect the intention-to-treat estimates that we present throughout the report would produce smaller and less statistically significant effects than if perfect compliance with the treatment assignment were observed. In this evaluation, there are three ways in which it could come about that the control group is treated:

    – If households in the control group manage to access the transfer. The size and duration of the cash component of the CDGP may encourage households in control communities who have heard about the CDGP to seek access to it. There is evidence from the process evaluation that some women from control villages did try to access the payment by claiming to live in a treated community (so-called 'cross-border registration). In our data, we observe that around 11% of women who were pregnant at baseline but resided in a control community report had received CDGP payments (see Section 11.3) between baseline and endline.

– If treated households share the information or cash received from the intervention (spillovers). The intervention design sought to minimise this risk by randomising at the village level, in order to establish clear boundaries and a distance between units of randomisation. This was intended to help reduce the likelihood of interaction between treatment and control households. However, spillovers cannot be eliminated altogether, as even between villages there may be close interactions between neighbouring communities. Spillovers may therefore occur through household interactions or the wider effects on the economy that the cash transfer may have. We study this matter in more depth in Section 6.1 of Volume I of this report.

– If the programme is rolled out in control villages before the end of the evaluation. We sought to minimise this risk by maintaining a close working relationship with Save the Children and ACF, and this did not occur.

4. **The risk of an anticipation effect in the control group**. The programme has always intended to roll out the intervention in the control group after the evaluation's endline survey finished. As the control group is intended to act as a counterfactual to the treatment group (i.e. outcomes in the control group should reflect what would have happened in the treatment group in the absence of the intervention) it is important that the control group do not know when the intervention is going to be rolled out in their area, or they might change their behaviour in anticipation of the programme starting. For example, some women may try to become pregnant in order to be eligible for the programme when it commences, or some households may increase their spending in anticipation of a boost in income. This risk can be mitigated by ensuring that the roll-out plan of the programme is not shared outside of Save the Children, ACF, e-Pact and DFID. Table 28 shows that around 24% of women in non-CDGP communities already believed that there was a programme fitting the description of CDGP operating in their community at endline. This suggests that there is some knowledge of CDGP among non-CDGP communities, which could be associated with efforts to change their behaviour in order to begin receiving it. However, Table 20 in Volume I shows that there is no difference in the number of live births between the treatment and control group. We also find negligible changes in the number of live births to non-CDGP women in the midline-endline period as compared with the baseline-midline period, suggesting little change in fertility behaviour over the course of the evaluation.

6   Detailed sampling strategy

Our sampling procedure is outlined in detail here:

1. Start from a list of all villages in the five LGAs where the CDGP is operating

2. Drop the 15 villages used in the CDGP pilot

3. Drop villages with less than 150 households

4. Randomly sample 210 villages

5. Select one traditional ward per village using probability proportional to size within village

6. Select one replacement traditional ward per village to be used only in the case where the original sampled traditional ward is not accessible for security reasons

7. Send listing team to selected traditional wards

8. Replace traditional ward if listing teams find security problems when they arrive

9. Team to meet with traditional leaders and estimate size of traditional ward

10. If traditional ward contains:

    a. 0–200 households, list whole traditional ward

    b. 200–400 households, divide into two roughly equal sized parts

    c. 400–800 households, divide into four roughly equal sized parts

    d. 800+ households divide into eight roughly equal sized parts

11. If the situation of 10b, 10c, or 10d arises, randomly select one 'part' using a random number table and list all households in randomly selected 'part'

12. The supervisor counts number of households that have been listed

13. If listing contains 0–100 households then:

    a. 'Mapper' must make a list of all neighbouring, contiguous traditional wards

    b. Randomly select an additional traditional ward using a random number table

    c. List this traditional ward following steps 8, 9 and 10, as stated above

14. If listing contains 100+ households continue to next step

15. Sample 26 households per village. If there are more than 26 households with at least one pregnant woman in the village, use simple random sampling to sample 26 households with at least one pregnant woman. If there are less than 26 households with at least one pregnant woman in the village, sample all households with at least one pregnant woman and make up the rest of the sample in that village with households containing at least one woman determined to be 'likely to become pregnant'

7   Data collection

This section describes the data collection for the endline survey.

The survey was collected electronically using a tablet-based CAPI system. All data for this evaluation, from the listing and baseline stage through to endline, has been collected by OPM's in-house data collection team, based in the OPM Abuja office. The OPM Abuja team has been closely involved with the evaluation from the start, and have taken increasing responsibility since the baseline in the data collection and cleaning for the evaluation. Working with the OPM Abuja office is part of our longer-term vision of having locally based and staffed public policy entities engaged with local issues over the long run.

At endline we made some adjustments to the survey from the midline versions of the instruments. The questionnaires were shared with DFID and Save the Children for comment.

7.1   Refinement of the questionnaires and programming into the electronic (CAPI) survey software

The endline questionnaires were largely unchanged relative to the midline. During preparation for the midline survey, we undertook a careful process of reviewing, pre-testing and refining the questionnaires to ensure they were suitable for their intended purpose. This is described in detail in Section 9 of the midline quantitative evaluation report, Volume II (Carneiro P. , Mason, Moore, & Rasul, 2017) . At endline we reviewed all instruments again in detail, and made further adjustments in view of the findings of the midline evaluation and discussion with the other work streams. The main changes that we made were as follows:

- We added some additional questions to the women's and men's questionnaires about knowledge and beliefs of healthy IYCF practices. The purpose of these questions was to enhance our understanding of how the CDGP has affected beliefs and practices, and probe dimensions around exclusive breastfeeding a bit more deeply.

- We made some minor adjustments to the strategy for asking about the time spent and profits made from work activities in the women's and men's questionnaires. This was done to enable us to better capture earnings from, and investments in, self-employment activities.

- We added some questions to understand levels of awareness about the ending of the programme.

- We extended the ASQ questions measuring other aspects of child development, beyond their nutritional status, to incorporate children aged 0 to 6 months, and added an additional domain of this instrument (Personal-Social skills).

- We slimmed down the questionnaire in some places to accommodate these additions without adding to overall survey length. This included reducing some parts of the CDGP-exposure module that at endline we were better able to capture through CDGPs own MIS,

questions on ANC details for women who are currently pregnant, and on other visits to the health facility apart from ANC.

The survey was programmed using the World Bank Survey Solutions software, as at midline.

7.2   Questionnaire translation

The adapted questions were translated into Hausa. To ensure that no meaning was lost during translation, the translations were carried out in everyday spoken language, as opposed to formally grammatical correct language. Furthermore, the translation was back-translated into English by an independent person for validation purposes and harmonised to convey the correct meanings.

7.3   Pre-testing of the electronic (CAPI) survey instruments

Two separate rounds of pre-testing took place to test the CAPI version of the instruments before the training. The purpose of the pre-tests at endline were to thoroughly check new additions and changes to the questionnaire since midline, to ensure that the amended questions were well formulated to collect the intended information, well-translated into Hausa and suitable and appropriate for their context. The pre-test also provided an opportunity to test certain elements of the fieldwork process (including data management systems), as well as the overall duration of the survey and its flow in view of the amendments since midline.

The first pre-test took place in Hausa communities in Nasarawa State, from the 4th – 7th April 2018. During this pre-test we focused on testing certain new elements of the questionnaires, including the revised questions on beliefs about healthy child feeding practices and the extended ASQ modules. We piloted reduced versions of the questionnaires during this first pre-test to allow us to prioritise the new additions above the other sections of the questionnaire that were unchanged since midline. We made some adaptations to these new questions based on our findings from the pre-test.

We then conducted a second pre-test in Tsafe, Zamfara, from the 20th – 22nd June 2018. We conducted this pre-test in CDGP pilot communities, which were not part of our main survey sample. The Save the Children state team based in Zamfara assisted us with facilitating entry into these communities. During this pre-test we administered full interviews to test the whole interview process, questionnaire and flow of the interview ahead of the training. We did not pre-test the community survey and market prices survey, as these are smaller instruments for which we did not anticipate changes needed relative to the versions that were pre-tested and fielded at midline.

During both pre-tests we held daily debriefs with the team to discuss experiences of the day and identify challenges or suggestions for improvement. Opinions, observations and questions were welcomed from all participants. Where possible, required changes to the questionnaire (for example, to improve a translation or correct a skip pattern in the CAPI that was not functioning correctly) were rectified as quickly as possible, before the next day's activities.

The pre-tests were of crucial importance in helping to further refine and improve the questionnaire before fieldwork, ensure that all questions and translations were functioning as intended and that there were no errors in the CAPI programming. Discussion with the team during these pre-tests

helped to identify any remaining issues with the questionnaire structure and flow, respondents' ease of comprehension and perception about questions being asked. The enumerators leading the interviews at pre-test provided valuable suggestions on how questions could be improved.

7.4 Field personnel

Oversight and management of the survey at endline was provided by a supervisory team consisting of: an OPM research manager, an OPM field manager (who was supported by two deputies), an OPM data manager, an OPM deputy data manager (who was supported by three data assistants), LGA coordinators, and fieldwork supervisors. Their responsibilities are defined below.

Table 8:   Fieldwork personnel

Name	Position	Key duties
Femi Adegoke	Research Manager	OPM Nigeria country lead; Manages the entire survey team
Ekundayo Arogundade	Field Manager	Responsible for the field management; Lead role in supporting field teams in the field during data collection. Led the training.
Eunice Atajiri-Adekanmbi	Deputy Field Manager	Support to field manager and project manager. Supported field teams in the field during data collection. Co-led the training with the field manager
Gloria Olisenekwu	Deputy Field Manager	Support to field manager and project manager. Supported field teams in the field during data collection. Led the anthropometrics training.
Joshua Moriyonu	Data Manager	CAPI training, programming of the data management system, day-to-day data management responsibilities throughout the survey period
Okechukwu Ezike	Data Assistant	Support to data manager
Ugochukwu Onuigbo	Data Assistant	Support to data manager

- The OPM research manager (Femi Adegoke) had overall responsibility for the whole data-collection process, including the security and safety of the field teams.
- The OPM field manager (Ekundayo Arogundade) oversaw the implementation of the fieldwork day-today, spending extended periods of time in the field during data collection. She was responsible for fieldwork management, implementing quality control processes, coordinating team activities and communicating regularly with HQ. Ekundayo also played a leading role in delivering the enumerator training prior to fieldwork roll-out.
- The OPM data manager (Joshua Moriyonu) had overall responsibility for the CAPI process during fieldwork, including daily data checks and communication with field teams to help communicate and address any issues.

- There were two LGA coordinators for each of the five LGAs. They were responsible for coordinating the logistics of their teams in their LGAs. They were also responsible for establishing and maintaining good relationships with district authorities and the communities visited. Furthermore, they compiled field reports and progress updates.
- The fieldwork supervisors were tasked with maintaining good relationships with the communities visited and organising their teams on a daily basis.
- The quality assurance team were tasked with executing quality control procedures. This included sitting in on 'live' interviews to assess interviewer performance and to coach interviewers to improve where required. The quality assurance team, who were selected from among the best interviewers, were responsible for ensuring the quality of the teams' work.

The Tsafe LGA had three teams due to its relatively larger sample size, while the other four LGAs had two teams each. Each team was made up of four interviewers and one team supervisor. Each team had one or two anthro-enumerators attached to them.

7.5   Training of the field teams, and piloting

The main survey training was conducted from 8th August to 20th August. During the training, participants were divided into three main groups:

- The largest group was the household survey interview team (including supervisors and LGA coordinators), who participated in training and pilot activities throughout this period.

- The second group was the dedicated team of anthropometric enumerators, who received a specialist training during the 16th – 20th August.

- The final group was a small team of market survey enumerators, who were trained separately in the week following the main training.

In order to ensure quality we trained 15% more people than was required to implement the survey, and selected the best performing ones for the field work. The remainder were retained as reserves in case any members of the main fieldwork team needed to drop out during the survey for any reason.

Within the main pool of household survey interviewers, people were assigned to different roles in the final fieldwork team. These included interviewers, LGA coordinators, quality assurance officers and team supervisors. Assignment of roles was based on participants' previous survey experience, leadership skills, people management skills, and understanding of the survey instruments demonstrated during the training. People were given additional training on specific roles.

The purpose of the training was to provide all members of the team with the skills and knowledge needed to conduct their respective roles according to the protocols outlined. The agenda included a mixture of different types of session and activity, in order to ensure that the training would be as useful, engaging and practical as possible for participants. It included sessions on the research objectives, interviewing principles and techniques, a detailed discussion of all questionnaire instruments, how to use CAPI correctly, how to identify the sampled households, as well as logistics and fieldwork protocols. The various sessions included PowerPoint presentations, daily quizzes, break-out discussion sessions in groups, plenaries, role plays, mock interviews, and

question-and-answer sessions. Anthropometric-enumerators were trained in the use of the anthropometric equipment, as well as how to communicate measurements taken correctly and consistently to the interviewer before entering these onto CAPI. A detailed fieldwork manual was provided to each team and served as an in-field reference to remind the team of all issues covered during the training. The training was primarily led by the OPM Abuja team, with support from the workstream leader and research assistant.

During the training period, two field pilots were conducted. The purpose of the pilots was to develop the skills, understanding and confidence of the interviewers on how to implement the questionnaire according to the trained protocols. During the second pilot, the anthropometric-enumerators joined the main team in order for teams to fully pilot all field processes, including how to work together to coordinate and administer the anthropometric measurements.

7.6 Fieldwork organisation and execution

The fieldwork started on 27th August 2018 and lasted for about 6 weeks.

Before fieldwork could begin in a given traditional ward, an advocacy visit was first paid by the LGA coordinators. During these visits, they sensitised LGA authorities and the traditional ruling councils on the objectives of the research and what would be involved in the fieldwork. They also used these visits to assess security conditions in the area before the field team was authorised to travel there. In addition to building on existing relationships built during previous surveys, the coordinators submitted letters of introduction detailing the purpose of the endline survey and support required from the local government authorities.

Fieldwork started in all 5 LGAs at the same time, and the fieldwork schedule was designed to yield a balanced coverage of T1, T2 and non-CDGP traditional wards over time. Teams spent two days in each sampled community, to interview all sampled households. Local guides, CVs and traditional leaders provided valuable assistance in helping to locate the sampled households and respondents. During fieldwork, the quality assurance team observed live interviews and held daily debrief sessions after each day of work. This enabled feedback to be communicated swiftly, and corrective measures put in place. The quality assurance team also ensured all survey procedures were strictly followed.

Ongoing communication between the OPM Abuja and Oxford-based teams were held throughout data collection to discuss the fieldwork progress, systematically review the collected data and identify any issues. Outliers, inconsistencies and general feedback were communicated to the quality assurance team, to monitor more closely and discuss with their teams (including providing top-up training support training where necessary).

The main challenges faced by fieldwork teams during the implementation of the CDGP endline survey are summarised below:

1. **Large distances and difficult terrain**: similarly to the midline fieldwork experience, the large distance between many evaluation communities and the LGA centre meant that teams spent considerable amounts of time travelling, and had to set out early each day in order to complete their target assigned interviews for the day. This was particularly the case in Zamfara. Some terrains were also difficult for the teams to cross, due to heavy

downpours. In some cases, vehicles could not pass through waterlogged areas, and teams had to travel long distances on foot.

2. **Field staff attrition**: A total of 16 enumerators needed to leae the field at some point during the survey. The reasons for this included personal and family emergencies. 13 of these enumerators subsequently returned to the fieldwork.

3. **Sample attrition:** Apart from households and communities that could not be visited due to the security risk, there were also a number of households where interview scould not be completed for other reasons. The main reason for this was relocation of some households, or sampled index women, to areas outside feasible tracking limits, for reasons that included divorce, separation and birthing ceremonies. The fieldwork team put considerable effort into revisiting sampled households and members as far as possible, where they were able to gather information about when and where the targeted respondents could be located. There were also some cases where the specified household dwellings were not found at all, and other cases where respondents could not be found, even after making revisits, due to working away on their farms during the household visits.

4. **Security challenges**: A total of 28 villages could not be visited during the data collection because of various security reasons ranging from kidnapping to cattle rustling. Security concerns primarily affected Anka and Tsafe LGA. In some cases, teams also visited sampled communities for only one day rather than returning for a second, where the security risk of returning was judged to be high. Ongoing communication with CDGP state teams and local security contexts on the ground was essential for managing this risk and ensuring the safety of communities and field teams throughout the evaluation.

5. **Refusals**: Some sampled respondents were reluctant to participate in the interview process. Most of the rejections were due to religious beliefs.

6. **Poor internet connection speeds**: Patchy network coverage in survey areas made it challenging for teams to synchronise their tablets in order to send completed interviews to HQ.

7.6.1   Timing of the fieldwork

Differences in the date of interview for households in CDGP and non-CDGP communities could be important, if different households are interviewed in seasons with very different availability of food resources. We sought to develop a roll-out plan that was balanced across the different kinds of community to ensure overlap in the dates of interview. To illustrate the effectiveness of this plan, Figure 2 shows the number of communities in each treatment group who were interviewed in each week of fieldwork (where we define the week of interview from the first interview).

We find that there is a broad degree of balance in the number of communities from different treatment groups interviewed in each week. There is a slight tendency for more of the non-CDGP communities to be interviewed in later weeks of fieldwork (around the 4th and 5th week) in comparison to the beginning of fieldwork, but the differences are not stark. This helps ensure the comparisons we make between CDGP and non-CDGP communities are measured at approximately the same times since baseline.

Figure 2:   Week of interview by CDGP group

Source: CDGP endline data.

Notes: Sample restricted to households where the index woman was pregnant at baseline.
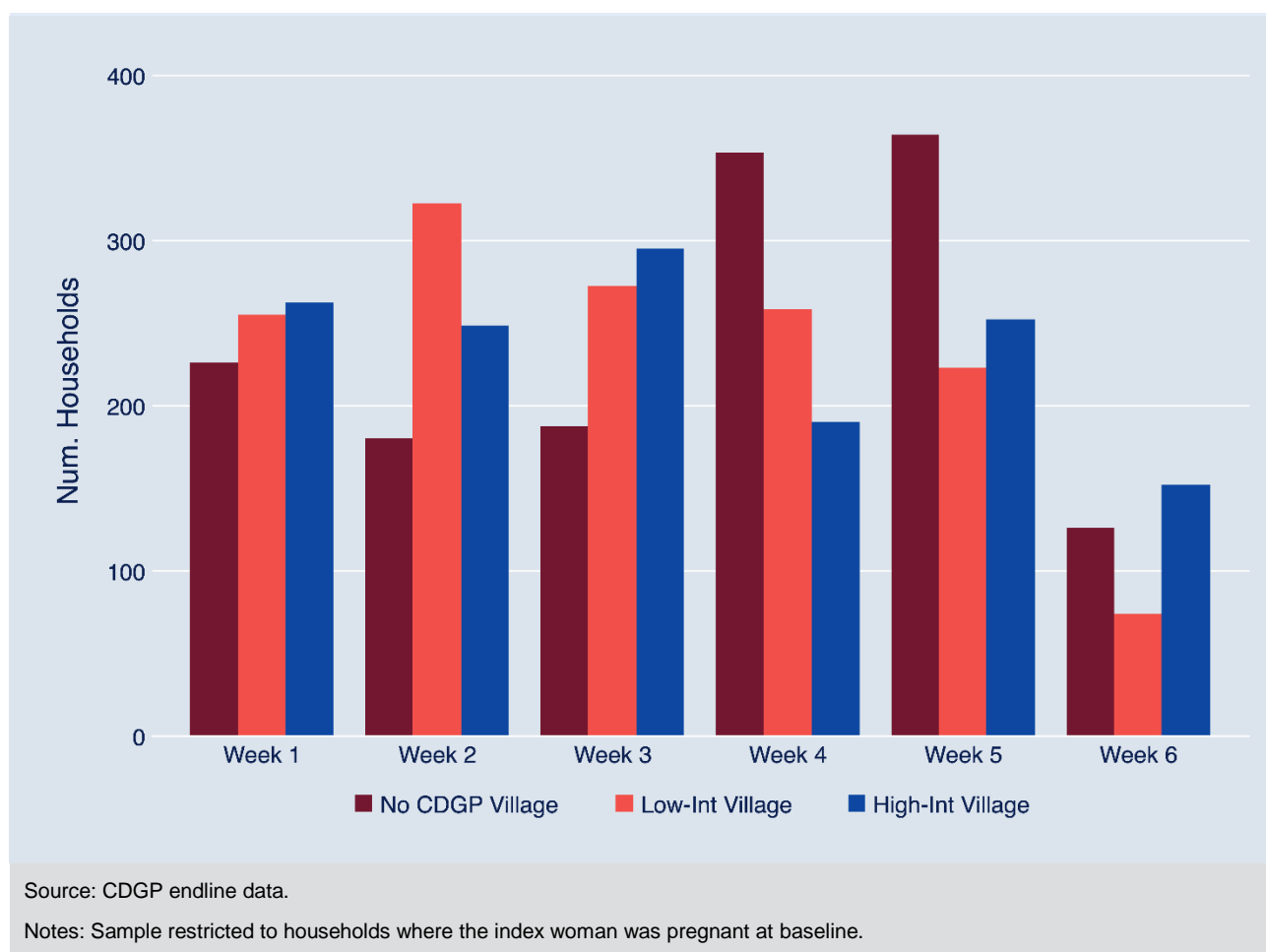
7.6.2   Collecting anthropometric data

Collecting accurate anthropometric data is challenging. In this survey we invested considerable time and effort into ensuring that the anthropometric data we collected was of the highest quality. The key measures we took in this regard were:

- having dedicated anthropometric-enumerators who were rigorously trained;
- using high-quality equipment;
- implementing an innovative multiple measurement procedure; and
- using a bespoke event calendar to better measure age.

First, all anthropometric data was collected by a dedicated anthropometric enumerator, whose sole responsibility was to collect quality anthropometric data. In this way, we were able to ensure that all anthropometric measurements were made by someone who had previous experience of using such equipment and whose sole responsibility was to take accurate measurements. Having a dedicated anthropometric enumerator also avoided the need for an excessive number of anthropometric kits and eliminated the hurried feeling interviewers typically report when taking anthropometric measurements at the end of a long household interview before rushing off to the next household.

We also implemented a multiple measurement procedure to try to improve accuracy. In summary, we took measurements twice for each person and for each variable (height and weight and MUAC) and if the two measurements were not 'close' to each other we took the measurement a third time. In the analysis we use the mean of the two closest measurements as the actual value (terming this the 'final' value). We also calculated the Z-scores in the field, using the 'final' values. If WAZ was smaller than -2 or larger than 2, or if HAZ was smaller than -2 or larger than 2, but WHZ was within two standard deviations, then we re-measured age.

The process steps are outlined below.

1. Take a first measurement (of height, weight, MUAC);

2. Take a second measurement;

3. Take a third measurement if 1 and 2 are significantly different (MUAC 5 mm, height 5 mm, weight 0.1 kg);

4. Establish the 'correct' reading as the mean of the two measurements – or the two measurements that are closest together if a third measurement was taken;

5. Calculate WAZ, HAZ and WHZ using 'correct' reading;

6. If WAZ or HAZ are outside ranges suggested by WHO for data cleaning (WHO, 2006) (outside [-6,5] and [-6,6] respectively), then re-measure age; and

7. Recalculate Z-scores using new age to determine malnourishment status of child.

The determination of the ages of children can be particularly difficult in this context. Thus, a bespoke event calendar was developed for use in this survey. An event calendar is typically used in such contexts to determine the age of the child by asking the child's mother and other members of the household to recall major events that occurred around the time of the child's birth. Such events include religious celebrations, a change in season, local elections and significant events, such as the death of an emir or a plane crash. By ascertaining the date of a number of significant events that occurred in and around the local community, an interviewer is able to triangulate the month and year in which a child was born. For this survey, an event calendar was produced specifically for northern Nigeria and was tailored to each community by asking respondents to the community questionnaire to inform the survey team of any significant community-level events, such as when the village flooded. Some households had a vaccination card and even birth certificates, but experience revealed that age determination by event calendar was more accurate as vaccination cards were typically issued to children many months after they were actually born, especially for children not born in a health facility. Birth certificates were even more unreliable as they are typically issued much later due to the administrative and financial costs associated with getting one.

7.7   Data cleaning and analysis

Data were sent daily from the field to the OPM Abuja office where they were checked in Stata for completeness and logical inconsistencies. Any problems found were communicated immediately to the field teams so they could be rectified while the teams were still in the field.

After the endline data collection phase ended, the data underwent further cleaning at University College London (UCL). During this process:

1. The correct naming and labelling for the variables was checked;

2. Information from the different modules was merged together;

3. The IDs for the interviewed women and men were retraced in the main household questionnaires and certified;

4. Additional relevant indicator variables were created and labelled;

5. The data were further cross-checked in their entirety for completeness and consistency; and

6. The tables and figures in this report were produced.

8   Ethics

8.1   Ethical principles

This evaluation has, where appropriate and relevant, engaged with existing country systems and with the principle of ownership. This is an evaluation of a pilot conceived by DFID and implemented by international NGOs with the initial aim of encouraging uptake and expansion by the Jigawa and Zamfara states.

We have ensured that the evaluation fully meets DFID's Ethical Principles for Evaluation and Research, particularly in relation to ensuring strict evaluation independence and safe data handling. We have also obtained ethical approval through the Nigeria National Health Research Ethics Committee (http://nhrec.net/nhrec/) and the UCL Research Ethics Committee system (http://ethics.grad.ucl.ac.uk/).

The findings of the evaluation at midline were shared directly at a federal-level workshop looking at the future of social protection, as well as the state level through the state steering committees established by the programme where the initial findings were validated. The endline evaluation findings will be presented to a broad group of stakeholders, including government partners and those involved in the implementation of the National Social Safety Net Programme (NASSP) in a dissemination event after the production of this report.

During the fieldwork, our enumerators were carefully trained to follow a set of clear ethical principles to ensure that our presence in communities adhered to the principles of doing no harm. Safeguarding concerns were also highly pertinent for the CDGP fieldwork, given the interaction of the field research with children and households that may have been affected by vulnerabilities owing to their poverty situation or other characteristics.

8.2   Summary of ethical considerations

Community entrance strategy

We made preliminary visits prior to the start of fieldwork visits, to pay courtesy calls and obtain permissions at the state and LGA levels. When arriving in communities the teams first sought permission to undertake the surveys from the village head. The village heads then usually assigned

Obtaining informed consent

In order to ensure that people were fully aware of what the research was about, why we were doing it, and what participating in it would involve, interviewers were trained to provide a summary explanation to all respondents that covered the following:

- why we are doing this evaluation;
- what is involved in participating: how much time respondents will be expected to participate for, and what they will be asked to do or what kinds of information they will be asked to provide;

- the benefits and risks;
- terms for withdrawal: explaining that people can drop out at any time for any reason;
- usage and confidentiality of the data;
- funding source and sponsoring institutions; and
- contact details for researchers, and how to make a complaint if needed.
- Consent and assent forms were available in local languages.

We obtained informed oral consent from each person we interviewed. We also trained enumerators to make it clear that there would be no benefit or cost to respondents in exchange for their participation in the interview, apart from their time. This was important so as not to establish any expectations around the research process and possible remuneration that would not be met.

Ensuring that people always understood what was happening

During the interview process and the fieldwork team's visit to the community, it was important to ensure that people always understood what was going on. The introduction to the interview at the point of seeking informed consent to continue was one important element of this, but the principle of ensuring that respondents were well-informed remained important throughout the research process.

A key element of this was ensuring that respondents were aware of their right to ask questions at any point, and have those questions answered truthfully. We trained enumerators to ask if the respondent had any questions for them before proceeding with the interview, and to answer those questions honestly and to the best of their ability. If they received a question that they were unsure of how to answer, enumerators were trained to seek guidance from their supervisor first. They were asked to let the respondent know that they would need to seek clarification before answering the question, but to then respond as soon as possible having discussed the issue with their supervisor, or escalating the question if necessary.

To help ensure that respondents were comfortable during the interview process, we used enumerators who were local to the survey areas as far as possible. We also invested significant effort into the translation of the survey instruments. This was essential not only to preserve as far as possible the meaning of all questions as originally written, but also to ensure that questions were clearly understood by respondents. Our translation process is described further in Section 7.2 above. A key part of this process was making sure that translations conformed to local vernacular, using common forms of the language, over and above seeking to achieve a formally accurate translation. During the trainings, enumerators often discussed appropriate phrasing and possible variations in local dialect across different parts of the survey areas. There are some differences between words and phrasing that may be commonly used in Jigawa compared with Zamfara, as well as local specificity within states too.

Respecting cultural sensitives

Fieldworker training covered discussion of general principles of research ethics and respecting cultural sensitivities in the survey areas. We recruited many enumerators who were local to the evaluation LGAs, and the majority had also participated in the midline or baseline surveys, and were therefore familiar with the context for the evaluation. This enabled enumerators to

accommodate appropriate cultural norms in their interactions with households, and maintain sensitivity and respect towards communities at all times. The interviewer training included discussion of appropriate conduct, behaviour, greetings and other issues such as dress, to ensure that enumerators had a good understanding of how to reflect cultural sensitivities.

Ensuring the safety of participants

We sought to put in place appropriate systems to protect those who came into contact with our research from any harm. This included both the communities with which we interacted, and the fieldworkers who conducted the research.

OPM has a safeguarding policy that stipulates overarching principles for working with vulnerable people, including children and young people under the age of 18. All staff, subcontractors and anyone working on behalf of OPM must go through safeguarding training and adhere to the policy. This was a core element of the enumerator training. An implication of the safeguarding policy are that staff and contractors must immediately report any concerns, suspicions, allegations and incidents that indicate actual or potential abuse of vulnerable people. Enumerators were provided with information on different reporting channels available to them in case of a concern that they wished to discuss regarding safeguarding, or any other issue.

A core consideration for the CDGP fieldwork was the security situation in the CDGP states, which placed potential risks of the research on both communities and the enumerators undertaking the research. We put in place a careful mitigation strategy to minimise security risks. A key element of this was tracking the security situation on an ongoing basis (every day), through a network of local contacts with updated on-the-ground information. This included the engagement of local security advisors in the CDGP LGAs, as well as the CDGP staff themselves, who possessed detailed information on the current situation affecting regions where they worked as well as neighbouring (non-CDGP) communities in the same area. We then sought to ensure that our fieldwork plans were able to remain flexible to updated information, so that we could respond rapidly to new events.

Teams were briefed every day on any changes to the security situation in areas they were scheduled to visit, and a visit was not authorised to go ahead if concerns were raised. We removed a total of 28 communities from the sample altogether owing to security concerns. In other cases, teams were advised not to revisit a sampled community for a second day of fieldwork, if any potential risks were anticipated.

Referral of children with adverse anthropometric measurements

After taking anthropometric measurements of children, the CAPI survey instrument was designed to generate a message to the enumerator if the combination of measurements taken indicated that the child was suffering from severe or moderate malnourishment based on their MUAC measurement. If this was the case, enumerators were instructed to provide caregivers with a referral note to seek treatment from a local health facility. Enumerators had referral letters to provide with caregivers for this purpose, and were asked to confirm using the CAPI instrument that they had read the statement to caregivers and issued them with a referral letter.

Open data

The data generated by the project will be the property of DFID. However, e-Pact has exclusive rights of usage over the data for purposes of academic publication and research for a limited time period. During this period DFID will not publish the full data set and will not share data with any third parties for the purposes of academic research and publication. DFID may release limited data for programmatic purposes. When releasing limited data, DFID will consult with the evaluation team, to ensure that the evaluation team's exclusive rights to academic research are protected and the released data are used for purposes other than academic research and publication, ensuring that the academic research rights of the evaluation team are protected. At the end of this period, or after an earlier period mutually agreed between DFID and the evaluation team, the evaluation team will make the anonymised data set publicly available. The evaluation team will duly acknowledge DFID's financial support in any publications that result from the use of the data.

9   Evidence uptake strategy

9.1   Evidence uptake objectives

The objectives of the evidence uptake strategy are to promote the sharing and use of the evidence and learning generated through the evaluation process and resultant outputs. The key components of the uptake strategy are:

- **Stakeholder engagement –** that describes how the evaluation team involves and informs stakeholders of the evaluation results;
- **Communication strategy** – that elaborates on the communication products and mechanisms communicating them; and
- **Monitoring of the uptake** – that aims to follow up with stakeholders to assess how well the communicated findings and messages were understood and utilised.

These components of the strategy are further described in Sections 10.2–10.4 below.

We believe the evidence uptake strategy and the activities discussed in the next sections will help the project achieve the following **outcome level** objectives:

- Findings from the evaluation study are taken on board to improve programme implementation and strategy;
- Findings from the evaluation study are well received from policy makers and used to inform policy;
- Findings and outputs reach broad set of stakeholders

In the long-term, the **impact** we would like to see as a result would be:

- Better service delivery;
- More evidence-informed policy making.

9.2   Stakeholder engagement

This section elaborates on our strategy for engaging with the stakeholders of the programme. Its aim is to support the overall objective of the evaluation, which is to inform policy-makers of the efficacy of the programme. It acts as a conduit between OPM's workstream outputs and the stakeholders to **keep them involved and informed**, with the ultimate aim of **stimulating dialogue** at federal, state and community levels in Nigeria and with the international community on the evidence generated.

We define a stakeholder is anyone who has a 'stake', a (potential) interest, in the evidence and impact that the project will produce. **Stakeholder engagement** includes all the activities that facilitate the exchange of information among stakeholders.

As the first step, we carried out a **stakeholder mapping** and analysis to identify stakeholders (institutions and individuals) relevant to the CDGP and its evaluation that can help us achieve the uptake objectives. This mapping is a living document that allows us to plan the first stages of our evaluation uptake strategy but will constantly evolve and become populated and updated over the life cycle of the project.

Following the stakeholder mapping, we carried out a series of **consultations to identify the needs and preferences of different set of stakeholders.** In order to meet the uptake objectives, it is important to tailor engagement language, formats and channels to the specific set of stakeholders they are directed to. The consultations helped us better understand the stakeholders and how to reach them in a way that they find useful, how they tend to acquire new information, their knowledge about the topic and the existing opportunities to engage with them.

Consultation was largely done through interviews and informal conversations with staff from DFID, Save the Children and ACF. The consultations continued during the implementation phase to validate the adequacy of the language and formats and so we could adapt our strategy accordingly.

9.3   Stakeholder mapping

In broad terms the stakeholders for this evaluation, in order of importance, are as follows:

1. Federal/state level representatives, with federal being the top priority level;

2. Programme implementing partners (Save the Children/ACF) and DFID;

3. Targeted communities including programme beneficiaries and other community members; LGA representatives and civil society and media;

4. Other donors/development practitioners in Nigeria involved in social protection or maternal and child health and development, including the World Bank and World Food Programme; and

5. International practitioners /academic audience engaged on social protection and maternal and child health and development

A full list of stakeholders, channels for dissemination and products are summarised in

Figure 3: **The stakeholders for the CDGP evaluation**
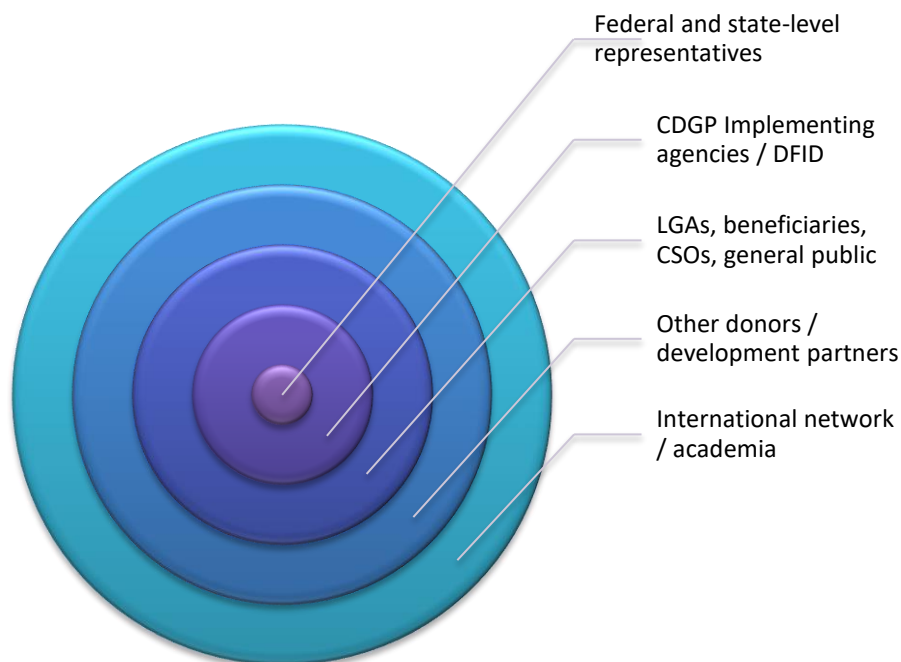
The above-mentioned stakeholders are in essence the same main stakeholders that the CDGP aims to engage with, in order to encourage and advocate for uptake of social protection programmes targeted at women and children. This said, the evaluation stakeholders go beyond these stakeholders and also aim to reach the international audience and academia engaged on social protection issues and maternal and child health and development.

Another distinction between the stakeholders of the evaluation and the programmes is the nature of the engagement. The evaluation uptake is intended at informing stakeholders of the results of the evaluation objectively and in a neutral manner. It aims to ensure that the learning stemming from the evaluation is understood and used to inform policy. It does so by providing evidence on what works and what does not, subsequently sharing this information in an accessible manner.

The evaluation does not aim to advocate for any particular stance or approach. In this perspective, the objectives of the evaluation might not perfectly coincide with the other stakeholders, including the implementing partners or donors. Nevertheless, the evaluation and the implementation agents have a common interest in that the evidence produced is used for **learning and adaptation**.

9.4   Communication strategy

The communication strategy defines how to communicate evaluation findings and, more widely, how to share learning from the evaluation to relevant stakeholders and the international social protection community.

9.4.1 Multiple, accessible and tailored dissemination products

There is an increasing demand from clients and stakeholders to **improve and innovate in terms of dissemination and communication strategies and material**, with a particular emphasis on short, accessible and engaging material that facilitates understanding and uptake. The communication strategy ensures resources and capacity exist to design communication and dissemination products that are **effective, accessible and tailored to different stakeholders and channels.**

Producing **accessible and effective communication** means tailoring language, content and channels to the needs and preferences of the different stakeholders. Different stakeholders will be interested in a specific set of the evaluation results and different channels will reach some of them more effectively than others. The products are effective provided that they facilitate a user's understanding and retention of the information. These elements form the underlying principle for developing our various communication materials.

Data visualisation is found to be very effective at facilitating the understanding and retaining of information and the use of visual tools to communicate or disseminate information will therefore be encouraged as much as possible. This has been confirmed by very positive feedback received on the use of infographics to present the CDGP baseline results. The evaluation team will keep working in that direction and make sure that the agreed key messages are translated into effective and visualised products.

In order to reach the stakeholders effectively, multiple products will be tailored to a specific set of stakeholders. For instance, to communicate effectively at the state level and with the general public, including beneficiaries and civil society organisations, the use of exclusively visual tools or translation into local languages might be required.

For each evaluation product, multiple written products will be created and shared:

- Full evaluation report
- A summary note of the evaluation
- A PowerPoint presentation
- Data visualisation briefs[18] (when applicable)

The proposed outputs of the evaluation are listed in Table 9 below.

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[18] Data visualisation outputs will be employed to describe the key results from the quantitative survey (midline and endline) and the final integrated report.

Table 9:   Key evaluation outputs and timing

Key output	Multiple outputs	Timeline
Quantitative Impact Evaluation		
Midline quantitative report	• Technical report • Four-page summary • Data visualisation summary • Blog/article	August 2017
Endline quantitative report	• Four-page summary • Data visualisation combined with endline qualitative evaluation) summary • PowerPoint	August 2019
Qualitative Impact Evaluation		
Round II qualitative report	• Detailed technical report • Data visualisation (combined with midline quantitative evaluation)	August / September 2017
Round III qualitative report	• Detailed technical report • Data visualisation combined with endline quantitative evaluation) PowerPoint presentation	August 2018
Impact Evaluation Report		
Final combined impact report	• Summary report • Data visualisation summary • Blog • PowerPoint	July 2019
Process Evaluation (PE)		
In-depth PE (Round I)	• Detailed technical report • Combined with Midline Qualitative and Quantitative results in summary note and data visualisation	August/September 2017
In-depth PE (Round II - end of programme)	• Detailed technical report • PowerPoint	May 2018

9.4.2   Intensify the dissemination effort

The production of accessible outputs *per se* does not ensure that the findings are understood and used and more effort needs to be done to 'bring evidence to life'. To ensure that the evaluation findings reach the relevant audiences and contribute to the evidence-informed debate on social protection in Nigeria, an active dissemination strategy is needed.

In conjunction with the CDGP, opportunities will be mapped out to disseminate widely the findings and outputs on different platforms (such as digital, press, face-to-face, national and state events).

In terms of channels, we will communicate these through existing platforms that the target audience already uses and make the most of existing events to present our work. In particular, the

several working groups set up to facilitate dialogue on social protection in Nigeria represent a dynamic network of interested parties, which it will be important to contribute to.

While our priority is contributing to the national debate on social protection and promoting the use of evidence-informed policy making, in view of our commitment to building and sharing the evidence base internationally efforts will be made to communicate the results beyond Nigeria. This will be done through the publication of peer-reviewed articles and presentation at key conferences. A detailed implementation plan with specific events, publications and social media engagement are presented in Table 11 below.

Table 10:   Dissemination channels

Channel type	Details	Frequency
Digital – online repositories	• OPM website • ITAD Website • DFID portal • Other online repositories: researchgate.net; Socialprotection.org; IPC-IG	To host CDGP products when new outputs are produced
Digital – Twitter	• OPM Twitter • CDGP Twitter	As new products are produced
Federal events/platform	• List of relevant events at federal and state level provided and kept up to date by the CDGP programme	Target of attendance at two events per year from OPM / CDGP team
CDGP platforms/events	• Save the Children website • Bi-annual CDGP newsletter (if produced)	As products are produced Bi-annual
International event	• Academic paper • Presentation to international conference	Target of one paper and two conferences presenting CDGP evaluation work

Table 11: **Research uptake plan**

Stakeholder	Breakdown of audience	Desired impact (objective of sharing)[19]	Type of information	Type of product[20]	Channel for dissemination[21]
High priority for research uptake objectives					
State governments in Jigawa and Zamfara	• Ministry of Budget and Economic Affairs • Ministry of Local Government of Chieftaincy • Ministry of Woman's Affairs • Population Commission • Ministry of Health	• Programme learning and adoption. The technocrats can also use it as a tool for advocacy to convince high-level policy-makers • It can also influence the design of the federal-level safety net programme, which is ongoing at the moment	• Programme operations • Costs and sustainability • Programme impact • Engagement with activities of the programme, particularly events • Use of findings for programme design and for informing international debate	• PowerPoint presentation • Summary report • Infographics • Quarterly programme operations reports	• State steering committee meetings
State-level political figures	• State assembly • Secretary to state government • Office of the Executive Governor • State Social Assistance Coordinating Office	• To convince policy-makers of the need to take over the programme based on the impact its making	• Overview of programme objectives and operations • Evidence on impact	• Infographics • PowerPoints • Policy briefs	• Official visits and courtesy calls

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[19] These are the desired impacts elaborated by the implementation partners and based on their existing knowledge management initiatives.

[20] These include outputs to be produced by the programme implementers too, such as quarterly programme operations.

[21] Channels identified by the programme, which the evaluation team will align with and participate in, as well as providing information on the programme implementation to use in other instances.

Stakeholder	Breakdown of audience	Desired impact (objective of sharing)[19]	Type of information	Type of product[20]	Channel for dissemination[21]
Federal government	• Ministry of Budget and Economic Planning • National Social Safety net Coordinating office • Ministry of Finance (YESSO)	• Programme learning and adoption • It can also influence the design of the federal-level social safety net programme, which is ongoing at the moment	• Detailed information on programme operations/outcomes/impact • Information on cost and sustainability	• Evaluation reports (detailed and summary) • PowerPoint presentations • Infographics	• Dissemination meetings • Round table meetings • Quarterly email update
DFID	• Abuja office • Headquarters	• Evidence on effectiveness of pilot and potential support for scale-up • Lesson learning in support of future programming and innovations	• Detailed information on programme operations/outcomes/impact • Information on cost and sustainability	• Evaluation reports (detailed and summary) • PowerPoint presentations • Infographics • Programme quarterly and annual reports • Annual reviews	• Programme meetings • Email
CDGP	• Save the Children • ACF	• Programme operations learning and readjustments • Lessons learned for future programming	• Programme operations • Impacts	• Full evaluation reports • Summary reports • PowerPoint presentations • Infographics	• Programme meetings
Medium priority for research uptake objectives					

Stakeholder	Breakdown of audience	Desired impact (objective of sharing)[19]	Type of information	Type of product[20]	Channel for dissemination[21]
Local government – LGA level	• TWCs	• Programme operations and impact	• Programme learning, readjustment and operations	• Summary report • Infographics • PowerPoint (in local language if possible)	• TWC quarterly meetings
Communities	• Traditional and religious leaders • Community volunteers (CVs) • Beneficiaries	• Programme operations • Programme impact	• Programme awareness • Programme learning, readjustment and operations	• Infographics • PowerPoint (in local language if possible)	• Courtesy visits • Town hall meetings • CVs' quarterly meetings
Development partners and UN agencies	• World Bank • UNICEF	• Raise awareness of pilot operations and impact • Influence future programme and support to social protection and nutrition interventions • Garner interest in support of future scale-up	• Programme objectives and operations • Programme impact • Programme costs and sustainability	• Summary evaluation reports • Programme briefs • Infographics • Detailed evaluation reports	• Round table meetings • OPM website • DFID and CDGP
Civil social and Media	• Civil society organisations • Media outlets including newspapers, radio and television	• To further enhance their understanding of social protection and also provide them with tools to promote and advocate for the programme	• Programme objectives and operations • Programme impact	• Summary evaluation reports • Programme briefs • Infographics • Case studies	• Round table meetings • OPM website • DFID and CDGP
Low priority for research uptake objectives					

Stakeholder	Breakdown of audience	Desired impact (objective of sharing)[19]	Type of information	Type of product[20]	Channel for dissemination[21]
International policy-makers and practitioners	• International donors • Practitioners • Sector specialists	• Contribute to international debate • Sharing of lessons and knowledge • Use findings for further research	• Programme implementation • Effectiveness and impact	• PowerPoint presentations • Full reports • Summary reports • Infographics • Policy briefs	• OPM website • Conferences • Webinars • Community of practice
Other global audience	• Academic institutions	• Contribute to international debate and global evidence on nutrition and early child development	• Programme impact, effectiveness	• Working papers • Journal article	• Academic conferences and seminars • Journal publication

9.5   Monitoring uptake

There is no single recipe for ensuring that the evidence uptake strategy will be effective and that the key messages of the evaluation work will be understood and used by stakeholders. **Monitoring engagement and uptake** will be key to understand what works and what does not, and to revising the strategy accordingly.

Mechanisms will be developed to monitor stakeholders' engagement and to understand where barriers to uptake or opportunities arise. Annual efforts to gather stories of change and **feedback by key stakeholders** will contribute to internal monitoring and the adaptation of the uptake strategy. Suggested activities include:

- Two stories of change/impact stories per round to collect evidence of how the results have been used to inform policy. Follow-up interviews with key stakeholders and research to gather stories and evidence around them.
- Keeping track of views/downloads to get a sense of the reach – who is downloading the reports / from which platforms / which formats/topics are more 'popular'.
- Supporting CDGP to establish a newsletter / Twitter presence and using them to engage with the network of contacts/stakeholders and asking for feedback on the findings and outputs.
- Keeping track of all informal feedback received at conferences/dissemination events in an impact log[22] (see Table 12).

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[22] In the Research and Policy in Development Group (RAPID) at ODI, impact logs are used to keep track of some of the direct responses that the research outputs trigger, and this in turn informs programme evaluation. An impact log is a list of the informal feedback, comments, and anecdotes that a programme receives from people who have encountered or used its research outputs. It is not a systematic way of assessing user perceptions; rather, it is a way of capturing the qualitative and non-systematic feedback on research outputs that would otherwise get lost. As the Impact Log grows longer, the cumulative effect can be valuable in assessing where and how the project or programme is triggering the most direct responses, and in informing future project/programme choices.

Table 12:   The impact log template

Feedback from:	Affiliation	topic	received by:	when	where	content / link	action needed?

bilateral meetings | events | press | social media | ⊕

9.6   Platforms for disseminating lessons and results from the CDGP

The table below highlights the existing platforms that can be used for dissemination of CDGP lessons and results locally in Nigeria. The use of existing platforms will ensure that key stakeholders and influencers involved in nutrition and social protection in Nigeria are reached. The aim is for our partners at CDGP to use our presentations and share the results in the forums listed. E-pact itself is unable to extensively engage with these platforms.

Table 13:   Existing platforms as potential for CDGP learning dissemination

Platform	Organisation in charge	Event timeline	Key stakeholders targeted	Potential use
Governor's Forum	Nigeria Governors' Forum Secretariat	Depends on schedule	36 governors	Good for advocacy and result dissemination
Social Protection Cross-Learning Summit	CDGP/World Bank /NASSCO	June/July 2017	Stakeholders involved in social protection, federal and state governments, and donors	Dissemination of lessons and results
National Nutrition Week	FMOH, MBNP	No set date	So far has been in Abuja	Launch key videos, media visit
World Breastfeeding Week	State MoH, FMOH	1–8 August 2017	All states	Launch key videos, media visit
MNCH Week	State MoH, FMOH	November, May	All states	Launch key videos, media visit
Safe Motherhood Day				
Nutrition Society of Nigeria	Annual Conference/General Meeting	Usually September/October		Present abstracts or papers or case studies
Community of Practice on Social Protection.	Yet to be constituted		Donors, NGOs and Government agencies involved in social protection	
State and National Primary Health Care Development Agency National meeting	NPHCDA			
NAFDAC Week	NAFDAC			
Nigeria Network of NGOs Conference	NNNGOs	Unknown		A channel to reach out to NGOs involved in nutrition and social protection
Nutritious Food Fair	Harvest Plus Nigeria	November 2017 (potential)	Mixed stakeholders especially ones working in Agriculture and nutrition and food fortification.	Dissemination results related to nutrition

| Scaling Up Nutrition (SUN) Business Network | SUN | | | Dissemination of results on nutrition. |

Source: Provided by CDGP

10   Definition and calculation of key indicators

10.1   Progress out of Poverty Index / Simple Poverty Scorecard

The PPI (Chen, Schreiner, & Woller, 2008) is a scorecard that can be used to predict the likelihood that a household's expenditure is below various poverty lines. It was derived using data from the 2003/2004 National Living Standards Survey (NLSS). Its advantages lie mainly in its simplicity: it is based on a list of 10 indirect measures that are highly correlated with per capita expenditure, and all these indicators are categorical (non-negative integers). This makes the PPI relatively easy and inexpensive to use when compared to direct survey measures of expenditure.

The PPI scorecard has been recently updated using data from the 2012/2013 General Household Panel Survey (GHPS), and has taken the name of Simple Poverty Scorecard™ (Schreiner, 2015). During the midline survey, we started collecting the new version as well. Values of this new index are not comparable to the older version, therefore we detail both of them in the results.

Table 14:   PPI scorecard – 2003/4

Item	Points
1. How many members does the household have?	
Eight or more	0
Six or seven	6
Five	11
Four	14
Three	19
Two	30
One	38
2. Are all household members aged six to 18 currently attending school?	
No	0
No members aged six to 18	7
Yes	9
3. What is the main flooring material of the house?	
Earth/mud or dirt/straw	0
Wood, tile, plank, concrete, or other	4
4. What is the main roofing material of the house?	
Mud/mud bricks	0
Thatch (grass or straw)	3
Wood/bamboo, corrugated iron sheets, cement/concrete, roofing tiles, or other	6
5. What is the main source of drinking water for the household?	
Unprotected well/rain water, or untreated pipe-borne water	0
Vendor, truck, protected well, river, lake, or pond	4
Treated pipe-borne water, borehole/hand pump, or other	6
6. What type of toilet is used by the household?	
Pail/bucket, covered or uncovered pit latrine, ventilated improved pit latrine, other, or none	0

Toilet on water, or flush to sewer or septic tank	5
7. Does any member of the household own a television?	
No	0
Yes	15
8. Does any member of the household own a stove?	
No	0
Yes	7
9. Does any member of the household own a mattress/bed?	
No	0
Yes	5
10. Does any member of the household own a radio?	
No	0
Yes	5
Source: (Chen, Schreiner, & Woller, 2008)	

Table 15:   PPI scorecard – 2012/3

Item	Points
1. How many members does the household have?	
Ten or more	0
Eight or nine	5
Seven	10
Six	11
Five	17
Four	19
Three	25
One or two	32
2. How many separate rooms do the members of the household occupy (do not count bathrooms, toilets, storerooms, or garage)?	
One	0
Two	4
Three	5
Four	6
Five or more	7
3. The roof of the main dwelling is predominantly made of what material?	
Grass, clay tiles, asbestos or plastic sheets, or others	0
Concrete, zinc, or iron sheets	3
4. What kind of toilet facility does the household use?	
None, bush, pail/bucket, or other	0
Uncovered pit latrine, or V.I.P. latrine	3
Covered pit latrine, or toilet on water	6
Flush to septic tank, or flush to sewage	15
5. Does the household own a gas cooker, stove (electric, gas table, or kerosene), or microwave?	
No	0

	Yes	3
6. How many mattresses does the household own?		
	None	0
	One	6
	Two	8
	Three or more	10
7. Does the household own a TV set?		
	No	0
	Yes	8
8. How many mobile phones does the household have?		
	None	0
	One	2
	Two	5
	Three or more	7
9. Does the household own a motorbike or a car or other vehicle?		
	No	0
	Only motorbike	3
	Car (regardless of motorbike)	11
10. Does any member of this household practice any agricultural activity such as crop, livestock, or fish farming, or own land that is not cultivated? If so, does the household own any sprayers, wheelbarrows, or sickles?[+]		
	Farms or has uncultivated land, but no sprayers, wheelbarrows, or sickles	0
	Farms or has uncultivated land, and has sprayers, wheelbarrows, or sickles	3
	Does not farm nor has uncultivated land	3

Notes: [+]The CDGP endline questionnaire does not collect information on uncultivated land, so we score this item considering only farming and not considering uncultivated land. Source: (Schreiner, 2015)

10.2   Definition of IYCF indicators

Table 16:   Definition of IYCF indicators

Indicator	Numerator	Denominator	Note	Source
Proportion of children ever breastfed	Children aged 0–23 months that were ever breastfed	All children aged 0–23 months		(WHO, 2008, p. 40)
Age-appropriate breastfeeding	Infants aged 0–5 months who received only breast milk during the previous day and children aged 6–23 months who received breast milk, as well as solid, semi-solid, or soft foods, during the previous day	All children aged 0–23 months		(WHO, 2008, p. 41)
Early initiation of breastfeeding (<1h)	Proportion of children born in the last 24 months who were put to the breast within one hour of birth	All children aged 0–23 months		(WHO, 2008, p. 33)
Early initiation of breastfeeding (<24h)	Proportion of children born in the last 24 months that were put to the breast within 24 hours of birth	All children aged 0–23 months		(WHO, 2008, p. 33)
Exclusive breastfeeding among children aged < 6 months	Infants aged 0–5 months who received only breast milk during the previous day	All infants aged 0–5 months	Note that ORS and other medicines are allowed under exclusive breastfeeding. Nothing else is allowed, e.g. no water	(WHO, 2008, p. 34)
Continued breastfeeding at one year (aged 12–15 months)	Children aged 12–15 months who received breast milk during the previous day	All children aged 12–15 months		(WHO, 2008, p. 34)
Continued breastfeeding at two years (aged 20–23 months)	Children aged 20–23 months who received breast milk during the previous day	All children aged 20–23 months		(WHO, 2008, p. 40)
Milk feeding frequency: Proportion of non-breastfed children (6–23 months) who received at least two milk feedings during previous day	Currently non-breastfed children aged 6–23 months who received at least two milk feedings during the previous day	All children aged 6–23 months who were currently not breastfed		(WHO, 2008, p. 43)
Introduction of solid, semi-solid or soft foods (6–8 months)	Infants aged 6–8 months who received solid, semi-solid, or soft foods during the previous day	Infants aged 6–8 months		(WHO, 2008, p. 35)
Consumption of iron-rich or iron-fortified foods (aged 6–23 months)	Children aged 6–23 months who received an iron-rich food or a food that was specially designed for infants and young children and was fortified with iron, or a food that was fortified in the home with a product that included iron during the previous day	All children aged 6–23 months		(WHO, 2008, p. 39)
Minimum meal frequency (aged 6–23 months)	Breastfed children aged 6–23 months who received solid, semi-solid, or soft foods the minimum number of times or more during the previous day and non-breastfed children aged 6–23 months who received solid, semi-solid or soft foods or milk feeds the minimum number of times or more during the previous day	All children aged 6–23 months	Minimum is defined as: two times for breastfed children aged 6–8 months, three times for breastfed children aged 9–23 months, and four times for non-breastfed children aged 6–23 months	(WHO, 2008, p. 36)
Minimum dietary diversity (≥ 4 food groups) (aged 6–23 months)	Children aged 6–23 months who received foods from >= 4 food groups during the previous day	All children aged 6–23 months		(WHO, 2008, p. 35)
Minimum acceptable diet (aged 6–23 months)	Breastfed children aged 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day, and	All children aged 6–23 months		(WHO, 2008, p. 37)

	non-breastfed children aged 6–23 months who received at least two milk feedings and had at least the minimum dietary diversity (not including milk feeds) and the minimum meal frequency during the previous day			92
Predominant breastfeeding under six months	Children aged 12–15 months who received only breast milk, ORS, vitamins and/or mineral supplements, water, and water-based drinks during the previous day	All children aged 0–5 months		(WHO, 2008, p. 41)

11 All results

This section presents all results tables and figures that we prepared for this evaluation, with the exception of those already included in Volume I of this report.

11.1 Description of communities

Table 17:   Shocks

		Midline			Endline		ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
Floods							
% communities affected in past 12 months	192	45.2	0.56	182	39.3	7.92	0.48
			(7.20)			(7.49)	
% communities where more than half of HHs were affected	192	22.6	-8.79	182	23.0	-3.58	0.53
			(5.47)			(6.27)	
% communities affected for one month or longer	192	19.4	-4.93	182	13.1	9.40	0.07
			(5.61)			(5.84)	
% communities where shock made it difficult to access places to buy food	192	21.0	9.29	181	21.3	3.78	0.53
			(6.06)			(6.38)	
% communities where shock made it difficult to access the health facility	192	21.0	1.96	182	24.6	-1.69	0.67
			(5.89)			(6.31)	
% communities where shock made it difficult to travel outside the community	192	21.0	5.81	182	26.2	-1.66	0.38
			(5.87)			(6.27)	
Drought or poor rains							
% communities affected in past 12 months	192	46.8	-10.65	182	54.1	-3.85	0.49
			(6.86)			(6.96)	
% communities where more than half of HHs were affected	192	37.1	-7.36	182	47.5	-7.65	0.98
			(6.71)			(6.89)	
% communities affected for one month or longer	192	22.6	0.97	182	37.7	-10.03	0.19
			(5.43)			(6.57)	
% communities where shock made it difficult to access places to buy food	192	1.6	1.57	181	18.0	-7.98	0.11
			(2.56)			(5.38)	
% communities where shock made it difficult to access the health facility	192	0.0	3.24*	182	11.5	-5.64	0.07
			(1.78)			(4.53)	
% communities where shock made it difficult to travel outside the community	192	0.0	3.94**	182	8.2	-1.57	0.22
			(1.96)			(4.06)	
Crop damage caused by pests (e.g. locusts)							
% communities affected in past 12 months	192	74.2	-1.39	182	67.2	0.40	0.84
			(5.89)			(6.61)	

% communities where more than half of HHs were affected	192	58.1	-1.29 (6.93)	182	55.7	-3.77 (6.99)	0.80
% communities affected for one month or longer	191	41.9	-1.83 (7.13)	182	42.6	5.50 (7.64)	0.48
Crop damage caused by disease							
% communities affected in past 12 months	192	43.5	3.30 (6.87)	182	63.9	-8.95 (6.97)	0.21
% communities where more than half of HHs were affected	192	32.3	0.17 (6.39)	182	47.5	-11.44 (7.14)	0.23
% communities affected for one month or longer	191	25.8	5.46 (6.11)	182	34.4	4.50 (7.20)	0.92
Curfews							
% communities affected in past 12 months	192	14.5	7.20 (5.07)	182	29.5	3.84 (5.95)	0.67
% communities where more than half of HHs were affected	192	12.9	8.73* (5.02)	182	29.5	2.14 (5.95)	0.40
% communities affected for one month or longer	192	12.9	5.47 (4.85)	182	27.9	0.12 (5.95)	0.49
% communities where shock made it difficult to access places to buy food	192	6.5	2.86 (3.81)	182	8.2	-0.50 (4.06)	0.54
% communities where shock made it difficult to access the health facility	192	6.5	1.36 (3.71)	182	11.5	-1.10 (4.52)	0.67
% communities where shock made it difficult to travel outside the community	192	8.1	3.35 (4.06)	182	16.4	-5.66 (4.97)	0.16
Violence in the village (e.g. rioting or protest)							
% communities affected in past 12 months	192	9.7	4.49 (4.82)	182	18.0	1.49 (5.82)	0.69
% communities where more than half of HHs were affected	192	9.7	-0.26 (4.50)	182	9.8	5.37 (4.79)	0.39
% communities affected for one month or longer	192	6.5	4.45 (4.16)	182	13.1	2.04 (5.09)	0.71
% communities where shock made it difficult to access places to buy food	192	6.5	0.51 (3.78)	182	8.2	1.92 (4.28)	0.80
% communities where shock made it difficult to access the health facility	192	3.2	3.54 (3.17)	182	6.6	5.05 (4.16)	0.77
% communities where shock made it difficult to travel outside the community	192	3.2	4.47 (3.25)	182	11.5	1.09 (4.83)	0.56
Widespread migration into the village							
% communities affected in past 12 months	192	48.4	-6.64 (7.50)	182	45.9	-0.75 (7.74)	0.58
	192	17.7	-0.96	182	24.6	-10.27*	0.26

	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	ML-EL Diff. p-value
% communities where more than half of HHs were affected			(5.71)			(6.06)	
Cattle rustling or land disputes							
% communities affected in past 12 months	192	48.4	5.19	182	70.5	-7.10	0.20
			(6.82)			(6.84)	
% communities where more than half of HHs were affected	192	37.1	-3.09	182	39.3	-3.64	0.95
			(6.89)			(6.88)	
% communities affected for one month or longer	192	38.7	9.02	181	63.9	-10.90	0.05
			(7.06)			(7.26)	
Kidnapping and armed bandits							
% communities affected in past 12 months				182	29.5	-12.93**	
						(5.89)	
% communities where more than half of HHs were affected				182	4.9	-2.17	
						(3.17)	
% communities affected for one month or longer				180	20.3	-7.15	
						(5.58)	
Disease epidemic (e.g. cholera)							
% communities affected in past 12 months				182	78.7	-14.88**	
						(6.72)	
% communities where more than half of HHs were affected				182	34.4	-0.51	
						(7.25)	
% communities affected for one month or longer				182	52.5	-14.01*	
						(7.83)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all communities surveyed in the baseline survey in 2014. In each community, we interviewed a focus groups of elders in the evaluation traditional ward.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects. SEs are robust to heteroskedasticity. Significance levels: * (10%), ** (5%), ***(1%).

Table 18: Community support

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% communities with any other programme in operation	191	45.2	2.66	181	55.7	10.55	0.44
			(7.13)			(7.29)	
% communities with any programme organised by:							
Federal/Local Government	189	12.9	4.85	180	16.4	-2.78	0.31
			(5.17)			(5.46)	

	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
NGO	189	30.6	0.29	180	42.6	8.89	0.39
			(7.05)			(7.12)	
Faith Group	189	8.1	-1.13	180	3.3	2.50	0.47
			(3.86)			(3.17)	
Other Institution	189	3.2	-2.31	180	6.6	-0.46	0.68
			(2.37)			(3.83)	
% communities with any other programme of the type:							
Cash transfer	189	3.2	4.24	180	4.9	5.43	0.82
			(3.34)			(3.92)	
Food transfer	189	1.6	5.18*	180	8.2	-1.92	0.15
			(2.67)			(4.09)	
Education, information, or advice	189	17.7	3.75	180	18.0	4.82	0.90
			(6.25)			(6.09)	
Infrastructure	189	37.1	1.69	180	41.0	8.88	0.48
			(7.18)			(7.30)	
Other type	189	6.5	0.50	180	21.3	1.33	0.91
			(3.96)			(6.46)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all communities surveyed in the baseline survey in 2014. In each community, we interviewed a focus groups of elders in the evaluation traditional ward.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects. SEs are robust to heteroskedasticity. Significance levels: * (10%), ** (5%), ***(1%).

Table 19: Facilities

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% communities that have in the village							
Primary school	192	79.0	7.14	182	82.0	3.37	0.64
			(5.76)			(5.76)	
Place where mobile phone can be purchased	192	14.5	3.47	182	18.0	1.21	0.78
			(5.51)			(6.10)	
Place where mobile credit can be purchased	192	87.1	1.01	182	90.2	1.96	0.89
			(4.98)			(4.40)	
Market	192	27.4	2.66	182	36.1	8.44	0.57
			(6.79)			(7.50)	
Time to walk to the nearest market:							
0-30 mins	192	29.0	4.11	182	41.0	12.54	0.42
			(6.97)			(7.75)	
30-60 mins	192	16.1	-4.27	182	14.8	-5.18	0.91
			(5.50)			(5.37)	

	192	35.5	-3.66	182	29.5	-1.62	0.84
60-120 mins			(7.37)			(7.16)	
120+ mins	192	19.4	3.82	182	14.8	-5.74	0.24
			(6.17)			(5.46)	
Time to travel by motorcycle to the nearest market:							
0-30 mins	192	75.8	-9.63	182	72.1	3.35	0.18
			(6.87)			(6.98)	
30-60 mins	192	17.7	11.66*	182	21.3	-2.34	0.12
			(6.34)			(6.32)	
60+ mins	192	6.5	-2.03	182	6.6	-1.01	0.85
			(3.67)			(3.84)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all communities surveyed in the baseline survey in 2014. In each community, we interviewed a focus groups of elders in the evaluation traditional ward.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects. SEs are robust to heteroskedasticity. Significance levels: * (10%), ** (5%), ***(1%).

Table 20: Health facility

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% communities that have a health facility in the village	192	33.9	11.32	182	44.3	6.78	0.67
			(7.43)			(7.79)	
Time to walk to the nearest health facility:							
0-30 mins	192	45.2	4.99	94	17.6	8.55	0.76
			(7.70)			(8.84)	
30-60 mins	192	16.1	4.41	94	35.3	-6.63	0.35
			(5.83)			(10.25)	
60-120 mins	192	25.8	-4.96	94	41.2	-1.91	0.81
			(6.65)			(10.67)	
120+ mins	192	12.9	-6.03	94	5.9	-0.04	0.39
			(4.79)			(5.01)	
Time to travel by motorcycle to the nearest health facility:							
0-30 mins	192	77.4	6.83	94	64.7	10.73	0.74
			(5.91)			(10.05)	
30-60 mins	192	12.9	-1.26	94	29.4	-7.08	0.59
			(5.03)			(9.68)	
60+ mins	192	9.7	-5.57	94	5.9	-3.64	0.75
			(4.25)			(4.33)	
% health facilities where services are available:							
Antenatal care	191	83.6	5.71	182	82.0	2.05	0.63
			(5.20)			(5.54)	
Postnatal care	179	84.7	-4.70	180	72.1	-0.04	0.61

	N	Non-CDGP mean	CDGP effect (SE)	N	Non-CDGP mean	CDGP effect (SE)	
			(6.01)			(6.75)	
Delivery of babies	188	75.0	-4.88	181	55.7	6.66	0.26
			(6.52)			(7.79)	
Immunisations	188	96.7	0.67	182	91.8	2.90	0.65
			(2.72)			(4.01)	
Healthy diet counselling	166	73.2	14.96**	180	83.3	8.56	0.44
			(6.28)			(5.52)	
% health facilities where staff are available:							
Doctor	182	35.1	6.96	181	39.3	8.95	0.85
			(7.29)			(7.48)	
Nurse or midwife	181	54.2	1.63	181	56.7	2.13	0.96
			(7.62)			(7.40)	
Community health extension worker (CHEW)	186	96.6	1.05	169	96.4	-6.94*	0.09
			(2.74)			(3.85)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all communities surveyed in the baseline survey in 2014. In each community, we interviewed a focus groups of elders in the evaluation traditional ward.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects. SEs are robust to heteroskedasticity. Significance levels: * (10%), ** (5%), ***(1%).

Table 21: Mobile coverage

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% communities with MTN coverage	192	91.9	-6.82	182	93.4	-1.28	0.37
			(4.67)			(4.00)	
% covers most places in the village	167	50.9	5.48	168	45.6	2.70	0.81
			(7.70)			(8.28)	
% covers around half the village	167	15.8	-1.47	168	17.5	-0.03	0.87
			(5.86)			(6.25)	
% covers only a few places in the village	167	33.3	-4.01	168	36.8	-2.67	0.90
			(7.04)			(8.10)	
% communities with good signal	167	33.3	-4.01	168	36.8	-2.67	0.90
			(7.04)			(8.10)	
% communities with GLO coverage	191	66.1	-5.94	182	54.1	4.50	0.31
			(7.11)			(7.44)	
% covers most places in the village	121	29.3	-4.06	106	27.3	3.75	0.54
			(8.43)			(9.57)	
% covers around half the village	121	19.5	-3.50	106	18.2	-6.33	0.79
			(7.14)			(8.04)	
% covers only a few places in the village	121	51.2	7.56	106	54.5	2.58	0.73
			(9.77)			(10.49)	

	121	51.2	7.56	106	54.5	2.58	0.73
% communities with good signal			(9.77)			(10.49)	
% communities with Air-Tel coverage	192	95.2	-9.76**	182	86.9	3.09	0.05
			(4.14)			(5.18)	
% covers most places in the village	169	44.1	1.36	161	47.2	-6.69	0.48
			(7.85)			(8.32)	
% covers around half the village	169	16.9	-2.47	161	11.3	12.62**	0.08
			(6.02)			(6.14)	
% covers only a few places in the village	169	39.0	1.12	161	41.5	-5.93	0.53
			(7.90)			(8.18)	
% communities with good signal	169	39.0	1.12	161	41.5	-5.93	0.53
			(7.90)			(8.18)	
% communities with Eti-Salat coverage	191	67.7	-2.99	180	58.3	-0.23	0.79
			(7.25)			(7.76)	
% covers most places in the village	126	23.8	0.81	105	22.9	7.64	0.57
			(8.20)			(8.82)	
% covers around half the village	126	26.2	-13.43*	105	14.3	4.17	0.09
			(7.62)			(7.07)	
% covers only a few places in the village	126	50.0	12.63	105	62.9	-11.81	0.07
			(9.11)			(9.84)	
% communities with good signal	126	50.0	12.63	105	62.9	-11.81	0.07
			(9.11)			(9.84)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all communities surveyed in the baseline survey in 2014. In each community, we interviewed a focus groups of elders in the evaluation traditional ward.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects. SEs are robust to heteroskedasticity. Significance levels: * (10%), ** (5%), ***(1%).

Table 22: Distances

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
Distance from closest health facility (km – straight line)	185	1.4	0.13	185	1.4	0.09	0.92
		(1.5)	(0.23)		(1.5)	(0.24)	
% Communities whose distance from closest health facility is:							
Under 1 km	185	57.4	-3.55	185	57.4	-2.60	0.93
			(7.74)			(7.93)	
1 to 5 km	185	39.3	4.91	185	39.3	3.93	0.93
			(7.57)			(7.75)	
More than 5 km	185	3.3	-1.36	185	3.3	-1.33	0.99

		(2.53)			(2.67)	
Distance from closest market (km – straight line)	185	1.9	0.36	185	1.9	0.27	0.85
		(2.4)	(0.35)		(2.4)	(0.36)	
% Communities whose distance from closest market is:							
Under 1 km	185	54.1	-6.11	185	54.1	-4.05	0.85
			(7.50)			(7.67)	
1 to 5 km	185	32.8	4.08	185	32.8	3.87	0.98
			(7.42)			(7.58)	
More than 5 km	185	13.1	2.03	185	13.1	0.18	0.81
			(5.40)			(5.51)	

Source: CDGP baseline, midline, and endline data. Notes: Distances reported in this table are geodesic distances, i.e. they use mathematical approximations to take into account the earth's curvature. They are computed using the STATA program *geodist* (Picard, 2010).

1. The sample is all communities surveyed in the baseline survey in 2014. In each community, we interviewed a focus groups of elders in the evaluation traditional ward.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects. SEs are robust to heteroskedasticity. Significance levels: * (10%), ** (5%), ***(1%).

11.2   Market items

Table 23:   Market Item Availability

	Midline		Endline	
	N	Mean (SD)	N	Mean (SD)
% markets visited with availability of the following items when visited:				
Maize	96	55.2	106	65.1
Millet	96	75	106	80.2
Sorghum	96	30.2	106	80.2
Rice	96	70.8	106	49.1
Wheat	96	3.1	106	16
Irish Potatoes	96	1	104	4.8
Sweet Potatoes	96	26	106	18.9
Yams	96	17.7	106	13.2
Tomatoes	96	46.9	106	17.9
Green Pepper	95	54.7	106	27.4
Medium Size Pepper	96	56.3	106	26.4
Small Size Pepper	96	69.8	106	63.2
Onions	96	44.8	106	44.3
Mangoes	95	1.1	106	0
Oranges	95	36.8	106	28.3
Watermelon	96	34.4	106	28.3
Chicken Eggs	96	53.1	106	71.7
Guinea Fowl Eggs	96	30.2	106	76.4
Lamb Meat	96	28.1	106	28.3
Cow Meat	96	19.8	106	20.8
Beans	96	72.9	106	80.2
Groundnuts	96	29.2	106	46.2
Milk	96	47.9	106	47.2
Butter	96	7.3	105	22.9
Cheese	93	0	100	0
Water sachet	96	71.9	106	81.1
Vegetable oil	96	94.8	106	86.8
Palm oil	96	88.5	106	86.8
Salt	96	97.9	106	92.5
Sugar	96	87.5	106	92.5
Honey	96	6.3	105	5.7
Chicken	95	32.6	106	53.8
Guinea Fowl	96	24	105	52.4

Notes: Indicators in this table are constructed using data collected by the market survey teams. A census of 96 markets was visited in the CDGP areas at midline and 106 at endline, where availability and unit prices were surveyed.

Table 24:   Market item prices

	Midline		Endline	
	N	Mean (SD)	N	Mean (SD)
Average prices of different items at markets that had availability of those items when visited:				
Maize (NGN/kg)	53	120	69	474.5
		21.04201		952.8984
Millet (NGN/kg)	72	5250.4	85	438
		43591.61		819.778
Sorghum (NGN/kg)	29	13935.6	85	418.1
		74250.74		873.2705
Rice (NGN/kg)	68	297.7	52	844.4
		280.015		2431.469
Wheat (NGN/kg)	3	359	17	236.8
		0.185926		126.4081
Irish Potatoes (NGN/kg)	1	186	5	2933.5
				5814.578
Sweet Potatoes (NGN/kg)	25	65.5	20	193.9
		26.87743		209.3414
Yams (NGN/medium sized piece)	17	370.6	14	414.3
		164.9421		172.5695
Tomatoes (NGN/kg)	45	131.8	19	701
		241.1699		1729.863
Green Pepper (NGN/kg)	52	367.3	29	1064.3
		706.2205		3301.55
Medium Size Pepper (NGN/kg)	54	2146.2	28	1145.4
		13568.29		2597.96
Small Size Pepper (NGN/kg)	67	7158.2	64	1669.5
		48734.43		2429.783
Onions (NGN/kg)	43	303.9	47	783.6
		520.0637		1739.334
Mangoes (NGN/kg)	1	111.1	0	
Oranges (NGN/kg)	35	136.4	30	804.4
		190.7047		3001.933
Watermelon (NGN/kg)	33	6109.6	30	76.2
		27253.63		125.5211
Chicken Eggs (NGN/egg)	51	37.3	76	39
		13.12683		12.28102
Guinea Fowl Eggs (NGN/egg)	29	19.4	81	26.8
		4.940637		7.142887
Lamb Meat (NGN/kg)	27	932.6	30	1042.6
		438.3235		539.1793

Cow Meat (NGN/kg)	19	1095	22	1573.1
		1026.128		1155.724
Beans (NGN/kg)	70	7350	85	1053
		59736.33		2198.89
Groundnuts (NGN/kg)	28	286.2	49	610.5
		59.71008		1172.262
Milk (NGN/L)	46	177.4	50	251.3
		61.48987		240.317
Butter (NGN/kg)	7	1282.1	24	3654.3
		507.5719		6784.562
Cheese (NGN/kg)	0		0	
Water sachet (NGN/sachet)	69	8.9	86	20.6
		5.700578		107.8497
Vegetable oil (NGN/L)	91	621.4	92	722.8
		79.65844		367.568
Palm oil (NGN/L)	85	632.7	92	672
		122.6782		349.5065
Salt (NGN/kg)	94	110	98	245.9
		166.0899		667.9602
Sugar (NGN/kg)	84	575.4	98	981.7
		683.4861		2995.041
Honey (NGN/L)	6	2295	6	3682.3
		1796.831		2440.677
Chicken (NGN/chicken)	31	909.7	57	771.1
		267.2138		254.4159
Guinea Fowl (NGN/fowl)	23	1100	55	1104.6
		257.6114		354.3161

Notes: Indicators in this table are constructed using data collected by the market survey teams. A census of 96 markets was visited in the CDGP areas at midline and 106 at endline, where availability and unit prices were surveyed.

11.3   Access to CDGP Behaviour Change Communication activities

Figure 4:   Exposure to Low-Intensity SBCC activities, women, by state
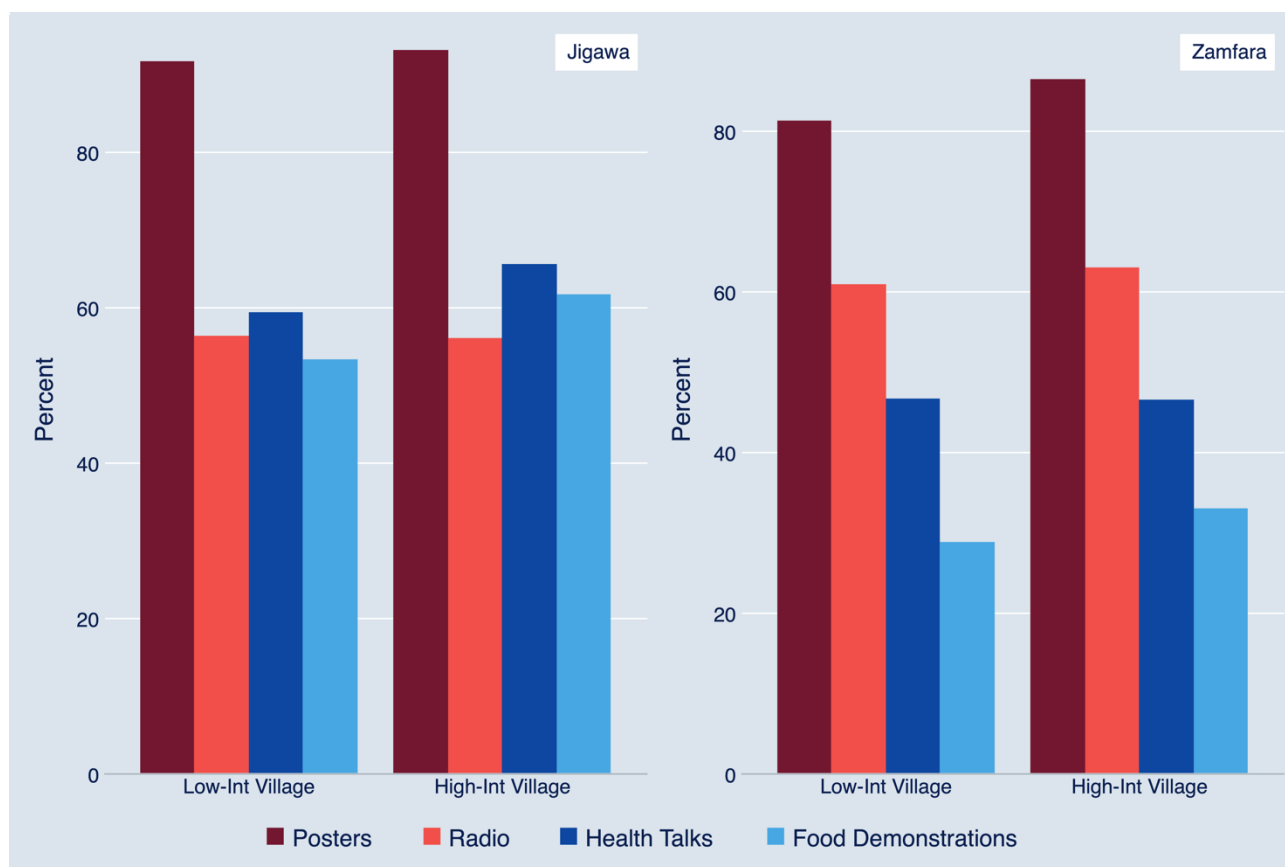
Source: CDGP baseline, midline, and endline survey data. Notes:
1. The sample is women interviewed at the baseline survey in 2014, living in CDGP communities. We interviewed this woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Each bar represents the proportion of women in our sample who report being exposed to each of the low-intensity SBCC channels of CDGP in the 12 months prior to the midline and endline surveys.

Figure 5:   Exposure to Low-Intensity SBCC activities, husbands, by state
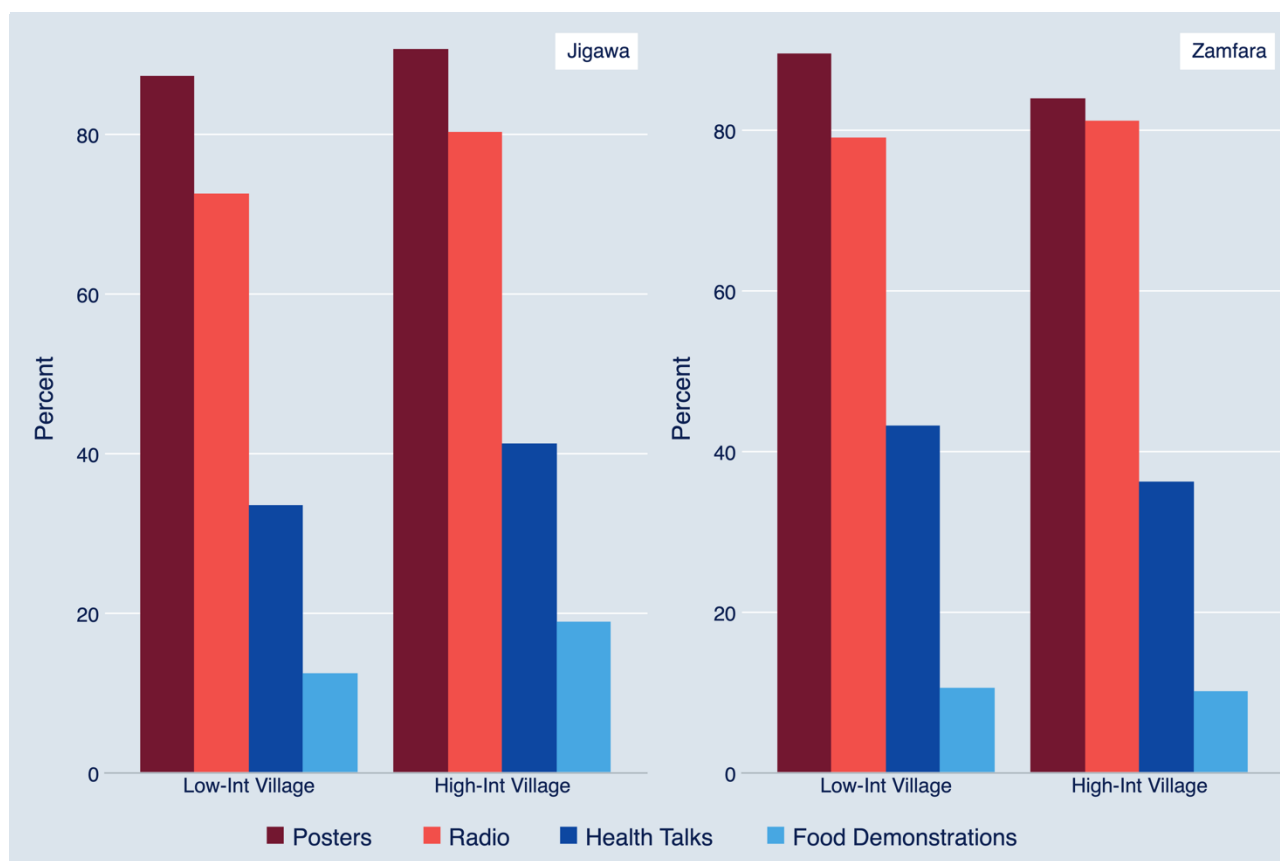
Source: CDGP baseline, midline, and endline survey data. Notes:
1. The sample is women interviewed at the baseline survey in 2014, living in CDGP communities. We interviewed this woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Each bar represents the proportion of husbands in our sample who report being exposed to each of the low-intensity SBCC channels of CDGP in the 12 months prior to the midline and endline surveys.

Figure 6:   Exposure to High-Intensity SBCC activities, women, by state

Source: CDGP endline survey data. Notes:
1. The sample is women interviewed at the baseline survey in 2014. We interviewed this woman and her husband and also asked questions about her children. At endline, we interviewed the same people.
2. Each bar represents the proportion of women in our sample who report being exposed to each of the high-intensity SBCC channels of CDGP in the 12 months prior to the endline survey.

Figure 7:   Exposure to High-Intensity SBCC activities, husbands, by state

Source: CDGP endline survey data. Notes:
1. The sample is women interviewed at the baseline survey in 2014. We interviewed this woman and her husband and also asked questions about her children. At endline, we interviewed the same people.
2. Each bar represents the proportion of husbands in our sample who report being exposed to each of the high-intensity SBCC channels of CDGP in the 12 months prior to the endline survey.

Table 25: Low-intensity BCC, at Endline

	Woman					Husband			
		No CDGP	Low-Int	High-Int	HI-LI diff		No CDGP	Low-Int	High-Int	HI-LI diff
	N	Mean (SD)	Mean (SD)	Mean (SD)	p	N	Mean (SD)	Mean (SD)	Mean (SD)	p
In the past two years, have you seen any poster in your community or health facility about feeding or looking after your children, or about looking after yourself during your pregnancy?										
All women	4171	48.2	86.7	89.7	0.15	1981	48.2	88.3	87.2	0.67
Pregnant at baseline	2807	49.5	86.0	89.6	0.09	1316	51.4	88.3	86.8	0.61
Not pregnant at baseline	1364	45.6	88.1	90.0	0.79	665	41.5	88.4	87.9	0.78
In the past two years, have you heard any programme or advert on the radio talking about feeding or looking after your children, or about looking after yourself during your pregnancy?										
All women	4171	42.8	58.5	59.5	0.22	1981	65.2	75.6	80.7	0.04
Pregnant at baseline	2807	42.2	60.7	59.6	0.64	1316	51.4	88.3	86.8	0.61
Not pregnant at baseline	1364	45.6	88.1	90.0	0.79	665	62.7	74.1	82.6	0.03
In the past two years, have you taken part in any health talk in your community? By this I mean meetings in a public place where someone (usually the CHEW) talks about healthy food and nutrition, give advice on feeding or looking after yourself or your children.										
All women	4171	16.3	53.2	55.9	0.62	1981	17.9	38.1	38.7	0.84
Pregnant at baseline	2807	15.6	49.4	52.7	0.42	1316	51.4	88.3	86.8	0.61
Not pregnant at baseline	1364	45.6	88.1	90.0	0.79	665	16.1	39.3	36.6	0.56
In the past two years, have you taken part in any food demonstration in your community? By this I mean meetings where people would show how to cook nutritious food for you and your children.										
All women	4171	6.3	41.6	47.1	0.13	1981	2.8	11.5	14.4	0.15
Pregnant at baseline	2807	5.6	36.5	43.6	0.05	1316	2.2	10.8	14.9	0.08
Not pregnant at baseline	1364	45.6	88.1	90.0	0.79	665	16.1	39.3	36.6	0.56
How many times did you take part in these food demonstrations?										
All women	1184	3.2 (2.2)	3.8 (2.5)	3.8 (2.6)	0.67	177	2.3 (1.1)	2.7 (1.9)	2.6 (1.9)	0.94
Pregnant at baseline	722	3.2 (2.1)	3.6 (2.3)	3.7 (2.6)	0.79	110	1.9 (0.7)	2.8 (2.1)	2.6 (1.7)	0.39

Not pregnant at baseline	462	3.2 (2.3)	4.0 (2.8)	3.9 (2.7)	0.17	67	2.8 (1.4)	2.5 (1.5)	2.7 (2.2)	0.62

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all women surveyed in the baseline survey in 2014, residing in low intensity or high intensity CDGP villages, who were receiving the CDGP transfer at midline or endline. We interviewed this woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. HI-LI diff. = p-value of the difference between the mean in women residing in High versus Low Intensity villages.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators.
5. The 'HI-LI diff.' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9).

Table 26: High-intensity BCC, at Endline, all

	Women					Husbands				
	N	No CDGP Mean (SD)	Low-Int Mean (SD)	High-Int Mean (SD)	HI-LI diff p	N	No CDGP Mean (SD)	Low-Int Mean (SD)	High-Int Mean (SD)	HI-LI diff p
Have you heard about any Community Volunteers working in this community for the CDGP?	4171	19.8	89.6	94.7	0.08	1981	20.3	86.7	91.5	0.12
Participation in group meetings (%)										
In the past 12 months, have you ever participated in any small group meetings or discussions together with other women who are receiving payments from the CDGP?	4171	5.4	38.8	46.9	0.02	1981	3.1	18.4	17.7	0.95
How many times did you participate in these meetings in the last 12 months?	1086	4.2 (3.3)	4.8 (3.7)	5.2 (4.4)	0.31	242	2.8 (2.0)	3.1 (3.0)	3.1 (2.6)	0.77
Participation in 1:1 counselling (%)										
To your knowledge, in this community can you request to meet individually with a CV to discuss any issues relating to health and nutrition of mothers and young children?	4171	9.2	61.9	71.3	0.00	1981	9.3	53.0	56.2	0.42
Have you yourself ever tried accessing one of these meetings?	4171	3.2	27.1	36.9	0.00	1981	2.1	13.1	15.2	0.32
Why have you never tried?										

	N				p	N				p
Did not need it	1039	52.3	65.9	65.7	0.81	578	62.5	71.1	70.4	0.98
Did not know how to request a meeting	1039	12.8	11.2	13.8	0.21	578	8.3	7.3	6.6	0.98
Thought it would be useless	1039	4.7	5.6	5.1	0.92	578	8.3	7.0	6.2	0.87
Other	1039	24.4	16.0	15.7	0.77	578	6.2	6.2	7.0	0.65
Don't know	1039	8.1	5.2	3.4	0.23	578	18.8	12.1	14.0	0.94
Thought it was only for women						578	6.2	1.8	1.6	0.73
Have you been able to obtain an individual meeting with a CV once you requested it?	4171	2.6	24.8	34.7	0.00	1981	2.1	12.6	14.2	0.39

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all women surveyed in the baseline survey in 2014, residing in low intensity or high intensity CDGP villages, who were receiving the CDGP transfer at midline or endline. We interviewed this woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. HI-LI diff. = p-value of the difference between the mean in women residing in High versus Low Intensity villages.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators.
5. The 'HI-LI diff.' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9).

Table 27: High-intensity BCC, at endline, separate by pregnant and non-pregnant women at baseline

		Households WITH a pregnant woman at baseline				Households WITHOUT a pregnant woman at baseline				
		No CDGP	Low-Int	High-Int	HI-LI diff		No CDGP	Low-Int	High-Int	HI-LI diff
	N	Mean (SD)	Mean (SD)	Mean (SD)	p	N	Mean (SD)	Mean (SD)	Mean (SD)	p
Have you heard about any Community Volunteers working in this community for the CDGP?	2807	20.0	90.6	94.5	0.13	1364	19.5	87.7	95.1	0.10
Participation in group meetings (%)										
In the past 12 months, have you ever participated in any small group meetings or discussions together with other women who are receiving payments from the CDGP?	2807	4.9	33.9	42.3	0.02	1364	6.3	48.9	56.3	0.26
How many times did you participate in these meetings in the last 12 months?	660	3.6 (2.4)	4.7 (3.9)	5.4 (4.9)	0.17	426	5.4 (4.5)	5.0 (3.3)	5.0 (3.6)	0.57

Participation in 1:1 counselling (%)										
To your knowledge, in this community can you request to meet individually with a CV to discuss any issues relating to health and nutrition of mothers and young children?	2807	9.5	61.6	69.3	0.01	1364	8.7	62.6	75.3	0.01
Have you yourself ever tried accessing one of these meetings?	2807	2.4	25.1	35.0	0.00	1364	4.8	31.1	40.8	0.07
Why have you never tried?										
Did not need it	723	50.0	65.7	66.9	0.73	316	61.1	66.4	63.2	0.52
Did not know how to request a meeting	723	14.7	10.4	14.8	0.07	316	5.6	13.3	11.6	0.73
Thought it would be useless	723	2.9	5.6	4.4	0.64	316	11.1	5.6	6.5	0.55
Other	723	26.5	15.7	14.8	0.68	316	16.7	16.8	17.4	0.76
Don't know	723	7.4	5.9	3.2	0.06	316	11.1	3.5	3.9	0.64
Have you been able to obtain an individual meeting with a CV once you requested it?	2807	2.0	22.8	33.0	0.00	1364	3.9	29.1	38.1	0.10

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all women surveyed in the baseline survey in 2014, residing in low intensity or high intensity CDGP villages, who were receiving the CDGP transfer at midline or endline. We interviewed this woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. HI-LI diff. = p-value of the difference between the mean in women residing in High versus Low Intensity villages.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators.
5. The 'HI-LI diff.' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9).

11.4   Access to CDGP payments

Table 28:   Programme awareness, whole sample

		Midline – Endline			
		Non-CDGP	**Low intensity**	**High intensity**	**HI–LI diff.**
	N	**Mean**	**Mean**	**Mean**	**p-value**
WOMEN					
Do you know of any programme operating in this village that gives regular payments of cash to pregnant women or women with young children, or their families? (%)					
Yes, there is such a programme in this community	4812	24.8	95.6	98.9	0.33
No, there is no such programme in this community	4812	74.6	4.2	1.0	0.35
Do not know if there is such a programme in this community	4812	0.6	0.2	0.1	0.46
% of women who recognise CDGP by name	4812	3.4	28.0	34.4	0.05
Do you know how women are selected to be included in the programme? How? *Exact: Women who are pregnant and resident in the community* *Generally appropriate: either of the above, or those who have done urine test*					
% Exact answer	3647	8.6	18.9	24.7	0.06
% Generally appropriate answer	3647	49.6	68.9	65.2	0.32
% Inappropriate answer	3647	14.9	6.4	4.6	0.20
% Not aware of how women are selected	3647	27.0	5.9	5.4	0.65
% women who have ever received CDGP transfer	3986	10.9	88.8	91.0	0.55
% women receiving CDGP transfers at midline	4627	7.3	80.6	80.1	0.98
% women receiving CDGP transfers at endline	4171	3.5	11.7	13.3	0.43
HUSBANDS					
Do you know of any programme operating in this village that gives regular payments of cash to pregnant women or women with young children, or their families? (%)					
Yes, there is such a programme in this community	3552	25.4	94.7	97.9	0.27
No, there is no such programme in this community	3552	73.0	4.8	1.6	0.24
Do not know if there is such a programme in this community	3552	1.6	0.5	0.5	0.80
% of husbands who recognise CDGP by name	3552	4.0	21.8	20.7	0.57
Do you know how women are selected to be included in the programme? How? *Exact: Women who are pregnant and resident in the community* *Generally appropriate: either of the above, or those who have done urine test*					
% Exact answer	2116	19.0	13.8	18.4	0.05
% Generally appropriate answer	2116	54.2	70.8	60.3	0.00
% Inappropriate answer	2116	4.6	3.8	4.4	0.28
% Not aware of how women are selected	2116	22.2	11.7	16.9	0.04

Table 29:   Programme awareness, pregnant women at baseline

Households WITH a pregnant woman at baseline, midline - endline					
		Non-CDGP	Low intensity	High intensity	HI–LI diff.
	N	Mean	Mean	Mean	p-value
WOMEN					
Do you know of any programme operating in this village that gives regular payments of cash to pregnant women or women with young children, or their families? (%)					
Yes, there is such a programme in this community	3240	25.3	96.4	99.2	0.34
No, there is no such programme in this community	3240	74.2	3.6	0.7	0.31
Do not know if there is such a programme in this community	3240	0.6	0.0	0.1	0.39
% of women who recognise CDGP by name	3240	3.2	31.1	37.3	0.07
Do you know how women are selected to be included in the programme? How? *Exact: Women who are pregnant and resident in the community* *Generally appropriate: either of the above, or those who have done urine test*					
% Exact answer	2474	7.8	19.0	25.5	0.04
% Generally appropriate answer	2474	47.4	69.9	65.6	0.33
% Inappropriate answer	2474	15.3	6.1	4.3	0.18
% Not aware of how women are selected	2474	29.4	5.0	4.6	0.47
% women who have ever received CDGP transfer	2685	10.8	90.3	92.8	0.45
% women receiving CDGP transfers at midline	3118	7.2	83.6	83.4	0.81
% women receiving CDGP transfers at endline	2807	3.4	8.8	10.0	0.69
HUSBANDS					
Do you know of any programme operating in this village that gives regular payments of cash to pregnant women or women with young children, or their families? (%)					
Yes, there is such a programme in this community	2396	25.2	95.6	97.7	0.45
No, there is no such programme in this community	2396	72.8	3.7	1.6	0.38
Do not know if there is such a programme in this community	2396	2.1	0.6	0.7	0.70
% of husbands who recognise CDGP by name	3240	3.2	31.1	37.3	0.07
Do you know how women are selected to be included in the programme? How? *Exact: Women who are pregnant and resident in the community* *Generally appropriate: either of the above, or those who have done urine test*					

% Exact answer	1438	16.9	15.2	18.3	0.25
% Generally appropriate answer	1438	51.4	69.2	61.0	0.04
% Inappropriate answer	1438	4.7	3.9	4.3	0.59
% Not aware of how women are selected	1438	27.0	11.6	16.5	0.08

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all women surveyed in the baseline survey in 2014. We interviewed this woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people. The statistics reported here are based on answers to the survey questions at midline and endline, and pertain to the whole survey period. If the women were not interviewed at midline, or had not received CDGP transfers at ML, they were asked the same questions again at endline.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. HI-LI diff. = p-value of the difference between the mean in women residing in High versus Low Intensity villages.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators.
5. The 'HI-LI diff.' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 30:   Programme awareness, non-pregnant women at baseline

Households WITHOUT a pregnant woman at baseline, midline - endline					
		Non-CDGP	Low intensity	High intensity	HI–LI diff.
	N	Mean	Mean	Mean	p-value
WOMEN					
Do you know of any programme operating in this village that gives regular payments of cash to pregnant women or women with young children, or their families? (%)					
Yes, there is such a programme in this community	1572	23.8	94.0	98.4	0.43
No, there is no such programme in this community	1572	75.4	5.4	1.6	0.51
Do not know if there is such a programme in this community	1572	0.8	0.6	0.0	0.16
% of women who recognise CDGP by name	1572	3.7	21.7	28.5	0.17
Do you know how women are selected to be included in the programme? How? *Exact: Women who are pregnant and resident in the community* *Generally appropriate: either of the above, or those who have done urine test*					
% Exact answer	1173	10.3	18.6	23.0	0.69
% Generally appropriate answer	1173	54.5	66.7	64.6	0.66
% Inappropriate answer	1173	13.8	7.0	5.4	0.71
% Not aware of how women are selected	1173	21.4	7.8	7.1	0.65
% women who have ever received CDGP transfer	1301	11.1	85.7	87.4	0.95
% women receiving CDGP transfers at midline	1509	7.5	74.3	73.3	0.53
% women receiving CDGP transfers at endline	1364	3.7	17.6	20.0	0.24
HUSBANDS					
Do you know of any programme operating in this village that gives regular payments of cash to pregnant women or women with young children, or their families? (%)					
Yes, there is such a programme in this community	1156	26.0	92.6	98.5	0.18
No, there is no such programme in this community	1156	73.5	7.1	1.5	0.20
Do not know if there is such a programme in this community	1156	0.5	0.3	0.0	0.45

% of husbands who recognise CDGP by name	1156	3.7	18.2	19.3	0.82
Do you know how women are selected to be included in the programme? How? *Exact: Women who are pregnant and resident in the community* *Generally appropriate: either of the above, or those who have done urine test*					
% Exact answer	678	23.5	10.8	18.7	0.03
% Generally appropriate answer	678	60.3	73.9	58.7	0.01
% Inappropriate answer	678	4.4	3.4	4.8	0.26
% Not aware of how women are selected	678	11.8	11.9	17.8	0.16

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all women surveyed in the baseline survey in 2014. We interviewed this woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people. The statistics reported here are based on answers to the survey questions at midline and endline, and pertain to the whole survey period. If the women were not interviewed at midline, or had not received CDGP transfers at ML, they were asked the same questions again at endline.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. HI-LI diff. = p-value of the difference between the mean in women residing in High versus Low Intensity villages.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators.
5. The 'HI-LI diff.' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9).

Table 31: Awareness and participation among women, by state

	Midline – Endline			
	Non-CDGP	Low intensity	High intensity	HI–LI diff.
	N	Mean	Mean	Mean	p-value
% women aware of CDGP					
Overall	4812	24.8	95.6	98.9	0.33
Jigawa	2273	11.3	98.2	99.1	0.96
Zamfara	2539	36.0	92.9	98.8	0.24
% women who have ever received CDGP transfer					
Overall	3986	10.9	88.8	91.0	0.55
Jigawa	1963	6.6	93.6	94.4	0.93
Zamfara	2023	14.5	83.6	87.7	0.48
% women receiving CDGP transfers at midline					
Overall	4627	7.3	80.6	80.1	0.98
Jigawa	2171	5.7	88.6	87.8	0.53
Zamfara	2456	8.6	72.4	73.5	0.70
% women receiving CDGP transfers at endline					
Overall	4171	3.5	11.7	13.3	0.43
Jigawa	2065	2.0	10.2	14.0	0.06
Zamfara	2106	4.9	13.4	12.5	0.75

Table 32:   Awareness about CDGP exit

		Endline		
		Low intensity	High intensity	HI–LI diff.
	N	Mean	Mean	p-value
Do you know for how long women in the programme receive benefits?				
Exact / appropriate answer (when child turns two)	2464	64.6	70.6	0.22
In the next 12 months, do you think the CDGP will be carrying on in this community, or will it be coming to an end?				
It will be continuing	2464	50.3	53.5	0.45
It is coming to an end	2464	28.4	26.6	0.43
It has already ended	2464	1.2	1.1	0.92
Don't know	2464	20.0	18.8	0.79
How did you hear about the programme coming to an end?				
From Community Volunteers	677	46.1	54.8	0.12
From friends or relatives	677	48.7	44.5	0.27
From other beneficiaries	677	4.9	6.4	0.90
Other	677	14.7	12.1	0.64
Can't remember how I heard about it	677	4.6	3.9	0.48

Table 33:   Transfer intensity, by state and pregnancy

		Midline				Endline		
		Low-Int	High-Int	HI-LI diff		Low-Int	High-Int	HI-LI diff
	N	Mean (SD)	Mean (SD)	p	N	Mean (SD)	Mean (SD)	p
ALL WOMEN								
Number of transfers received	2460	17.7	17.5	0.96	2637	23.8	23.1	0.09
		(6.1)	(6.2)			(6.0)	(6.2)	
Total transfer amount (purchasing power parity (PPP) USD, deflated to August 2014)†	2460	466.1	463.1	0.96	2637	463.8	452.8	0.20
		(178.9)	(180.8)			(125.1)	(128.7)	
ALL WOMEN, JIGAWA								
Number of transfers received	1286	16.8	17.0	0.38	1359	23.5	23.0	0.32
		(5.2)	(5.0)			(5.5)	(5.3)	
Total transfer amount (purchasing power parity (PPP) USD, deflated to August 2014)†	1286	413.4	417.5	0.35	1359	434.1	425.8	0.39
		(134.7)	(129.6)			(98.7)	(95.5)	
ALL WOMEN, ZAMFARA								
Number of transfers received	1174	18.8	18.0	0.83	1278	24.1	23.2	0.20
		(6.8)	(7.1)			(6.6)	(6.9)	
Total transfer amount (purchasing power parity (PPP) USD, deflated to August 2014)†	1174	529.7	508.8	0.96	1278	498.6	479.0	0.41
		(203.3)	(210.9)			(142.7)	(149.7)	
WOMEN WHO WERE PREGNANT AT BASELINE								
Number of transfers received	1735	19.4	18.7	0.26	1826	24.0	23.3	0.21
		(5.1)	(5.8)			(5.7)	(5.7)	
Total transfer amount (PPP USD, deflated to August 2014)†	1735	515.3	499.2	0.32	1826	476.8	464.4	0.23
		(152.5)	(172.3)			(121.7)	(123.7)	
WOMEN WHO WERE NOT PREGNANT AT BASELINE								
Number of transfers received	725	13.8	14.7	0.14	811	23.5	22.7	0.13
		(6.5)	(6.0)			(6.7)	(7.0)	
Total transfer amount (PPP USD, deflated to August 2014)†	725	348.8	376.4	0.13	811	434.3	426.7	0.41
		(182.9)	(171.3)			(127.7)	(135.8)	

Table 34: Transfer details, all women

		Midline				Endline		
		Low-Int	High-Int	HI-LI diff		Low-Int	High-Int	HI-LI diff
	N	Mean (SD)	Mean (SD)	p	N	Mean (SD)	Mean (SD)	p
How do you usually get to the payment site? (%)								
Walk	2496	93.8	93.8	0.61	2464	84.5	80.5	0.82
Motorbike or amalanke	2496	5.2	5.0	0.57	2464	11.8	13.6	0.91
Other	2496	1.1	1.2	0.94	2464	3.8	5.9	0.52
How long does it usually take to get from your household to the payment site? By this I mean just to go there, not return. (%)								
0-5 minutes	2496	44.7	46.4	0.93	2464	41.4	39.9	0.45
6-15 minutes	2496	37.8	36.9	0.63	2464	37.7	38.9	0.55
16-30 minutes	2496	13.6	13.6	0.45	2464	15.2	15.4	0.86
31-60 minutes	2496	2.9	2.1	0.82	2464	4.3	4.2	0.87
>60 minutes	2496	0.9	1.0	0.54	2464	1.3	1.7	0.59
When you reach the place where payments can be collected, how long do you normally have to wait there before you get your payment? (%)								
No wait / gets paid immediately					2450	15.0	17.4	0.24
Under 10 minutes					2450	24.0	26.4	0.72
10-20 minutes					2450	16.4	15.7	0.69
More than 20 minutes					2450	18.5	16.6	0.60
More than one hour					2450	26.1	23.9	0.65

Table 35:   Transfer details, pregnant women at baseline

	Midline				Endline			
		Low-Int	High-Int	HI-LI diff		Low-Int	High-Int	HI-LI diff
	N	Mean (SD)	Mean (SD)	p	N	Mean (SD)	Mean (SD)	p
How do you usually get to the payment site? (%)								
Walk	1744	93.9	93.3	0.76	1692	86.9	83.4	0.74
Motorbike or amalanke	1744	5.3	5.5	0.68	1692	10.4	11.8	0.93
Other	1744	0.8	1.2	0.80	1692	2.7	4.8	0.39
How long does it usually take to get from your household to the payment site? By this I mean just to go there, not return. (%)								
0-5 minutes	1744	43.3	45.9	0.88	1692	42.2	41.2	0.60
6-15 minutes	1744	39.2	36.9	0.41	1692	38.1	39.2	0.56
16-30 minutes	1744	13.7	13.6	0.55	1692	14.7	13.6	0.76
31-60 minutes	1744	2.9	2.4	0.89	1692	3.9	4.2	0.83
>60 minutes	1744	0.8	1.3	0.23	1692	1.1	1.9	0.37
When you reach the place where payments can be collected, how long do you normally have to wait there before you get your payment? (%)								
No wait / gets paid immediately					1681	14.7	18.2	0.17
Under 10 minutes					1681	23.4	25.0	0.86
10-20 minutes					1681	16.7	15.8	0.76
More than 20 minutes					1681	18.0	16.5	0.66
More than one hour					1681	27.2	24.5	0.53

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all women surveyed in the baseline survey in 2014, residing in low intensity or high intensity CDGP villages, who were receiving the CDGP transfer at midline or endline. We interviewed this woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. HI-LI diff. = p-value of the difference between the mean in women residing in High versus Low Intensity villages.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators.
5. The 'HI-LI diff.' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9).

Table 36: Transfer details, non-pregnant women at baseline

	Midline				Endline			
	N	**Low-Int** Mean (SD)	**High-Int** Mean (SD)	**HI-LI diff** p	**N**	**Low-Int** Mean (SD)	**High-Int** Mean (SD)	**HI-LI diff** p
How do you usually get to the payment site? (%)								
Walk	752	93.5	95.0	0.42	772	79.2	74.2	0.91
Motorbike or amalanke	752	4.9	3.9	0.43	772	14.8	17.6	0.83
Other	752	1.6	1.0	0.65	772	6.0	8.3	0.90
How long does it usually take to get from your household to the payment site? By this I mean just to go there, not return. (%)								
0-5 minutes	752	48.0	47.5	0.64	772	39.7	37.0	0.37
6-15 minutes	752	34.7	36.8	0.64	772	36.9	38.2	0.95
16-30 minutes	752	13.3	13.8	0.54	772	16.4	19.4	0.26
31-60 minutes	752	3.0	1.6	0.67	772	5.2	4.1	0.90
>60 minutes	752	1.1	0.3	0.13	772	1.8	1.3	0.83
When you reach the place where payments can be collected, how long do you normally have to wait there before you get your payment? (%)								
No wait / gets paid immediately					769	15.6	15.6	0.97
Under 10 minutes					769	25.2	29.7	0.63
10-20 minutes					769	15.8	15.4	0.50
More than 20 minutes					769	19.5	16.7	0.87
More than one hour					769	23.9	22.7	0.89

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all women surveyed in the baseline survey in 2014, residing in low intensity or high intensity CDGP villages, who were receiving the CDGP transfer at midline or endline. We interviewed this woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. HI-LI diff. = p-value of the difference between the mean in women residing in High versus Low Intensity villages.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators.
5. The 'HI-LI diff.' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9).

11.5   Use of the CDGP cash transfer

Table 37:   Use of transfers, all women

		Midline				Endline		
		Low-Int	**High-Int**	**HI-LI diff**		**Low-Int**	**High-Int**	**HI-LI diff**
	N	**Mean (SD)**	**Mean (SD)**	**p**	**N**	**Mean (SD)**	**Mean (SD)**	**p**
What did you use most of your last payment for?								
Buying food for the household	2496	64.2	65.9	0.53	2464	53.8	51.4	0.56
Buying food for children	2496	23.6	23.2	0.77	2464	32.3	31.2	0.67
Assets (including agricultural/ livestock tools and inputs)	2496	1.6	1.5	0.66	2464	3.8	5.7	0.15
Other	2496	10.6	9.4	0.62	2464	10.1	11.7	0.39
What else did you use your last payment for?								
Buying food for children	2496	25.1	23.9	0.59	2464	23.6	25.8	0.30
On nothing else	2496	26.2	29.0	0.36	2464	12.8	13.4	0.73
Buying food for the household	2496	18.3	19.3	0.42	2464	19.7	22.7	0.24
Savings, including adashe (merry go round)	2496	15.7	14.0	0.27	2464	17.9	14.7	0.16
Health expenses for children in the household	2496	8.4	8.9	0.25	2464	13.0	12.8	0.93
Assets (including agricultural/ livestock tools	2496	3.8	4.2	0.97	2464	16.8	14.8	0.54
Buying shoes and clothing for children	2496	9.0	6.4	0.25	2464	10.4	10.5	0.71
Invested in her business	2496	1.9	2.1	0.80	2464	14.9	11.4	0.07
Gave money to other household member	2496	7.8	4.9	0.03	2464	8.1	5.4	0.03

Source: CDGP baseline, midline, and endline data. Notes:
1.   The sample is all women surveyed in the baseline survey in 2014, residing in low intensity or high intensity CDGP villages, who were receiving the CDGP transfer at midline or endline. We interviewed this woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2.   N = number of non-missing observations. Mean = unweighted estimate of the mean.
3.   HI-LI diff. = p-value of the difference between the mean in women residing in High versus Low Intensity villages.
4.   Means, effects and differences are measured in percentage points for binary and categorical indicators.
5.   The 'HI-LI diff.' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9).

Table 38:   Use of transfers, pregnant women at baseline

		Midline				Endline		
		Low-Int	**High-Int**	**HI-LI diff**		**Low-Int**	**High-Int**	**HI-LI diff**
	N	**Mean (SD)**	**Mean (SD)**	**p**	**N**	**Mean (SD)**	**Mean (SD)**	**p**
What did you use most of your last payment for?								
Buying food for the household	1744	63.6	65.4	0.68	1692	52.2	50.8	0.74
Buying food for children	1744	24.4	23.2	0.65	1692	32.5	31.0	0.74
Assets (including agricultural/ livestock tools and inputs)	1744	1.6	1.5	0.64	1692	4.1	6.7	0.08

	N	Mean	Mean	p	N	Mean	Mean	p
Other	1744	10.3	10.0	0.86	1692	11.2	11.6	0.90
What else did you use your last payment for?								
Buying food for children	1744	25.7	24.4	0.42	1692	23.3	24.7	0.49
On nothing else	1744	25.0	28.0	0.31	1692	13.4	13.3	0.97
Buying food for the household	1744	18.1	18.4	0.58	1692	21.0	22.8	0.67
Savings, including adashe (merry go round)	1744	16.2	14.1	0.27	1692	17.6	14.9	0.22
Health expenses for children in the household	1744	8.3	9.8	0.12	1692	12.5	13.2	0.75
Assets (including agricultural/ livestock tools	1744	4.1	4.4	0.98	1692	16.1	16.3	0.69
Buying shoes and clothing for children	1744	9.0	6.5	0.32	1692	11.1	11.5	0.62
Invested in her business	1744	2.5	2.6	0.98	1692	14.8	12.3	0.26
Gave money to other household member	1744	8.6	5.3	0.02	1692	8.4	4.9	0.02

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all women surveyed in the baseline survey in 2014, residing in low intensity or high intensity CDGP villages, who were receiving the CDGP transfer at midline or endline. We interviewed this woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. HI-LI diff. = p-value of the difference between the mean in women residing in High versus Low Intensity villages.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators.
5. The 'HI-LI diff.' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9).

Table 39: Use of transfers, non-pregnant women at baseline

		Midline				Endline		
		Low-Int	High-Int	HI-LI diff		Low-Int	High-Int	HI-LI diff
	N	Mean (SD)	Mean (SD)	p	N	Mean (SD)	Mean (SD)	p
What did you use most of your last payment for?								
Buying food for the household	752	65.6	67.1	0.35	772	57.1	52.7	0.68
Buying food for children	752	21.7	23.2	0.98	772	31.9	31.8	0.54
Assets (including agricultural/ livestock tools and inputs)	752	1.4	1.6	0.91	772	3.4	3.6	0.79
Other	752	11.4	8.1	0.19	772	7.5	11.9	0.04
What else did you use your last payment for?								
Buying food for children	752	23.8	22.7	0.46	772	24.4	28.4	0.33
On nothing else	752	29.0	31.3	0.85	772	11.4	13.4	0.68
Buying food for the household	752	18.7	21.4	0.54	772	16.9	22.5	0.11
Savings, including adashe (merry go round)	752	14.6	13.8	0.60	772	18.7	14.5	0.28
Health expenses for children in the household	752	8.4	7.0	0.57	772	14.0	11.9	0.48
Assets (including agricultural/ livestock tools	752	3.3	3.7	0.87	772	18.2	11.6	0.02
Buying shoes and clothing for children	752	8.9	6.0	0.37	772	8.8	8.5	0.83
Invested in her business	752	0.5	1.0	0.62	772	15.1	9.6	0.03

Gave money to other household member	752	6.0	3.9	0.68	772	7.5	6.5	0.41

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all women surveyed in the baseline survey in 2014, residing in low intensity or high intensity CDGP villages, who were receiving the CDGP transfer at midline or endline. We interviewed this woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. HI-LI diff. = p-value of the difference between the mean in women residing in High versus Low Intensity villages.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators.
5. The 'HI-LI diff.' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9).

11.6 Impact of CDGP on household income and livelihoods

11.6.1 Work activities

Table 40: Women's work activities

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% women with any paid or unpaid work in the past 12m†	3118	76.6	6.19***	2807	80.7	10.76***	0.05
			(1.88)			(1.57)	
Earnings and profits							
Total monthly earnings from paid labour, NGN††				2802	829.3	140.22	
					(5623.4)	(237.79)	
Log total monthly earnings from paid labour, NGN†††				198	8.6	0.18	
					(1.5)	(0.31)	
Monthly revenue from business activities, NGN††				2781	8094.8	2958.65***	
					(17715.1)	(961.61)	
Monthly Expenditure for business inputs, NGN††				2782	7723.9	3606.57***	
					(16882.0)	(912.88)	
Monthly business profit (revenue net of input cost), NGN††				2771	268.3	-154.93	
				2802	829.3	140.22	
Labour supply							
% work for someone outside the household	3118	3.9	-0.86	2807	4.6	-1.68*	0.47
			(0.81)			(0.89)	
Number of occupations‡	3118	1.2	0.08*	2807	1.2	0.24***	0.01
		(0.82)	(0.05)		(0.77)	(0.04)	
% have more than one occupation‡	3118	34.6	3.02	2807	36.4	11.81***	0.02
			(2.91)			(2.59)	
Days/week worked at highest paying activity	2155	4.4	-0.10	203	3.9	-0.27	0.72
		(2.74)	(0.16)		(2.8)	(0.43)	
Weeks/year worked at highest paying activity	2155	36.9	-0.26	203	32.8	0.62	0.78
		(16.89)	(0.87)		(15.9)	(3.08)	
	2516	5.7	0.02	2467	5.7	0.10	0.64

	N			N			
Days/week worked at activity worked most often‡‡		(2.35)	(0.14)		(2.4)	(0.12)	
Weeks/year worked at activity worked most often‡‡	2516	42.2	0.40	2467	43.3	0.85	0.66
		(15.46)	(0.84)		(13.6)	(0.64)	

Source: CDGP baseline, midline, and endline data. Notes: †Excluding housework and childcare. ††Derived by summing earning across all work activities. Values above the 99th percentile are put to missing. It includes zeros for subjects who report no paid activities. Discrepancies in N with the above indicators are due to missing/DK entries. ††† Derived by summing earning across all work activities. Values above the 99th percentile are put to missing. Subjects who report no paid activities have a missing value. Discrepancies in N with the above indicators are due to missing/DK entries and zero earnings. ‡For occupation details, see next table. ‡‡Job worked most often is defined as the activity the subject reports taking place on the most days during a normal week.

1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 41: Women's occupation

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% Petty trading (making and selling of snacks, cooked food), street vendor, business	3118	59.8	5.94**	2807	65.8	11.39***	0.04
			(2.32)			(2.02)	
% Rears, tends, or sells products from household's animals	3118	39.5	1.80	2807	42.6	8.02***	0.17
			(3.14)			(2.99)	
% Artisan (tailor, carpenter, weaver, goldsmith, and other craftsmen)	3118	6.7	-0.22	2807	4.9	2.20**	0.06
			(1.17)			(1.06)	
% Farms household's land	3118	5.1	0.84	2807	1.1	1.45**	0.60
			(1.18)			(0.71)	
% Rears, tends, or sells products from someone else's animals	3118	1.0	-0.21	2807	2.0	-0.51	0.64
			(0.30)			(0.55)	
% Hairdresser, barber, beautician, and similar	3118	2.1	-0.27	2807	1.6	0.46	0.30
			(0.53)			(0.56)	
% Other occupation	3118	1.1	-0.16	2807	1.4	-0.17	0.99
			(0.40)			(0.48)	

Occupations are grouped in the following categories: Farming your household's land; Farming someone else's land; Fishing/selling fish you caught; Rearing/ tending your household's animals; Rearing/ tending someone else's animals; Petty trading (making and selling of snacks, cooked food), street vendor; Beggar; Manual worker (plumber, electrician, painter, engineer, roofer, mechanic); Artisan (tailor, carpenter, weaver, goldsmith, and other craftsmen); Barber, hairdresser, or beautician; Factory or construction worker; Driver or transport operator; Local doctor, birth attendant, or healer; Health professional (doctor, health worker, CHEW, dentist, nurse); Public worker (politician, government officer, civil servant, teacher). Categories can have a sum greater than 100% since multiple activities were recorded for the same person.

1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 42: Husband earnings and labour supply

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% husbands with any paid or unpaid work in the past 12m†	3138	99.6	0.28 (0.21)	2766	99.6	0.31 (0.22)	0.94
Earnings and profits							
Total monthly earnings, NGN††				2335	9554.0 (22452.5)	203.06 (1191.18)	
Log total monthly earnings, NGN†††				686	9.9 (1.3)	0.18 (0.16)	
Monthly revenue from business activities, NGN††				2677	5814.9 (19044.0)	991.95 (834.30)	
Monthly Expenditure for business inputs, NGN††				2655	5592.4 (19380.2)	-126.21 (876.34)	
Monthly business profit, NGN††				2629	25.6 (12247.0)	1088.59* (653.17)	
Labour supply							
% work for someone outside the household	3138	12.2	2.04 (1.47)	2766	16.0	-0.99 (1.76)	0.16
Number of occupations‡	3138	2.1 (0.7)	0.01 (0.04)	2766	2.1 (0.7)	0.05 (0.03)	0.45
% have more than one occupation‡	3138	81.7	-0.10 (1.68)	2766	82.3	2.14 (1.54)	0.26
Days/week worked at highest paying activity	2248	7.4 (17.3)	-0.25 (0.95)	1120	6.9 (17.4)	0.72 (1.38)	0.56
Weeks/year worked at highest paying activity	2248	45.9 (19.9)	-2.81** (1.32)	1120	39.6 (21.6)	2.20 (1.76)	0.02
Days/week worked at activity worked most often‡‡	3131	9.4 (17.0)	-1.08 (0.68)	2759	8.6 (14.9)	-0.40 (0.74)	0.45
Weeks/year worked at activity worked most often‡‡	3131	49.3 (17.8)	-1.12 (0.80)	2759	47.6 (16.6)	0.75 (0.86)	0.12

Table 43: Husband occupation

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% Farms household's land	3138	96.4	-0.61	2766	97.8	0.29	0.35
			(0.89)			(0.65)	
% Rears, tends, or sells products from household's animals	3138	33.1	1.54	2766	31.1	0.40	0.76
			(2.67)			(2.74)	
% Petty trading (making and selling of snacks, cooked food), street vendor, business	3138	39.2	-2.30	2766	32.9	3.00	0.03
			(2.30)			(2.18)	
% Driver or transport operator	3138	12.8	-1.56	2766	13.2	0.49	0.14
			(1.26)			(1.47)	
% Artisan (tailor, carpenter, weaver, goldsmith, and other craftsmen)	3138	6.8	1.89*	2766	5.8	0.38	0.25
			(1.07)			(0.92)	
% Public worker (politician, government officer, civil servant, teacher)	3138	4.7	1.26	2766	4.7	1.04	0.78
			(0.87)			(0.93)	
% Other occupation	3138	2.5	1.94**	2766	3.1	1.62**	0.66
			(0.89)			(0.74)	
% Fishing or selling fish	3138	1.6	-0.30	2766	7.9	-1.92	0.30
			(0.67)			(1.42)	
% Farms someone else's land	3138	4.9	-1.56**	2766	4.7	-1.40	0.89
			(0.79)			(0.95)	
% Factory or construction worker	3138	1.9	0.04	2766	2.9	0.54	0.53
			(0.48)			(0.68)	
% Manual worker (plumber, electrician, painter, engineer, roofer, mechanic)	3138	1.8	-0.14	2766	1.9	-0.17	0.96
			(0.44)			(0.55)	
% Hairdresser, barber, beautician, and similar	3138	3.3	-0.49	2766	4.7	-0.69	0.82
			(0.67)			(0.84)	
% Other occupation	3138	96.4	-0.61	2766	97.8	0.29	0.35
			(0.89)			(0.65)	

Occupations are grouped in the following categories: Farming your household's land; Farming someone else's land; Fishing/selling fish you caught; Rearing/ tending your household's animals; Rearing/ tending someone else's animals; Petty trading (making and selling of snacks, cooked food), street vendor; Beggar; Manual worker (plumber, electrician, painter, engineer, roofer, mechanic); Artisan (tailor, carpenter, weaver, goldsmith, and other craftsmen); Barber, hairdresser, or beautician; Factory or construction worker; Driver or transport operator; Local doctor, birth attendant, or healer; Health professional (doctor, health worker, CHEW, dentist, nurse); Public worker (politician, government officer, civil servant, teacher). Categories can have a sum greater than 100% since multiple activities were recorded for the same person.

1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

11.6.2 Land cultivation

Table 44: Woman land cultivation

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% women cultivating any land in past 12 months	3113	5.0	0.51	2807	1.7	1.37*	0.45
			(1.09)			(0.73)	
Crop sales in past 12 months, NGN‡	3113	154.6	302.55**	2807	106.2	809.03*	0.29
		(2047.6)	(126.81)		(1661.5)	(461.59)	

Source: CDGP baseline, midline, and endline data. Notes: ‡Values above the 99th percentile are put to missing. The value is zero if there are no sales in the past twelve months.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 45: Husbands land cultivation

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% husbands cultivating any land in past 12 months	3139	96.5	-0.86	2766	97.7	0.71	0.12
			(0.89)			(0.65)	
Crop sales in past 12 months, '000 NGN‡	2877	1193.8	-1083.96	2618	102.0	1156.47	0.15
		(33021.5)	(1138.76)		(361.2)	(1052.17)	
Farming inputs (past 3 months)							
	2824	4.1	0.62	2564	5.0	0.83	0.79

Expenditure on seeds for crops, '000 NGN‡		(12.6)	(0.61)		(11.3)	(0.55)	
Expenditure on tools and machinery for crops, '000 NGN‡	2796	2.4	1.06**	2536	3.7	0.82	0.76
		(7.6)	(0.46)		(11.8)	(0.63)	
Expenditure on animals and labourers, '000 NGN‡	2679	17.4	-10.24	2485	19.4	113.13	0.13
		(50.0)	(19.24)		(52.6)	(77.00)	
Expenditure on fertiliser, '000 NGN‡	2728	18.4	0.48	2473	27.6	0.74	0.94
		(51.1)	(2.71)		(55.0)	(2.23)	
Expenditure on pesticides, insecticides, or herbicides, '000 NGN‡	2689	5.2	-0.29	2443	5.4	0.66	0.16
		(11.3)	(0.65)		(10.0)	(0.54)	

Source: CDGP baseline, midline, and endline data. Notes: ‡Values above the 99th percentile are put to missing. The value is zero if there are no expenditure/sales in the past three/twelve months.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

11.6.3 Animal rearing

Table 46:   Household livestock ownership

		Midline			Endline		ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% HH owning any animal	3222	89.8	-0.06	2849	89.4	4.73***	0.01
			(1.39)			(1.56)	
% HH owning any cow or bull	3203	36.5	-1.38	2843	38.8	3.18	0.06
			(2.69)			(2.91)	
% HH owning any calf	3189	13.6	1.59	2840	18.5	2.86	0.56
			(1.69)			(2.03)	
% HH owning any sheep	3211	55.9	-2.62	2849	55.0	4.99**	0.00
			(2.53)			(2.37)	
% HH owning any goat	3213	71.2	-0.05	2849	72.4	6.00**	0.02
			(2.32)			(2.33)	
% HH owning any camel	3188	4.7	0.37	2845	5.9	-0.66	0.32
			(1.02)			(1.11)	
% HH owning any donkey, mule, or horse	3179	3.1	-0.04	2830	2.9	-0.32	0.74
			(0.98)			(0.76)	
% HH owning any chicken	3210	60.9	0.69	2847	67.9	3.09	0.46
			(2.66)			(2.50)	
% HH owning any guinea fowl	3196	16.5	-2.22	2842	19.8	-0.43	0.45

	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	ML-EL Diff. p-value
			(1.96)			(2.44)	
Number cows or bulls owned	3203	39.8	-6.02	2843	32.6	-19.97	0.62
		(618.2)	(19.25)		(556.2)	(18.39)	
Number calves owned	3189	10.1	-4.97	2840	10.9	-4.60	0.98
		(310.2)	(9.69)		(321.8)	(11.24)	
Number sheep owned	3211	21.8	8.96	2849	23.3	-2.87	0.63
		(437.1)	(16.02)		(454.1)	(16.49)	
Number goats owned	3213	13.4	6.86	2849	34.7	-20.71	0.21
		(308.8)	(13.98)		(555.8)	(18.44)	
Number camels owned	3188	0.1	0.01	2845	0.1	-0.00	0.43
		(0.3)	(0.01)		(0.4)	(0.02)	
Number donkeys, mules, or horses owned	3179	0.0	0.01	2830	0.0	0.01	0.96
		(0.3)	(0.01)		(0.3)	(0.01)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 47:   Household livestock purchases

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% HH purchased any animal in the past 12 months	3222	50.6	2.57	2849	41.1	9.29***	0.05
			(2.33)			(2.58)	
% HH purchased any cow or bull	3215	6.5	0.51	2845	7.2	0.83	0.83
			(0.98)			(1.17)	
% HH purchased any calf	3217	4.4	0.88	2844	4.6	1.11	0.86
			(0.85)			(1.01)	
% HH purchased any sheep	3217	28.6	-1.01	2848	22.2	3.90*	0.06
			(2.14)			(2.09)	
% HH purchased any goat	3218	19.0	3.68**	2847	16.3	3.69**	0.99
			(1.72)			(1.70)	
% HH purchased any camel	3215	0.7	-0.06	2848	1.0	-0.06	0.99
			(0.37)			(0.40)	
% HH purchased any chicken	3216	13.3	3.10*	2847	14.3	0.74	0.39
			(1.64)			(1.96)	
% HH purchased any guinea fowl	3212	1.9	-0.11	2845	2.9	0.42	0.56
			(0.49)			(0.70)	
% HH purchased any donkey, mule, or horse	3208	0.2	0.08	2831	0.2	0.07	0.99
			(0.18)			(0.19)	

Number purchased

Cows or Bulls	3214	0.1	0.05	2841	0.1	0.03	0.77
		(0.6)	(0.04)		(0.5)	(0.03)	
Calves	3217	0.1	0.01	2841	0.1	0.02	0.89
		(0.3)	(0.01)		(0.4)	(0.02)	
Sheep	3215	0.5	0.48	2828	0.6	11.51	0.10
		(1.2)	(0.85)		(2.9)	(7.05)	
Goats	3215	0.3	-0.19	2841	17.5	-8.41	0.53
		(1.1)	(1.04)		(375.6)	(12.87)	
Camels	3215	0.0	-0.00	2848	0.0	0.00	0.58
		(0.1)	(0.00)		(0.1)	(0.00)	
Donkeys, mules, or horses	3208	0.0	-0.00	2831	0.0	0.00	0.48
		(0.1)	(0.00)		(0.0)	(0.00)	

Expenditures‡

Cows or Bulls	3214	0.1	0.05	2841	0.1	0.03	0.77
		(0.6)	(0.04)		(0.5)	(0.03)	
Calves	3217	0.1	0.01	2841	0.1	0.02	0.89
		(0.3)	(0.01)		(0.4)	(0.02)	
Sheep	3215	0.5	0.48	2828	0.6	11.51	0.10
		(1.2)	(0.85)		(2.9)	(7.05)	
Goats	3215	0.3	-0.19	2841	17.5	-8.41	0.53
		(1.1)	(1.04)		(375.6)	(12.87)	
Camels	3215	0.0	-0.00	2848	0.0	0.00	0.58
		(0.1)	(0.00)		(0.1)	(0.00)	
Chicken	3208	0.0	-0.00	2831	0.0	0.00	0.48
		(0.1)	(0.00)		(0.0)	(0.00)	
Guinea fowls	3214	0.1	0.05	2841	0.1	0.03	0.77
		(0.6)	(0.04)		(0.5)	(0.03)	
Donkeys, mules, or horses	3217	0.1	0.01	2841	0.1	0.02	0.89
		(0.3)	(0.01)		(0.4)	(0.02)	

Source: CDGP baseline, midline, and endline data. Notes: ‡Values above the 99th percentile are put to missing. Value is zero if no expenditure/sales in past 12 months.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 48: Household livestock sales

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% HH sold any animal in the past 12 months	3222	45.5	-1.39	2849	49.7	4.65**	0.04
			(2.06)			(2.34)	
% HH sold any cow or bull	3217	8.5	-1.47	2841	8.1	0.99	0.13
			(1.17)			(1.26)	
% HH sold any calf	3218	1.9	0.48	2841	2.5	0.76	0.75
			(0.52)			(0.71)	
% HH sold any sheep	3218	21.1	-1.78	2846	26.1	-0.57	0.59
			(1.73)			(1.92)	
% HH sold any goat	3218	23.5	-1.22	2846	27.5	1.97	0.17
			(1.53)			(1.87)	
% HH sold any camel	3216	0.3	0.48*	2843	0.4	0.30	0.53
			(0.28)			(0.29)	
% HH sold any chicken	3218	8.7	0.41	2840	12.9	0.89	0.83
			(1.21)			(1.81)	
% HH sold any guinea fowl	3217	1.3	-0.21	2837	4.0	-0.72	0.58
			(0.44)			(0.86)	
% HH sold any donkey, mule, or horse	3209	0.1	0.18	2826	0.1	0.23	0.84
			(0.14)			(0.17)	
Number sold							
Cows or Bulls	3214	0.1	-0.01	2840	0.1	0.03	0.31
		(0.6)	(0.03)		(0.7)	(0.03)	
Calves	3218	0.0	0.02	2841	0.0	0.01	0.60
		(0.2)	(0.01)		(0.4)	(0.02)	
Sheep	3215	0.5	-0.12	2841	8.9	-8.63	0.32
		(1.4)	(0.58)		(257.4)	(8.49)	
Goats	3213	0.5	-0.37	2842	0.6	5.28	0.19
		(1.6)	(0.60)		(1.8)	(3.94)	
Camels	3216	0.0	0.00*	2843	0.0	0.00	0.97
		(0.1)	(0.00)		(0.1)	(0.00)	
Donkeys, mules, or horses	3209	0.0	0.00	2826	0.0	0.00	0.79
		(0.0)	(0.00)		(0.1)	(0.00)	
Revenue‡							
Cows or Bulls	3216	171.3	-76.10	2840	118.5	26.33	0.15
		(1444.2)	(49.61)		(1111.7)	(48.33)	
Calves	3218	20.6	1.18	2840	23.4	-2.90	0.86
		(436.6)	(16.20)		(456.0)	(17.80)	
Sheep	3218	256.7	-132.55**	2846	207.0	-5.96	0.13

		(1888.1)	(56.45)		(1660.6)	(62.93)	
Goats	3218	222.9	-117.02**	2846	172.4	-39.43	0.29
		(1813.9)	(50.06)		(1567.6)	(57.91)	
Camels	3216	0.5	14.77**	2843	0.6	11.87	0.79
		(9.5)	(7.44)		(9.7)	(8.26)	
Chicken	3218	28.9	11.17	2444	0.0	-0.20	0.58
		(534.3)	(20.43)		(0.0)	(3.78)	
Guinea fowls	3217	0.1	4.42	2735	0.0	0.29	0.32
		(2.0)	(4.44)		(0.0)	(0.61)	
Donkeys, mules, or horses	3202	0.0		2819	0.0		.
		(0.0)			(0.0)		

Source: CDGP baseline, midline, and endline data. Notes: ‡Values above the 99th percentile are put to missing. Value is zero if no expenditure/sales in past 12 months.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 49: Woman livestock ownership

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% women owning any animal	3118	78.3	5.94***	2807	78.2	11.60***	0.01
			(2.00)			(2.15)	
% women owning any cow or bull	3112	4.4	-0.04	2802	6.4	1.21	0.37
			(0.90)			(1.32)	
% women owning any calf	3111	3.1	0.93	2804	4.4	1.66	0.49
			(0.81)			(1.04)	
% women owning any sheep	3113	33.1	1.16	2806	33.9	7.16***	0.01
			(2.29)			(2.30)	
% women owning any goat	3114	56.9	6.42**	2804	54.5	13.99***	0.00
			(2.64)			(2.68)	
% women owning any camel	3105	0.0	0.09	2804	0.2	0.45*	0.15
			(0.07)			(0.24)	
% women owning any donkey, mule, or horse	3113	38.8	6.55***	2804	49.2	8.83***	0.42
			(2.43)			(2.75)	
% women owning any chicken	3111	4.9	-0.12	2806	5.6	1.09	0.35
			(0.82)			(1.16)	
	3104	0.3	-0.26	2799	0.1	0.43**	0.01

% women owning any guinea fowl			(0.17)			(0.21)	
Number cows or bulls owned	3112	0.1	-0.01	2802	0.2	0.02	0.48
			(0.03)		(0.8)	(0.04)	
Number calves owned	3111	0.1	-0.03	2804	0.1	0.04*	0.09
		(0.9)	(0.04)		(0.4)	(0.02)	
Number sheep owned	3113	0.8	-0.00	2806	0.8	0.19***	0.01
		(1.4)	(0.07)		(1.6)	(0.07)	
Number goats owned	3113	1.5	0.12	2804	1.4	0.43***	0.00
		(1.8)	(0.09)		(1.9)	(0.10)	
Number camels owned	3105	0.0	0.00	2804	0.0	0.01	0.14
		(0.0)	(0.00)		(0.1)	(0.01)	
Number donkeys, mules, or horses owned	3104	0.0	-0.00	2799	0.0	0.01	0.05
		(0.1)	(0.00)		(0.1)	(0.01)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

11.7 Impact of CDGP on household savings, borrowing and lending

Table 50: Household borrowing

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% HH with any member borrowing money from any source	2464	56.5	-3.01	2839	53.9	-7.47***	0.12
			(2.33)			(2.41)	
% HH with any member currently borrowing from:							
a bank	2464	1.5	0.05	2839	1.7	0.17	0.86
			(0.51)			(0.45)	
a savings association or cooperative	2466	1.1	0.18	2837	2.2	-0.24	0.58
			(0.49)			(0.54)	
a microfinance institution/ NGO	2464	0.5	-0.04	2843	1.1	0.08	0.84
			(0.29)			(0.49)	
Family or friends	2465	48.2	-5.31**	2844	41.6	-7.96***	0.41
			(2.44)			(2.47)	
a shop on credit	2468	20.7	-0.40	2845	24.8	-5.89***	0.03
			(2.20)			(1.82)	
a shop on credit, for food				2844	20.4	-5.31***	
						(1.76)	

a shop on credit, for non-food items				2842	9.0	-1.43	
						(1.12)	
a landlord	2460	0.3	0.07	2843	0.2	-0.10	0.54
			(0.21)			(0.15)	
a moneylender	2456	1.4	0.37	2819	2.8	-0.91	0.17
			(0.56)			(0.80)	
Total value of borrowing, '000 NGN‡	2180	5029.0	-643.74*	2528	4800.2	-1004.7***	0.45
		(7924.0)	(365.37)		(8056.6)	(351.3)	
(Log) total value of borrowing‡‡	1035	8.7	-0.39**	1042	8.7	-0.13	0.24
		(1.3)	(0.18)		(1.4)	(0.17)	

Source: CDGP baseline, midline, and endline data. Notes: ‡Values above the 99th percentile are put to missing. Value is zero if no borrowing. ‡‡Values above the 99th percentile are put to missing. Value is missing if no borrowing.

1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 51: Household unsuccessful borrowing

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% HH with any member trying to borrow money from any source, but failing, in the past 12m	2464	25.3	-1.49	2825	28.7	-1.32	0.96
			(2.26)			(2.23)	
% HH with any member who have failed to borrow from:							
a bank	2468	1.4	1.54**	2821	3.0	-0.75	0.02
			(0.60)			(0.69)	
a savings association or cooperative	2467	2.3	-0.95	2830	2.8	-0.34	0.56
			(0.59)			(0.75)	
a microfinance institution/ NGO	2468	1.5	-0.29	2832	1.4	-0.40	0.87
			(0.56)			(0.47)	
Family or friends	2466	21.2	-3.20	2831	23.7	-1.15	0.51
			(2.09)			(2.13)	
a shop on credit	2469	7.4	-0.75	2831	6.9	0.61	0.44
			(1.32)			(1.17)	
a landlord	2469	0.1	0.00	2825	0.2	0.02	0.95
			(0.16)			(0.18)	
a moneylender	2462	0.4	0.61*	2818	1.4	0.90*	0.65
			(0.36)			(0.54)	

Source: CDGP baseline, midline, and endline data. Notes: ‡Values above the 99th percentile are put to missing. Value is zero if no borrowing. ‡‡Values above the 99th percentile are put to missing. Value is missing if no borrowing.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 52: Household lending

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% HH with any member providing loans	2723	37.7	-3.86*	2695	27.8	1.96	0.04
			(2.09)			(2.01)	
Total value of loans, '000NGN‡	3018	2271.3	-62.62	2688	2008.1	188.46	0.44
		(5656.7)	(239.49)		(5515.5)	(216.90)	
(log) total value of loans‡‡	763	8.6	0.03	619	8.6	0.43	0.36
		(1.2)	(0.27)		(1.3)	(0.33)	

Source: CDGP baseline, midline, and endline data. Notes: ‡Values above the 99th percentile are put to missing. Value is zero if no lending. ‡‡Values above the 99th percentile are put to missing. Value is missing if no lending.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 53: Household saving

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% HH with any member saving at any institution	2614	61.5	1.76	2844	47.6	6.76**	0.24
			(2.61)			(2.82)	
% HH with any member having in-kind savings	2615	55.1	1.60	2827	40.8	5.18*	0.35
			(2.92)			(2.97)	
% HH with any savings (including in kind)	2617	78.2	2.03	2845	62.2	8.16***	0.10
			(2.15)			(2.59)	
% HH with any member saving at:							
a bank	2614	7.5	-0.54	2844	6.2	3.06**	0.03
			(1.23)			(1.22)	

	N	Non-CDGP mean (SD) Midline	CDGP effect (SE) Midline	N	Non-CDGP mean (SD) Endline	CDGP effect (SE) Endline	ML-EL Diff. p-value
a savings association or cooperative	2617	1.3	-0.32 (0.63)	2838	0.5	0.56* (0.33)	0.21
at home	2619	51.8	0.31 (3.00)	2846	38.0	0.90 (3.18)	0.91
a microfinance institution/ NGO	2615	0.1	-0.05 (0.16)	2843	0.5	0.01 (0.46)	0.89
at an informal savings groups	2616	15.6	2.91 (1.90)	2838	18.8	6.59*** (1.93)	0.14
Total value of savings (excl. in kind), '000 NGN‡	2276	4345.0 (7139.3)	137.58 (348.07)	2537	3515.8 (6828.7)	651.08* (347.32)	0.28
(Log) total value of savings (excl. in kind) ‡‡	1165	8.5 (1.4)	0.17 (0.20)	1023	8.6 (1.2)	-0.03 (0.17)	0.43
Total value of in-kind savings, '000 NGN‡	1574	3117.1 (7215.5)	1365.99** (556.30)	2041	3204.5 (7437.4)	782.67* (457.42)	0.38
(Log) total value of in-kind savings‡‡	431	9.2 (1.1)	0.66* (0.38)	466	9.4 (0.8)	0.27 (0.18)	0.33
Total value of savings (incl. in kind), '000 NGN‡	1502	5979.4 (8621.0)	1171.44** (583.43)	2002	4401.5 (7816.4)	1336.2*** (494.58)	0.82
(Log) total value of savings (incl. in kind)‡‡	869	8.7 (1.5)	0.20 (0.27)	922	8.8 (1.2)	0.18 (0.19)	0.95

Source: CDGP baseline, midline, and endline data. Notes: ‡Values above the 99th percentile are put to missing. Value is zero if no saving. ‡‡Values above the 99th percentile are put to missing. Value is missing if no saving.

1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

11.8 Impact of CDGP on knowledge, attitudes and practices about health maternal health and young child feeding practices

11.8.1 Women's and men's knowledge and beliefs about health

Table 54: Woman Knowledge and Attitudes on pregnancy and delivery

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% women who would advise a pregnant woman to visit a health facility							
For a check-up if she's healthy and nothing is wrong	3113	83.2	7.83*** (1.99)	2802	91.5	5.39*** (1.22)	0.19
	3115	97.3	1.30*	2804	98.2	0.68	0.45

For a check-up if there are complications with the pregnancy			(0.77)			(0.54)	
% women who would advise a pregnant woman to eat							
More food				2807	65.9	7.84***	
						(2.30)	
Less food				2807	6.3	-2.32**	
						(0.95)	
About the same amount of food				2807	27.2	-5.34***	
						(2.00)	
Don't know				2807	0.6	-0.17	
						(0.25)	
% women who say the best place for a woman to give birth is							
In her own home	3118	77.0	-12.38***	2807	66.2	-17.67***	0.05
			(2.73)			(2.92)	
At a health facility	3118	22.7	12.22***	2807	33.5	17.45***	0.05
			(2.70)			(2.91)	
Other place	3118	0.2	0.09	2807	0.0	0.17*	0.70
			(0.18)			(0.09)	
Don't know	3118	0.1	0.03	2807	0.2	-0.00	0.86
			(0.13)			(0.18)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 55:   Woman Knowledge and Attitudes on breastfeeding initiation

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% women thinking it's best to start breastfeeding immediately or within 30 minutes of birth	3106	42.7	26.54***	2802	64.6	18.76***	0.02
			(2.79)			(2.49)	
% women thinking it's best to start breastfeeding within 1 hour of birth	3106	63.2	21.38***	2802	77.0	14.90***	0.01
			(2.59)			(2.10)	
In the first three days after delivery, what do you think it is best for a mother to feed her baby?							
% Only breastmilk (and medicine)				2807	34.5	32.78***	
						(2.84)	
% Something other than breastmilk and medicine				2807	65.5	-32.78***	
						(2.84)	
% Plain water				2807	39.2	-25.59***	

					(2.68)	
% Gripe water				2807	13.6	-1.30
						(1.59)
% Milk (other than breastmilk)				2807	19.0	-11.90***
						(2.00)
% Holy water				2807	16.3	-8.16***
						(2.06)
% Dates				2807	4.8	-2.46***
						(0.84)
% Traditional herbs				2807	4.2	-1.57*
						(0.93)
% Other				2807	5.2	-1.78**
						(0.90)
% women thinking children should receive something other than breast milk on the first day	3118	33.5	-21.69***	2807	32.8	-25.39***	0.25
			(2.80)			(3.03)	
% women thinking colostrum is good for the baby	3049	71.3	19.37***	2773	78.3	15.17***	0.09
			(2.39)			(1.98)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 56: Woman Knowledge and Attitudes on exclusive breastfeeding

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
Weeks baby should receive only breastmilk	3118	37.8	-8.44	2807	27.7	3.60	0.14
		(147.3)	(5.57)		(110.2)	(5.06)	
% thinking baby should be breastfed exclusively for 6 months	3118	42.1	34.81***	2807	41.9	39.82***	0.10
			(3.16)			(3.39)	
% women thinking it's ok to give baby under 6 months water:							
Never				2806	30.5	44.87***	
						(3.21)	
If it's hot outside	3100	65.3	-39.24***	2804	59.6	-42.31***	0.28
			(3.39)			(3.38)	
If mother is having difficulty breastfeeding				2799	65.5	-44.44***	
						(3.26)	
If mother can't be with her baby to breastfeed				2804	63.5	-44.36***	
						(3.24)	

				2803	63.6	-44.89***	
If the baby's lips are dry						(3.24)	
				2805	62.9	-44.34***	
If baby has hiccups						(3.23)	
				2806	61.3	-43.95***	
If baby is thirsty						(3.34)	
				2773	6.1	-4.01***	
Some other time						(0.88)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 57:   Husband Knowledge and Attitudes on pregnancy and delivery

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% husbands who would advise a pregnant woman to visit a health facility							
For a check-up if she's healthy and nothing is wrong	1934	89.0	4.65***	1314	93.8	2.01	0.20
			(1.79)			(1.39)	
For a check-up if there are complications with the pregnancy	1937	98.9	0.39	1314	98.5	-0.08	0.60
			(0.51)			(0.72)	
% husbands who would advise a pregnant woman to eat							
More food				1316	68.9	3.39	
						(3.09)	
Less food				1316	5.3	-1.38	
						(1.24)	
About the same amount of food				1316	24.5	-1.99	
						(2.63)	
Don't know				1316	1.3	-0.02	
						(0.66)	
% husbands who say the best place for a woman to give birth is							
In her own home	1938	69.7	-10.75***	1316	59.4	-17.60***	0.09
			(3.35)			(3.46)	
At a health facility	1938	28.8	11.38***	1316	39.7	17.65***	0.10
			(3.22)			(3.39)	
Other place	1938	0.8	-0.25	1316	0.7	-0.27	0.98
			(0.40)			(0.44)	
Don't know	1938	0.6	-0.44	1316	0.2	0.07	0.24
			(0.31)			(0.27)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 58:   Husband Knowledge and Attitudes on breastfeeding initiation

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% husbands thinking it's best to start breastfeeding immediately or within 30 minutes of birth	1667	37.5	12.62***	1225	50.5	12.74***	0.98
			(2.96)			(3.71)	
% husbands thinking it's best to start breastfeeding within 1 hour of birth	1667	57.9	12.12***	1225	65.4	12.72***	0.89
			(2.83)			(3.26)	
In the first three days after delivery, what do you think it is best for a mother to feed her baby?							
% Only breastmilk (and medicine)				1316	30.5	24.39***	
						(3.18)	
% Something other than breastmilk and medicine				1316	69.5	-24.39***	
						(3.18)	
% Plain water				1316	42.8	-20.57***	
						(3.13)	
% Gripe water				1316	20.5	-8.41***	
						(2.64)	
% Milk (other than breastmilk)				1316	16.1	-4.71*	
						(2.50)	
% Holy water				1316	11.0	-0.59	
						(1.80)	
% Dates				1316	6.6	-1.89	
						(1.55)	
% Traditional herbs				1316	5.7	-1.76	
						(1.35)	
% Other				1316	6.2	-1.18	
						(1.48)	
% husbands thinking children should receive something other than breast milk on the first day	1938	37.5	-19.17***	1316	33.1	-18.02***	0.79
			(3.34)			(3.30)	
% husbands thinking colostrum is good for the baby	1443	58.3	14.39***	1115	62.6	11.66***	0.57
			(3.60)			(4.23)	

Table 59:   Husband Knowledge and Attitudes on exclusive breastfeeding

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
Weeks baby should receive only breastmilk	1938	183.0	-12.97	1316	129.3	-20.83	0.76
		(374.5)	(19.86)		(316.9)	(18.73)	
% thinking baby should be breastfed exclusively for 6 months	1938	25.8	23.50***	1316	29.4	25.61***	0.58
			(2.82)			(3.47)	
% husbands thinking it's ok to give baby under 6 months water:							
Never				1309	22.0	26.81***	
						(3.24)	
If it's hot outside	1835	76.9	-25.57***	1295	70.2	-31.86***	0.15
			(2.86)			(3.68)	
If mother is having difficulty breastfeeding				1297	74.2	-30.29***	
						(3.54)	
If mother can't be with her baby to breastfeed				1299	72.2	-32.47***	
						(3.56)	
If the baby's lips are dry				1299	71.8	-31.32***	
						(3.68)	
If baby has hiccups				1299	70.6	-29.71***	
						(3.48)	
If baby is thirsty				1303	70.9	-30.95***	
						(3.39)	
Some other time				1261	6.0	-2.72**	
						(1.28)	

Table 60: Beliefs, by child gender

| | N | Male Child | | Female Child | | Male = Female |
		Non-CDGP mean (SD)	CDGP effect (SE)	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
WOMAN – Beliefs on the returns to exclusive breastfeeding						
Exclusively breastfed baby is heavier	2798	50.4	31.80***	49.2	33.91***	0.59
			(3.43)		(3.46)	
Exclusively breastfed baby is stronger	2796	51.0	32.49***	51.4	32.66***	0.96
			(3.23)		(3.60)	
Exclusively breastfed baby falls sick less often	2767	65.5	22.37***	62.6	27.09***	0.18
			(2.95)		(3.18)	
WOMAN – Beliefs on the returns to complementary feeding						
Child with more diverse diet is heavier	2798	50.4	31.80***	49.2	33.91***	0.59
			(3.43)		(3.46)	
Child with more diverse diet is stronger	2796	51.0	32.49***	51.4	32.66***	0.96
			(3.23)		(3.60)	
Child with more diverse diet falls sick less often	2767	65.5	22.37***	62.6	27.09***	0.18
			(2.95)		(3.18)	
HUSBAND – Beliefs on the returns to exclusive breastfeeding						
Exclusively breastfed baby is heavier	1306	40.7	21.66***	42.0	25.02***	0.57
			(4.56)		(5.16)	
Exclusively breastfed baby is stronger	1306	44.1	21.05***	45.5	23.01***	0.76
			(4.93)		(5.15)	
Exclusively breastfed baby falls sick less often	1277	52.3	17.71***	52.5	20.73***	0.63
			(4.61)		(5.00)	
HUSBAND – Beliefs on the returns to complementary feeding						
Child with more diverse diet is heavier	1312	94.7	1.50	93.8	4.60***	0.22
			(1.85)		(1.67)	
Child with more diverse diet is stronger	1313	95.6	0.36	91.5	4.93***	0.07
			(1.54)		(1.89)	
Child with more diverse diet falls sick less often	1294	92.3	4.46**	93.1	2.69	0.52
			(1.94)		(2.05)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' and 'Male=Female' columns are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

11.8.2 Maternal health and antenatal care practices

Table 61:   **Antenatal care of Endline Children (born after the midline, before the endline)**

	Endline		
	N	**Non-CDGP mean (SD)**	**CDGP effect (SE)**
% children whose mother had antenatal care during the pregnancy	1886	69.6	16.63***
			(3.29)
% reasons why mother did not get antenatal care for the pregnancy:			
Saw no reason to seek antenatal care	354	70.9	2.20
			(5.10)
Had no permission to go to a health facility	354	19.6	-1.55
			(4.41)
Health facility is too far away or the cost to travel there is too high	354	15.1	-5.23
			(3.40)
Treatment costs are too high	354	7.5	-0.16
			(3.01)
Other	354	8.0	0.71
			(2.87)
Don't know	354	0.5	-0.55
			(0.49)
% women who saw for antenatal care:			
Doctor, nurse, midwife or CHEW	1528	99.3	-0.80
			(0.64)
Other person	1528	2.9	0.89
			(1.08)
Don't know	1528	0.0	0.00***
			(0.00)
Number of times the mother received antenatal care	1886	6.3	2.43**
		(16.6)	(1.01)

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' and the is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 62:   Delivery of Endline Children (born after the midline, before the endline)

	Endline		
	N	**Non-CDGP mean (SD)**	**CDGP effect (SE)**
% children given birth to:			
At home	1881	84.3	-10.98***
			(2.36)
At a health facility	1881	15.1	11.03***
			(2.38)
Other place	1881	0.6	-0.05
			(0.36)
% children whose birth was assisted by:			
Traditional birth attendant	1886	63.5	-6.90**
			(3.45)
Doctor, nurse, midwife or community health extension worker (CHEW)	1886	18.3	11.53***
			(2.77)
Family member	1886	25.8	-5.23**
			(2.38)
Neighbour	1886	11.6	-2.39*
			(1.40)
No one	1886	7.2	-0.26
			(1.56)
Other person	1886	0.8	-0.32
			(0.41)

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' and the is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

11.8.3 IYCF practices

Table 63: **Nutrition of Midline Children (born after the baseline, before the midline) – Minimum Dietary Diversity**

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
Minimum Dietary Diversity Indicator (WHO)	2594	3.2	0.36***	2184	4.0	0.37***	0.91
		(1.5)	(0.07)		(1.2)	(0.07)	
% children consuming:							
4+ food groups	2594	46.6	10.72***	2184	67.3	12.68***	0.54
			(2.45)			(2.44)	
Grains, roots and tubers	2594	93.3	2.05**	2184	99.3	0.67	0.21
			(0.94)			(0.52)	
Legumes and Nuts	2594	60.9	3.08	2184	83.7	3.97*	0.79
			(2.30)			(2.21)	
Dairy products (milk, yogurt, cheese)	2594	26.6	15.43***	2184	38.6	11.98***	0.29
			(2.38)			(2.88)	
Flesh foods (meat, fish, poultry and liver/organ meats)	2594	19.0	7.32***	2184	22.4	10.10***	0.31
			(2.23)			(2.57)	
Eggs	2594	0.6	0.94**	2184	1.1	0.81	0.84
			(0.39)			(0.60)	
Vitamin-A rich fruits and vegetables	2594	74.4	2.03	2184	89.6	3.91**	0.44
			(1.94)			(1.55)	
Other fruits and vegetables	2594	47.0	5.50**	2184	67.1	5.87**	0.91
			(2.53)			(2.45)	

Source: CDGP baseline, midline, and endline data. Notes: Indicators in this table are constructed using a 24h food recall diary, where the mother/carer is asked to list all the foods the child ate during the previous day, from the moment they woke up to when they went to sleep. For each dish, the mother is asked to list each ingredient used, which is then categorised into different food groups. The main indicator is constructed by summing the number of food groups the child received.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). In addition, we control for child age and gender. SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 64: Nutrition of Midline Children (born after the baseline, before the midline) breastfed – Individual Dietary Diversity Index

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
Individual Dietary Diversity Score (FAO)	2594	3.5	0.34***	2184	4.5	0.42***	0.40
		(1.6)	(0.08)		(1.3)	(0.08)	
% children consuming:							
Starchy staples	2594	93.3	2.05**	2184	99.3	0.67	0.21
			(0.94)			(0.52)	
Dark green leafy vegetables	2594	39.8	-7.56***	2184	54.7	-0.15	0.02
			(2.24)			(2.90)	
Other vitamin-A rich fruits and vegetables	2594	64.3	6.97***	2184	78.4	8.99***	0.51
			(2.34)			(2.27)	
Other fruits and vegetables	2594	47.0	5.50**	2184	67.1	5.87**	0.91
			(2.53)			(2.45)	
Organ meat	2594	0.2	0.55**	2184	0.4	0.02	0.19
			(0.28)			(0.28)	
Meat and fish	2594	18.8	6.80***	2184	22.1	10.04***	0.24
			(2.18)			(2.56)	
Eggs	2594	0.6	0.94**	2184	1.1	0.81	0.84
			(0.39)			(0.60)	
Legumes, nuts and seeds	2594	60.9	3.08	2184	83.7	3.97*	0.79
			(2.30)			(2.21)	
Milk and milk products	2594	26.6	15.43***	2184	38.6	11.98***	0.29
			(2.38)			(2.88)	

Source: CDGP baseline, midline, and endline data. Notes: Indicators in this table are constructed using a 24h food recall diary, where the mother/carer is asked to list all the foods the child ate during the previous day, from the moment they woke up to when they went to sleep. For each dish, the mother is asked to list each ingredient used, which is then categorised into different food groups. The main indicator is constructed by summing the number of food groups the child received.

1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). In addition, we control for child age and gender. SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 65: Nutrition of Endline Children (born after the midline, before the endline) – Minimum Dietary Diversity – Under 23 months, not breastfed

	Endline		
	N	**Non-CDGP mean (SD)**	**CDGP effect (SE)**
Minimum Dietary Diversity Indicator (WHO)	214	3.7	0.23
		(1.2)	(0.20)
% children consuming:			
4+ food groups	214	56.9	9.76
			(8.09)
Grains, roots and tubers	214	100.0	-1.64
			(1.15)
Legumes and Nuts	214	70.8	7.72
			(6.61)
Dairy products (milk, yogurt, cheese)	214	37.5	4.58
			(6.70)
Flesh foods (meat, fish, poultry and liver/organ meats)	214	22.2	3.19
			(6.03)
Eggs	214	0.0	0.75
			(0.67)
Vitamin-A rich fruits and vegetables	214	87.5	3.18
			(4.90)
Other fruits and vegetables	214	54.2	5.43
			(7.99)

Source: CDGP baseline, midline, and endline data. Notes: Indicators in this table are constructed using a 24h food recall diary, where the mother/carer is asked to list all the foods the child ate during the previous day, from the moment they woke up to when they went to sleep. For each dish, the mother is asked to list each ingredient used, which is then categorised into different food groups. The main indicator is constructed by summing the number of food groups the child received.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). In addition, we control for child age and gender. SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 66:   Nutrition of Endline Children (born after the midline, before the endline) – Minimum Dietary Diversity – Under 23 months, breastfed

	Endline		
	N	**Non-CDGP mean (SD)**	**CDGP effect (SE)**
Minimum Dietary Diversity Indicator (WHO)	1323	2.8	0.53***
		(1.5)	(0.09)
% children consuming:			
4+ food groups	1323	34.7	15.99***
			(2.76)
Grains, roots and tubers	1323	89.6	3.70**
			(1.50)
Legumes and Nuts	1323	55.1	8.77***
			(2.60)
Dairy products (milk, yogurt, cheese)	1323	30.4	14.16***
			(2.91)
Flesh foods (meat, fish, poultry and liver/organ meats)	1323	8.7	10.81***
			(2.47)
Eggs	1323	0.6	0.78
			(0.54)
Vitamin-A rich fruits and vegetables	1323	58.5	7.79***
			(2.71)
Other fruits and vegetables	1323	37.9	7.39***
			(2.72)

Source: CDGP baseline, midline, and endline data. Notes: Indicators in this table are constructed using a 24h food recall diary, where the mother/carer is asked to list all the foods the child ate during the previous day, from the moment they woke up to when they went to sleep. For each dish, the mother is asked to list each ingredient used, which is then categorised into different food groups. The main indicator is constructed by summing the number of food groups the child received.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). In addition, we control for child age and gender. SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

11.9 Impact of CDGP on household demographics, poverty, expenditure, food security and sanitation

11.9.1 Fertility

Table 67: Fertility for sampled women, across the evaluation period, households with a pregnant woman at baseline

	N	No CDGP Non-CDGP mean (SD)	Low-Int Effect (SE)	High-Int Effect (SE)	LI-HI Diff. p-value
From baseline (2014) to endline (2018) – whole evaluation period					
% women with any live birth	2850	93.9	1.36	0.60	0.48
			(1.05)	(1.03)	
Number of live births	2850	1.8	0.01	0.02	0.66
		(0.6)	(0.03)	(0.03)	
% women who had a live born child die	2850	19.7	-0.13	1.81	0.29
			(1.80)	(1.77)	
Number of live born children who died	2850	0.2	-0.01	0.02	0.17
		(0.5)	(0.02)	(0.02)	
From baseline (2014) to midline (2016)					
% women with any live birth	3225	84.8	2.35	1.60	0.62
			(1.50)	(1.56)	
Number of live births	3225	1.1	0.03*	0.01	0.24
		(0.4)	(0.02)	(0.02)	
% women who had a live born child die	3223	12.9	0.82	0.51	0.82
			(1.45)	(1.41)	
Number of live born children who died	3223	0.1	0.00	0.00	0.82
		(0.4)	(0.02)	(0.02)	
From midline (2016) to endline (2018)					
% women with any live birth	2863	68.4	-4.27**	-1.23	0.16
			(2.12)	(2.00)	
Number of live births	2850	0.8	-0.05**	0.01	0.02
		(0.5)	(0.02)	(0.02)	
% women who had a live born child die	2849	9.1	-1.78	0.58	0.08
			(1.25)	(1.28)	
Number of live born children who died	2849	0.1	-0.02	0.01	0.05
		(0.3)	(0.01)	(0.01)	
% women who had a miscarriage	2849	13.8	0.21	-2.01	0.13
			(1.51)	(1.39)	
Number of miscarriages	2849	0.2	-0.02	-0.05**	0.16
		(0.6)	(0.02)	(0.02)	

Source: CDGP baseline, midline, and endline survey data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.

4. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' for High- and Low-Intensity villages is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 68: Fertility for sampled women, across the evaluation period, households without a pregnant woman at baseline

		No CDGP	Low-Int	High-Int	LI-HI Diff.
	N	Non-CDGP mean (SD)	Effect (SE)	Effect (SE)	p-value
From baseline (2014) to endline (2018) – whole evaluation period					
% women with any live birth	1389	86.1	1.85	2.36	0.82
			(2.17)	(2.07)	
Number of live births	1389	1.4	0.06	0.06	0.95
		(0.7)	(0.05)	(0.04)	
% women who had a live born child die	1389	13.1	1.23	0.52	0.75
			(2.16)	(2.26)	
Number of live born children who died	1389	0.2	0.00	-0.02	0.54
		(0.5)	(0.03)	(0.03)	
From baseline (2014) to midline (2016)					
% women with any live birth	1558	61.7	4.32	1.61	0.36
			(3.18)	(3.28)	
Number of live births	1558	0.7	0.06**	0.02	0.17
		(0.5)	(0.03)	(0.03)	
% women who had a live born child die	1558	8.7	0.83	0.11	0.69
			(1.62)	(1.98)	
Number of live born children who died	1558	0.1	0.01	-0.00	0.62
		(0.3)	(0.02)	(0.02)	
From midline (2016) to endline (2018)					
% women with any live birth	1392	61.1	-0.49	2.20	0.43
			(3.24)	(3.03)	
Number of live births	1389	0.7	-0.01	0.04	0.18
		(0.5)	(0.04)	(0.03)	
% women who had a live born child die	1389	7.5	-0.51	-0.34	0.92
			(1.77)	(1.65)	
Number of live born children who died	1389	0.1	-0.00	-0.00	0.94
		(0.3)	(0.02)	(0.02)	
% women who had a miscarriage	1389	12.0	-2.49	-1.73	0.71
			(2.08)	(2.14)	
Number of miscarriages	1389	0.1	-0.02	-0.01	0.54
		(0.4)	(0.02)	(0.03)	
	1392	61.1	-0.49	2.20	0.43

Source: CDGP baseline, midline, and endline survey data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.

5. The 'Effect' for High- and Low-Intensity villages is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

11.9.2 Household assets and expenditure

Table 69:   Household asset ownership

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% households owning:							
Chair / stool (not including makeshift chairs)	3220	75.8	0.55	2847	45.8	6.46*	0.25
			(2.79)			(3.52)	
Table	3211	17.6	0.62	2840	20.6	4.04**	0.18
			(2.05)			(1.96)	
Mattress or Bed	3221	97.3	-0.33	2847	96.2	1.25*	0.05
			(0.70)			(0.69)	
Sewing Machine	3220	10.9	1.44	2838	12.1	2.21*	0.57
			(1.14)			(1.15)	
Gas cooker	3218	0.2	0.04	2844	0.0	0.38*	0.08
			(0.19)			(0.21)	
Stove	3220	8.7	1.38	2843	9.6	4.75***	0.07
			(1.42)			(1.39)	
Fridge/ freezer	3218	0.7	0.70	2842	1.7	0.47	0.64
			(0.43)			(0.66)	
Air conditioner	3218	0.1	0.06	2843	0.1	0.03	0.52
			(0.10)			(0.10)	
Bicycle	3221	24.5	3.22	2849	28.0	4.02*	0.73
			(2.16)			(2.13)	
Motorbike	3217	45.7	3.40	2846	41.8	6.19***	0.24
			(2.38)			(2.19)	
Cars and other vehicle	3217	3.3	0.18	2841	3.3	0.91	0.35
			(0.76)			(0.75)	
Generator	3216	4.4	2.72***	2841	5.2	3.09***	0.77
			(0.92)			(1.10)	
Fan	3221	3.9	1.56*	2845	4.0	2.79**	0.14
			(0.89)			(1.21)	
Radio/ cassette player/ CD player	3218	51.2	1.04	2845	41.4	7.09***	0.04
			(2.27)			(2.22)	
Microwave	3217	0.1	0.07	2840	0.2	0.26	0.58
			(0.21)			(0.25)	
Iron (local or electric)	3221	33.4	-1.65	2843	11.3	4.97**	0.07
			(2.64)			(2.34)	
TV set	3220	5.1	1.63	2845	5.3	1.69	0.95

	N	Non-CDGP mean	CDGP effect (SE)	N	Non-CDGP mean	CDGP effect (SE)	ML-EL Diff. p-value
			(1.02)			(1.14)	
Computer	3222	0.1	0.50**	2846	0.7	0.42	0.79
			(0.25)			(0.41)	
Mobile phone	3215	74.2	14.61***	2846	72.1	9.25***	0.02
			(2.11)			(2.10)	
Tractor	3216	0.0	0.11	2845	0.1	0.07	0.83
			(0.07)			(0.15)	
Plough	3216	51.3	0.58	2847	54.0	2.18	0.60
			(2.62)			(3.06)	
Trailer/cart	3216	1.0	-0.18	2844	0.0	0.13	0.52
			(0.45)			(0.13)	
Wheelbarrow	3217	16.1	1.46	2844	19.6	2.87	0.50
			(1.74)			(2.08)	
Hoe	3219	95.6	-0.40	2847	95.7	0.53	0.48
			(1.14)			(0.87)	
Canoe	3215	0.5	0.73	2835	0.8	0.62	0.80
			(0.53)			(0.59)	
Fishing net	3216	3.3	2.16*	2843	6.6	3.47**	0.29
			(1.21)			(1.46)	
Sprayer	3215	34.9	0.48	2846	43.6	5.09*	0.08
			(2.61)			(2.67)	
Sickle	3215	87.6	-1.39	2845	89.3	2.94*	0.02
			(1.92)			(1.56)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 70: Expenditure aggregates

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
Monthly expenditure – '000 NGN‡							
Food⁺	2655	19.9	2.52**	2757	22.2	2.72**	0.89
		(20.0)	(1.21)		(20.8)	(1.13)	
Non-food⁺⁺	2327	22.3	1.58	2593	25.0	2.08	0.76
		(22.3)	(1.16)		(24.6)	(1.29)	
Durables⁺⁺⁺	3176	0.8	0.10	2808	0.8	0.25**	0.25
		(2.3)	(0.10)		(2.0)	(0.10)	
Total⁺⁺⁺⁺	3216	33.4	3.14*	2844	45.2	4.33**	0.61

	N			N			
		(36.8)	(1.78)		(39.4)	(1.96)	
Total (only complete observations)++++	2250	42.9	4.11*	2517	47.3	4.02*	0.97
		(37.9)	(2.25)		(38.7)	(2.17)	
(Log) monthly expenditure‡‡							
Food+	2637	9.4	0.24***	2741	9.5	0.22***	0.76
		(1.1)	(0.06)		(1.1)	(0.06)	
Non-food++	2325	9.5	0.10*	2591	9.6	0.13**	0.75
		(1.0)	(0.05)		(1.1)	(0.06)	
Durables+++	1752	6.0	0.20	1558	6.3	0.22	0.90
		(1.6)	(0.14)		(1.5)	(0.14)	
Total++++	2854	9.9	0.13**	2815	10.3	0.15**	0.82
		(1.4)	(0.06)		(1.1)	(0.06)	
Total (only complete observations)++++	2249	10.3	0.15***	2517	10.4	0.15**	0.93
		(0.9)	(0.05)		(1.0)	(0.06)	
Monthly equivalised expenditure – '000 NGN‡‡‡							
Food+	2655	4.2	0.76***	2757	4.3	0.58**	0.57
		(4.6)	(0.28)		(4.1)	(0.25)	
Non-food++	2327	4.7	0.24	2593	4.7	0.48*	0.45
		(4.9)	(0.26)		(4.6)	(0.26)	
Durables+++	3176	0.2	0.02	2808	0.1	0.05**	0.34
		(0.6)	(0.02)		(0.4)	(0.02)	
Total++++	3216	7.0	0.77*	2844	8.6	0.97**	0.68
		(8.2)	(0.41)		(7.5)	(0.41)	
Total (only complete observations)++++	2250	9.2	0.90*	2517	9.1	0.92*	0.98
		(8.5)	(0.54)		(7.6)	(0.48)	
Monthly equivalised expenditure – USD‡‡‡‡							
Food+	2655	32.9	5.98***	2757	26.3	3.43**	0.28
		(35.7)	(2.20)		(25.2)	(1.53)	
Non-food++	2327	36.6	1.95	2593	28.4	2.94*	0.66
		(38.2)	(2.03)		(28.1)	(1.62)	
Durables+++	3176	1.4	0.17	2808	0.9	0.30**	0.56
		(4.5)	(0.18)		(2.6)	(0.13)	
Total++++	3216	55.2	6.29**	2844	52.4	5.74**	0.87
		(64.2)	(3.20)		(45.9)	(2.57)	
Total (only complete observations)++++	2250	71.8	7.12*	2517	55.5	5.67*	0.75
		(66.8)	(4.23)		(46.2)	(2.96)	

Source: CDGP baseline, midline, and endline survey data. Notes:

‡Values above the 99th percentile are put to missing. This includes zeros for households who report no expenditure.

‡‡ Values above the 99th percentile and zero values are put to missing.

‡‡‡Values correspond to monthly expenditure values divided by the OECD household equivalence scale. The scale takes the following values: ES = 1 + 0.7*((number of adults aged 14 or above) – 1) + 0.5*(number of children under 14 years)

‡‡‡‡USD amounts are obtained starting from NGN amounts, which are then adjusted for inflation, deflated to August 2014 (baseline survey) amounts using the Nigeria rural consumer price (rCPI) index, and finally converted to USD using the purchasing power parity (PPP) index for 2014.

+Monthly food expenditure is projected by reference to expenditure on food items in the seven days prior to the survey.

++Monthly non-durable expenditure is projected using:

- seven-day recall regarding consumable items (e.g. petrol, fuel, phone credit, cigarettes);
- 30-day recall regarding a different list of items (e.g. toiletries, clothing, utensils);
- annual expenditure on larger items (e.g. dowry, marriage, funeral, school expenses, books).

Table 71: Weekly Non-Food Expenditure – Percentage of HHs buying items from different groups

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% of households spending anything in the past seven days on:							
Firewood or charcoal	2819	38.4	9.74***	2846	38.3	5.36*	0.22
			(3.14)			(3.01)	
Matches	2817	65.6	4.28**	2848	72.5	0.67	0.24
			(2.04)			(2.13)	
Cigarettes or tobacco	2818	1.6	-0.16	2843	1.2	-0.64	0.46
			(0.50)			(0.39)	
Kerosene	2816	4.1	1.63	2846	6.4	0.56	0.43
			(1.04)			(1.13)	
Petrol or diesel	2820	35.3	3.12	2845	32.5	3.31	0.95
			(2.51)			(2.24)	
Other fuel	2814	18.5	-0.58	2841	19.0	2.39	0.29
			(2.29)			(1.75)	
Newspapers and magazines	2818	0.6	0.45	2846	0.7	0.43	0.97
			(0.35)			(0.35)	
Public transport (bus, train, boat etc)	2819	47.1	-1.46	2847	40.2	-1.22	0.94
			(2.33)			(2.39)	
Phone credit or recharge card	2820	56.0	12.00***	2847	61.4	6.32**	0.04
			(2.53)			(2.54)	
Soap such as bathing soap or liquid soap	2820	90.9	-1.67	2846	86.8	2.48*	0.03
			(1.30)			(1.35)	
Washing Powder	2818	85.9	-0.07	2844	87.3	2.77*	0.18
			(1.56)			(1.52)	

Source: CDGP baseline, midline, and endline data. Notes: The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
1. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
2. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
3. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 72: Weekly Non-Food Expenditure – Amount spent on different item groups

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
Expenditure in the past seven days (NGN) [†]							
Firewood or charcoal	2814	322.9	99.72**	2829	382.8	47.56	0.38
		(800.4)	(43.07)		(956.9)	(45.82)	
Matches	2813	26.6	-3.42	2842	31.5	0.98	0.50
		(167.3)	(5.42)		(56.2)	(2.79)	
Cigarettes or tobacco	2815	3.7	1.06	2840	4.2	-1.50	0.40
		(38.2)	(2.21)		(56.4)	(1.92)	
Kerosene	2814	21.0	3.80	2838	24.4	9.18	0.55
		(157.8)	(7.46)		(149.7)	(8.50)	
Petrol or diesel	2702	585.1	78.98	2641	390.6	165.58***	0.34
		(1752.7)	(77.74)		(956.2)	(57.56)	
Other fuel	2773	166.5	-22.62	2727	113.8	20.37	0.19
		(633.6)	(26.43)		(475.7)	(20.34)	
Newspapers and magazines	2816	2.8	1.71	2845	5.1	0.94	0.83
		(43.1)	(2.04)		(81.0)	(3.42)	
Public transport (bus, train, boat etc)	2788	571.3	-38.02	2794	478.6	-20.96	0.82
		(1364.2)	(57.50)		(1418.0)	(56.65)	
Phone credit or recharge card	2747	306.4	74.04**	2622	376.4	42.03	0.49
		(648.3)	(33.44)		(1006.5)	(38.99)	
Soap such as bathing soap or liquid soap	2791	305.8	-25.15	2797	347.8	-2.98	0.44
		(485.4)	(19.65)		(518.0)	(21.11)	
Washing Powder	2804	191.7	-11.89	2805	265.7	24.58	0.13
		(278.6)	(12.13)		(313.3)	(20.04)	

Table 73: Monthly Non-Food Expenditure – Percentage of HHs buying items from different groups

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% of households spending anything in the past thirty days on:							
Toiletries	2616	83.0	-2.95	2845	67.5	2.11	0.10
			(1.93)			(2.38)	
Disinfectant, cleaners, laundry (e.g. Dettol, Izal, Vim, bleach, hypo)	2606	13.7	1.52	2838	6.8	2.37*	0.72
			(1.82)			(1.32)	
Clothes and shoes for children	2617	42.2	9.18***	2848	58.6	8.08**	0.82
			(3.14)			(3.55)	
Clothes and shoes for household adults	2615	32.1	7.28**	2845	43.0	8.98***	0.70
			(2.86)			(3.35)	
Cooking utensils (cookpots, stirring spoons), plates, bowls or glasses	2616	4.4	1.98*	2839	6.0	0.73	0.38
			(1.05)			(1.03)	
Cleaning utensils (brooms, brushes etc)	2616	19.6	1.95	2848	22.8	1.98	0.99
			(2.16)			(2.20)	
Electricity including electricity vouchers	2611	1.5	1.34	2846	3.8	0.63	0.65
			(0.94)			(1.50)	
Paraffin/kerosene lamp (hurricane or pressure)	2610	5.0	-0.70	2842	3.2	3.23***	0.00
			(1.08)			(0.96)	
Health expenditure (excluding insurance)	2615	78.6	-3.28	2847	75.1	0.07	0.32
			(2.25)			(2.30)	
Repairs and maintenance (e.g to household items, dwelling, motor vehicle or bicycle)	2605	29.6	2.48	2842	25.0	-0.53	0.28
			(2.45)			(1.87)	

Table 74: **Monthly Non-Food Expenditure – Amount spent on different item groups**

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
Expenditure in the past thirty days (NGN) [†]							
Toiletries	2581	974.2	-82.21	2789	937.7	-10.59	0.48
		(1175.4)	(76.79)		(1481.3)	(70.40)	
Disinfectant, cleaners, laundry (e.g. Dettol, Izal, Vim, bleach, hypo)	2598	120.1	11.80	2823	113.9	7.09	0.92
		(435.9)	(28.36)		(745.9)	(30.19)	
Clothes and shoes for children	2588	1496.8	531.02**	2671	3457.4	992.23***	0.27
		(3010.6)	(217.93)		(5118.4)	(350.22)	
Clothes and shoes for household adults	2597	1586.8	425.00*	2730	2898.4	860.81**	0.31
		(3548.5)	(223.80)		(5285.8)	(345.64)	
Cooking utensils (cookpots, stirring spoons), plates, bowls or glasses	2615	104.9	14.05	2834	127.4	58.30	0.49
		(899.4)	(46.01)		(823.1)	(41.87)	
Cleaning utensils (brooms, brushes etc)	2618	40.6	-2.87	2841	76.8	-9.99	0.74
		(194.9)	(8.30)		(455.1)	(18.13)	
Electricity including electricity vouchers	2610	10.3	24.40*	2842	66.1	6.06	0.58
		(114.0)	(12.68)		(719.7)	(30.44)	
Paraffin/kerosene lamp (hurricane or pressure)	2608	130.2	-44.56	2830	36.9	53.38***	0.04
		(1137.0)	(42.49)		(369.4)	(18.90)	
Health expenditure (excluding insurance)	2547	3032.1	-167.71	2681	3239.1	-335.47	0.55
		(4201.1)	(165.53)		(5040.8)	(246.45)	
Repairs and maintenance (e.g to household items, dwelling, motor vehicle or bicycle)	2534	1492.8	-107.97	2713	995.2	-109.83	0.99
		(3777.7)	(166.18)		(2968.2)	(125.26)	

Source: CDGP baseline, midline, and endline data. Notes: [†]Values above the 99th percentile are put to missing. This includes zeros for households who report not spending anything on each food group.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 75: Yearly Non-Food Expenditure – Percentage of HHs buying items from different groups

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% of households spending anything in the past 12 months on:							
Dowry costs	2513	7.0	1.10	2846	9.8	-0.11	0.52
			(1.21)			(1.25)	
Marriage ceremony costs	2517	20.5	-0.15	2847	19.9	-0.95	0.77
			(2.13)			(1.72)	
Funeral costs	2511	6.3	2.25	2844	6.3	-0.43	0.17
			(1.42)			(1.38)	
School fees and registration‡	2517	27.1	2.77	2847	31.2	4.17	0.60
			(2.73)			(2.70)	
Uniforms and school clothes	2520	29.0	1.80	2846	32.2	1.69	0.97
			(2.67)			(2.84)	
Books and school supplies‡‡	2516	37.3	-0.98	2847	42.0	2.81	0.20
			(2.83)			(2.88)	
Food, board and lodging at school	2508	4.8	1.25	2844	7.1	-1.04	0.11
			(0.99)			(1.23)	
Extra-tuition (extra classes)‡‡	2513	8.2	-2.17	2841	14.0	1.55	0.24
			(1.76)			(2.23)	
Remittances/payments to family or friends	2499	49.0	0.80	2838	45.5	-1.05	0.62
			(2.84)			(2.31)	

Source: CDGP baseline, midline, and endline data. Notes: †Values above the 99th percentile are put to missing. This includes zeros for households who report not spending anything on each food group. ‡Includes integrated Islamic education. Does not include non-integrated Qu'ranic education. Includes parent teacher association payments. ‡‡For all school types, including non-integrated Qu'ranic.

1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 76: Yearly Non-Food Expenditure – Amount spent on different item groups

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
Expenditure in the past 12 months (NGN) †							
Dowry costs	2472	788.1	336.06*	2761	1523.3	-112.91	0.15
		(3691.0)	(195.43)		(5600.2)	(235.51)	
Marriage ceremony costs	2287	1542.5	128.79	2479	1069.5	132.09	0.99
		(5351.9)	(287.49)		(4535.8)	(232.91)	
Funeral costs	2490	223.0	-41.36	2830	316.4	-82.00	0.70
		(1691.6)	(62.62)		(1768.7)	(75.90)	
School fees and registration‡	2436	1420.7	155.43	2669	1959.0	-57.93	0.44
		(3964.6)	(205.67)		(5207.0)	(235.64)	
Uniforms and school clothes	2486	839.4	104.60	2747	1116.8	45.14	0.67
		(1983.6)	(107.28)		(2588.4)	(134.53)	
Books and school supplies‡‡	2480	684.2	-135.72	2737	695.0	124.83	0.02
		(1863.5)	(91.60)		(1568.1)	(85.94)	
Food, board and lodging at school	2498	428.6	86.06	2799	413.6	69.42	0.92
		(2771.4)	(118.39)		(2577.9)	(108.28)	
Extra-tuition (extra classes)‡‡	2504	258.4	-98.25	2819	444.8	151.19	0.07
		(1500.2)	(75.32)		(1782.1)	(98.27)	
Remittances/payments to family or friends	2310	3610.8	423.59	2520	3769.1	-251.10	0.14
		(6142.5)	(342.03)		(6815.3)	(336.60)	

Source: CDGP baseline, midline, and endline data. Notes: †Values above the 99th percentile are put to missing. This includes zeros for households who report not spending anything on each food group. ‡Includes integrated Islamic education. Does not include non-integrated Qu'ranic education. Includes parent teacher association payments. ‡‡For all school types, including non-integrated Qu'ranic.

1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
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4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

11.10 Impact of CDGP on Food security

Table 77:   Food security throughout the year

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% HH without enough food during some point in the previous year	3118	28.6	-6.27*** (2.38)	2807	29.0	-11.56*** (2.42)	0.04
% without enough food during Kaka (Mid-October to December)	3118	4.2	-2.28*** (0.84)	2807	3.9	-2.23*** (0.83)	0.97
% without enough food during Sanyi (December to February)	3118	5.2	-3.58*** (0.96)	2807	4.6	-3.32*** (0.83)	0.81
% without enough food during Rani (March to May)	3118	15.7	-5.95*** (1.51)	2807	11.3	-6.03*** (1.54)	0.96
% without enough food during Damuna (June to Mid-October)	3118	20.1	-4.03** (1.95)	2807	26.5	-11.50*** (2.35)	0.00
% reasons for lack of food							
Food in the market was too expensive, or HH did not have enough money	3118	21.2	-6.05*** (1.91)	2807	23.4	-10.16*** (2.16)	0.10
Inadequate HH food stocks due to small land size	3118	8.3	-2.14 (1.34)	2807	7.1	-3.79*** (1.15)	0.27
Inadequate HH food stocks due to lack of farm inputs	3118	5.5	-1.16 (1.08)	2807	5.1	-2.24** (0.90)	0.42
Other reason	3118	10.0	-3.14** (1.36)	2807	10.7	-4.31*** (1.34)	0.46
% households that coped by:							
Helped by relatives/friends	3118	12.3	-4.17** (1.67)	2807	11.5	-5.38*** (1.27)	0.52
HH members took more work	3118	12.2	-4.87*** (1.54)	2807	10.2	-4.53*** (1.37)	0.85
Did nothing	3118	12.7	-4.65*** (1.66)	2807	11.1	-5.13*** (1.41)	0.82
Borrowed money	3118	5.3	-1.87** (0.89)	2807	4.5	-1.68* (0.90)	0.87
Reduced condiment or sauce component in meals	3118	6.4	-2.85*** (1.06)	2807	6.6	-3.54*** (1.12)	0.67
Sold livestock	3118	2.5	-0.68 (0.68)	2807	3.4	-2.37*** (0.79)	0.09
HH members moved away to find work	3118	3.6	-2.38*** (0.72)	2807	3.1	-2.29*** (0.67)	0.92

	3118	1.1	-0.09	2807	4.0	-2.44***	0.00
Ate limited range of food			(0.36)			(0.75)	
Other strategy	3118	5.5	-0.73	2807	3.7	-1.31*	0.63
			(0.92)			(0.72)	
% HH that used more than one strategy	3118	19.4	-7.73***	2807	17.5	-8.96***	0.60
			(1.98)			(1.69)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
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5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 78: Household hunger

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
A – In the past 30 days, was there ever no food to eat of any kind in your household because of lack of resources to get food?							
Yes (%)	3118	16.6	-4.43***	2807	19.6	-9.39***	0.02
			(1.60)			(1.92)	
How many times:							
% Rarely (1-2 times)	3118	5.9	-0.97	2807	4.9	-1.80**	0.51
			(0.85)			(0.82)	
% Sometimes (3-9 times)	3118	8.4	-2.79**	2807	9.1	-3.34***	0.74
			(1.22)			(1.29)	
% Often (more than 10 times)	3118	2.2	-0.74	2807	5.6	-4.35***	0.00
			(0.59)			(1.04)	
B – In the past 30 days, did you or any household member go to sleep at night hungry because there was not enough food?							
Yes (%)	3118	8.2	-2.34**	2807	11.2	-6.04***	0.01
			(1.16)			(1.34)	
How many times:							
% Rarely (1-2 times)	3118	3.6	-0.60	2807	4.3	-1.92**	0.20
			(0.71)			(0.81)	
% Sometimes (3-9 times)	3118	4.1	-1.81**	2807	4.9	-2.85***	0.30
			(0.74)			(0.79)	
% Often (more than 10 times)	3118	0.6	0.04	2807	2.0	-1.33**	0.03
			(0.30)			(0.54)	
C – In the past 30 days, did you or any household member go a whole day and night without eating anything at all because there was not enough food?							
Yes (%)	3118	3.6	-0.91	2807	8.8	-4.84***	0.01
			(0.83)			(1.42)	
How many times:							

% Rarely (1-2 times)	3118	0.9	0.13	2807	2.5	-0.60	0.33
			(0.38)			(0.66)	
% Sometimes (3-9 times)	3118	2.1	-0.71	2807	4.2	-2.50***	0.07
			(0.65)			(0.87)	
% Often (more than 10 times)	3118	0.6	-0.31	2807	2.1	-1.70***	0.05
			(0.32)			(0.63)	

D – In the past 30 days, did you ever reduce the number of meals you ate per day because there was not enough food?

Yes (%)	3118	24.3	-7.07***	2807	26.4	-10.96***	0.16
			(2.19)			(2.36)	
How many times:							
% Rarely (1-2 times)	3118	7.3	-1.33	2807	5.1	-0.67	0.64
			(1.09)			(0.92)	
% Sometimes (3-9 times)	3118	12.5	-3.90**	2807	13.5	-4.74***	0.67
			(1.67)			(1.53)	
% Often (more than 10 times)	3118	4.5	-1.96**	2807	7.8	-5.75***	0.00
			(0.80)			(1.22)	

Source: CDGP baseline, midline, and endline data. Notes: [†]Values above the 99th percentile are put to missing. This includes zeros for households who report not spending anything on each food group.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
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6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

11.11 Impact of CDGP on household drinking water, sanitation and physical characteristics

Table 79:   Dwelling features

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
Main flooring material							
% Earth/mud or dirt/straw	3222	55.9	-1.51	2849	56.8	-2.08	0.84
			(2.32)			(2.19)	
% Cement/concrete	3222	43.5	1.62	2849	43.0	1.83	0.94
			(2.30)			(2.21)	
% Other material[+]	3222	0.6	-0.11	2849	0.2	0.25	0.37
			(0.36)			(0.26)	
Main roofing material							

	N	Mean (SD)	Effect (SE)	N	Mean (SD)	Effect (SE)	ML-EL Diff.
% Corrugated iron or zinc sheets	3222	59.5	0.90 (2.15)	2849	59.5	2.67 (2.41)	0.40
% Mud/ mud bricks	3222	25.0	-2.60 (2.00)	2849	23.1	-1.91 (2.20)	0.76
% Thatch (grass or straw)	3222	11.4	-0.74 (1.32)	2849	9.5	0.26 (1.18)	0.53
% Wood/bamboo	3222	3.6	1.82* (1.04)	2849	7.5	-1.69 (1.52)	0.03
% Other material++	3222	0.5	0.59* (0.33)	2849	0.3	0.22 (0.27)	0.36
% Improved Roofing Material+++	3222	59.8	1.46 (2.12)	2849	59.7	2.82 (2.37)	0.51
Number of rooms‡							
% One	3222	20.5	0.57 (1.51)	2849	15.3	0.66 (1.39)	0.96
% Two	3222	39.6	0.09 (2.01)	2849	37.4	0.50 (2.06)	0.86
% Three	3222	19.2	1.28 (1.54)	2849	21.0	0.03 (1.58)	0.55
% Four	3222	10.5	-0.44 (1.13)	2849	12.9	-0.67 (1.46)	0.89
% Five or more	3222	10.3	-1.50 (1.01)	2849	13.4	-0.52 (1.26)	0.49

Source: CDGP baseline, midline, and endline data. Notes: +Other flooring materials in the questionnaire include: Wood; Tile; Plant. ++Other roofing materials in the questionnaire include: Cement/concrete, Roofing tiles (clay), Asbestos or plastic sheets. +++This indicator is derived from the PPI guidelines, as the materials that contribute positively to the PPI score. Improved materials include: Concrete; zinc or iron sheets. ‡Does not include bathrooms, toilets, storerooms, or garage, unless household members sleep in those rooms.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 80: Handwashing direct observation

	Midline			**Endline**			**ML-EL Diff.**
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
Location of place where woman washes her hands							
% Inside the structure/ compound	3223	88.0	1.40 (1.54)	2847	76.5	2.02 (2.78)	0.85
% outside the compound	3223	1.6	0.36 (0.49)	2847	2.9	0.27 (0.75)	0.92
% no place for handwashing	3223	10.4	-1.75 (1.46)	2847	20.6	-2.29 (2.56)	0.86

% with soap or detergent at place for handwashing	3212	5.6	0.84	2825	4.1	2.33**	0.39
			(1.19)			(1.17)	

Type of water source at place for handwashing							
% running water				2825	0.6	1.10*	
						(0.58)	
% water bucket/pot				2825	7.4	0.67	
						(1.28)	
% no water source				2825	91.7	-2.72*	
						(1.61)	
% other				2825	0.3	0.95	
						(0.62)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

11.12 Impact of CDGP on women's nutritional status and wellbeing

11.12.1 Women's nutritional status

Table 81:   Women's anthropometrics, women who were not pregnant at endline

	Endline					
	Households WITH a pregnant woman at baseline			**Households WITHOUT a pregnant woman at baseline**		
	N	**Non-CDGP mean (SD)**	**CDGP effect (SE)**	**N**	**Non-CDGP mean (SD)**	**CDGP effect (SE)**
Weight	2312	50.7	-0.36*	1094	49.6	-0.04
		(8.3)	(0.21)		(8.2)	(0.33)
Height	2310	156.9	0.02	1092	156.3	0.03
		(5.5)	(0.11)		(5.7)	(0.19)
BMI	2310	20.6	-0.15*	1092	20.3	0.00
		(3.0)	(0.09)		(3.0)	(0.11)
% who are classed as thin (BMI<18)	2310	22.9	4.97***	1092	28.9	-2.83
			(1.81)			(2.36)
% who are classed as normal (18<BMI<25)	2310	69.7	-5.79***	1092	65.0	1.65
			(1.96)			(2.48)
% who are classed as overweight (BMI>25)	2310	7.4	0.97	1092	6.1	1.12
			(1.02)			(1.13)

MUAC	2260	256.2	-0.27	1069	251.5	0.93	
		(25.8)	(1.04)		(24.7)	(1.29)	
% who are classed as malnourished *Def.1: MUAC < 220*	2260	6.9	1.10	1069	9.2	-1.74	
			(1.10)			(1.80)	
% who are classed as malnourished *Def.1: MUAC < 230*	2260	14.5	1.59	1069	18.6	-0.85	
			(1.59)			(2.33)	

Source: CDGP baseline, midline, and endline survey data. Notes:
1. The sample is women who were not pregnant at the endline. We interviewed this woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means and effects are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

11.13 Impact of CDGP on child education, health and development

11.13.1 Children's health

Table 82: Vaccinations of Midline Children (born after the baseline, before the midline)

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
% children who have received:							
BCG vaccine	2718	24.3	12.27***	2068	53.3	11.30***	0.70
			(2.55)			(2.87)	
Any polio vaccine	2718	91.8	1.58	2195	97.8	1.56**	0.99
			(1.44)			(0.78)	
Polio at birth	2718	43.9	5.72**	2101	66.0	5.13*	0.80
			(2.60)			(2.77)	
3 or more polio vaccines	2524	84.5	-0.25	2123	93.5	3.22***	0.06
			(1.84)			(1.16)	
Any DPT vaccine	2718	13.1	4.43**	2042	35.0	10.22***	0.02
			(1.87)			(2.91)	
3 or more DPT vaccines	2667	1.8	0.08	1942	4.1	3.11***	0.01
			(0.68)			(1.14)	
Any measles vaccine	2718	31.1	12.09***	2104	64.4	11.27***	0.74
			(2.73)			(2.82)	
Any hepatitis B vaccine	2718	10.4	5.84***	2037	28.5	11.54***	0.03

			(1.92)			(2.76)	
Any yellow fever vaccine	2718	15.8	12.81***	2065	55.3	14.54***	0.58
			(2.33)			(3.10)	
All basic vaccinations	2718	0.8	0.54	2009	3.2	2.83***	0.04
			(0.55)			(0.97)	
None of the basic vaccinations	2718	7.7	-1.60	2009	21.0	-7.38***	0.02
			(1.46)			(2.02)	

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). In addition, we control for child gender and age in months. SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 83: Vaccinations of Endline Children (born after the midline, before the endline)

	Midline		
	N	Non-CDGP mean (SD)	CDGP effect (SE)
% children who have received:			
BCG vaccine	1886	46.7	9.05***
			(2.99)
Any polio vaccine	1886	87.8	3.70**
			(1.72)
Polio at birth	1886	52.2	7.93***
			(2.86)
3 or more polio vaccines	1791	73.6	3.72*
			(2.23)
Any DPT vaccine	1886	20.5	3.68*
			(2.08)
3 or more DPT vaccines	1862	4.3	0.49
			(1.12)
Any measles vaccine	1886	35.1	3.21
			(2.50)
Any hepatitis B vaccine	1886	26.3	8.48***
			(2.71)
Any yellow fever vaccine	1886	31.1	6.41**
			(2.50)
All basic vaccinations	1886	2.9	1.06
			(0.96)
None of the basic vaccinations	1886	11.3	-3.26**
			(1.64)

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). In addition, we control for child gender and age in months. SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

11.13.2 Children's nutritional status

Table 84: Anthropometrics for Midline Children (born after the baseline, before the midline), controlling for age

	Midline			Endline			ML-EL Diff.
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)	p-value
Height (cm)	2669	74.2	0.53***	2159	89.4	0.68***	0.49
		(6.8)	(0.17)		(5.8)	(0.23)	
Weight (kg)	2669	8.8	0.04	2159	12.6	0.12	0.27
		(1.8)	(0.06)		(1.8)	(0.08)	
BMI-for-age Z-score	2669	-0.2	-0.14***	2159	0.2	-0.05	0.17
		(1.1)	(0.05)		(1.0)	(0.06)	
Height-for-Age (HAZ)	2669	-2.5	0.16***	2159	-2.5	0.10*	0.31
		(1.3)	(0.06)		(1.1)	(0.06)	
% who are classed as Stunted (HAZ < -2)	2669	66.2	-4.27**	2159	66.8	-4.31*	0.99
			(2.17)			(2.48)	
% who are classed as Severely Stunted (HAZ < -3)	2669	34.8	-4.47**	2159	29.8	-4.17**	0.90
			(2.00)			(2.10)	
Weight-for-Age (WAZ)	2669	-1.7	0.02	2159	-1.5	0.04	0.61
		(1.2)	(0.05)		(1.0)	(0.05)	
% who are classed as Underweight (WAZ < -2)	2669	40.1	-0.24	2159	30.2	-2.52	0.37
			(2.11)			(2.21)	
% who are classed as Severely Underweight (WAZ < -3)	2669	14.5	0.28	2159	6.7	-0.22	0.75
			(1.47)			(1.07)	
Height-for-Weight (WHZ)	2669	-0.6	-0.11**	2159	-0.1	-0.04	0.27
		(1.1)	(0.05)		(1.0)	(0.06)	
% Wasted (WHZ < -2)	2669	11.2	2.78**	2159	3.4	-0.79	0.01
			(1.28)			(0.73)	
% who are classed as Severely Wasted (WHZ < -3)	2669	2.9	-0.11	2159	0.4	0.25	0.67
			(0.76)			(0.33)	
Middle Upper Arm Circ. (MUAC)	2718	140.1	4.10	2175	154.9	-0.35	0.17

		(66.8)	(2.97)		(56.4)	(2.27)	
% who are classed as Malnourished (MUAC < 125)	2694	17.6	0.36	2169	1.7	-1.30**	0.33
			(1.64)			(0.63)	
% who are classed as Severely Malnourished (MUAC < 115)	2694	6.2	-0.59	2169	0.6	-0.72**	0.90
			(1.04)			(0.35)	

Source: CDGP baseline, midline, and endline survey data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). In addition, we control for child gender and age in months. SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 85: Anthropometrics for Endline Children (born after the midline, before the endline), controlling for age

	Endline		
	N	Non-CDGP mean (SD)	CDGP effect (SE)
Height (cm)	1854	68.9	0.23
		(7.0)	(0.18)
Weight (kg)	1854	7.4	0.12**
		(1.7)	(0.06)
BMI-for-age Z-score	1854	-0.7	0.07
		(1.3)	(0.06)
Height-for-Age (HAZ)	1854	-1.8	0.05
		(1.6)	(0.08)
% who are classed as Stunted (HAZ < -2)	1854	45.8	1.37
			(2.16)
% who are classed as Severely Stunted (HAZ < -3)	1854	21.3	-0.80
			(1.89)
Weight-for-Age (WAZ)	1854	-1.6	0.09
		(1.4)	(0.06)
% who are classed as Underweight (WAZ < -2)	1854	39.4	-2.47
			(2.46)
% who are classed as Severely Underweight (WAZ < -3)	1854	16.0	-2.45
			(1.84)
Height-for-Weight (WHZ)	1854	-0.9	0.09
		(1.3)	(0.06)
% Wasted (WHZ < -2)	1854	19.6	-1.83
			(1.83)
% who are classed as Severely Wasted (WHZ < -3)	1854	4.3	1.33
			(1.04)
Middle Upper Arm Circ. (MUAC)	1883	133.2	1.90**
		(13.7)	(0.88)

% who are classed as Malnourished (MUAC < 125)	1882	21.9	-2.98
			(2.13)
% who are classed as Severely Malnourished (MUAC < 115)	1882	7.6	-0.03
			(1.26)

Source: CDGP baseline, midline, and endline survey data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). In addition, we control for child gender and age in months. SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Figure 8: Effect of the CDGP on the height of Midline Children (born after the baseline, before the midline), by decile

Source: CDGP baseline, midline, and endline survey data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. The chart depicts the effect of the CDGP on different deciles of the distribution of the outcome. For example, if the effect on the 5th decile (i.e. the median) is .1, it means that the median of the distribution has been shifted upwards by 10% of a standard deviation due to the CDGP. For each decile, the square is the point estimate and the line is the 95% confidence interval.
3. The effect of the CDGP is statistically significant at the 5% level *if the confidence interval does not overlap with the horizontal black line*, which indicates zero effect.
4. 'Effect' is estimated by quantile regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level.
5. All Z-scores are computed using 2006 WHO growth charts, and cleaned by the standards described therein (WHO, 2006).
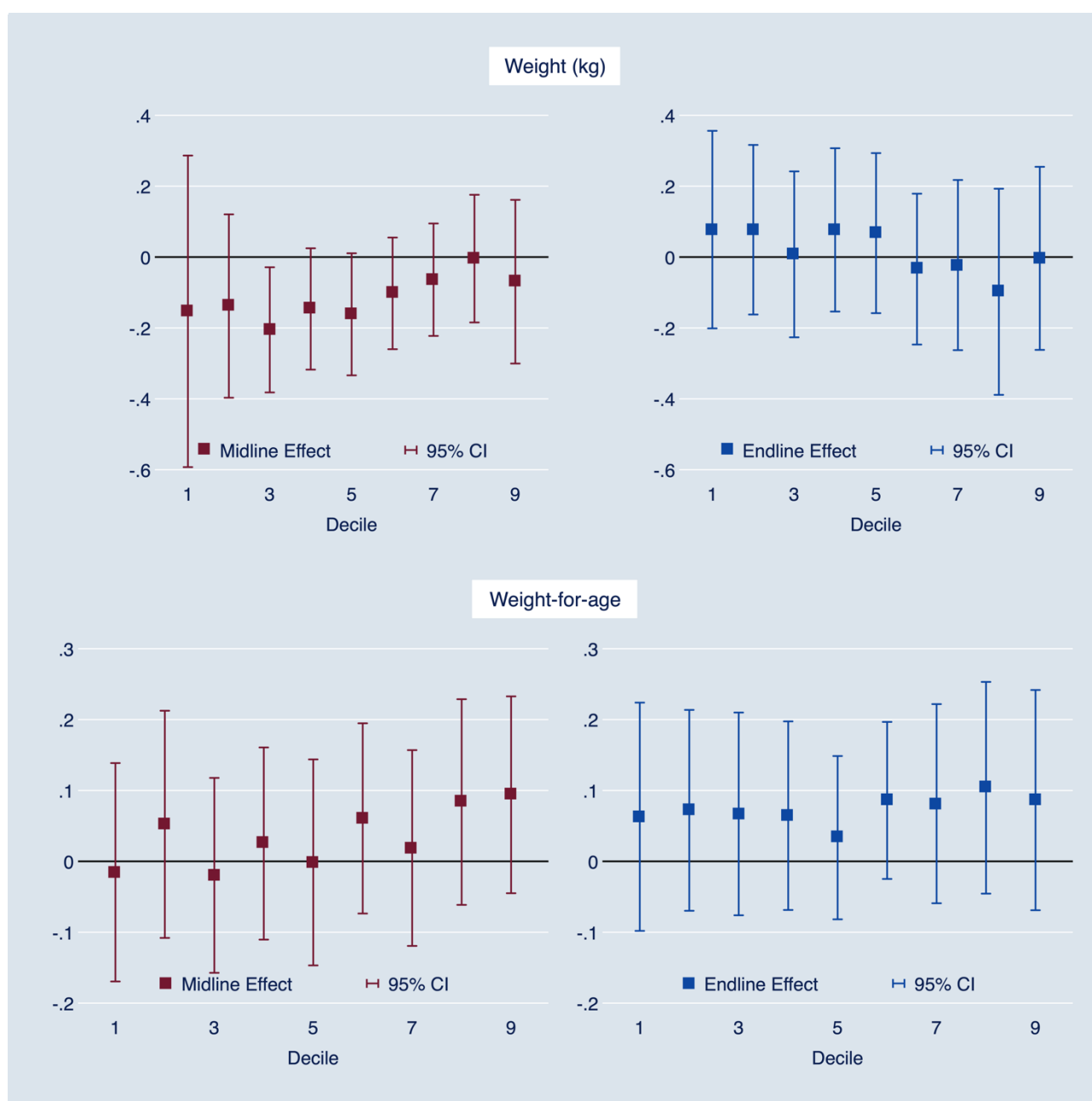
Figure 9:   Effect of the CDGP on the weight of Midline Children (born after the baseline, before the midline), by decile

Source: CDGP baseline, midline, and endline survey data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. The chart depicts the effect of the CDGP on different deciles of the distribution of the outcome. For example, if the effect on the 5th decile (i.e. the median) is .1, it means that the median of the distribution has been shifted upwards by 10% of a standard deviation due to the CDGP. For each decile, the square is the point estimate and the line is the 95% confidence interval.
3. The effect of the CDGP is statistically significant at the 5% level *if the confidence interval does not overlap with the horizontal black line*, which indicates zero effect.
4. 'Effect' is estimated by quantile regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level.
5. All Z-scores are computed using 2006 WHO growth charts, and cleaned by the standards described therein (WHO, 2006).

12 Impact heterogeneity analysis results

12.1 Community characteristics, by state, endline

Table 86: Shocks

	Jigawa			Zamfara		
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
Floods						
% communities affected in past 12 months	92	37.9	2.62	90	40.6	13.81
			(10.39)			(10.73)
% communities where more than half of HHs were affected	92	20.7	-6.05	90	25.0	0.09
			(8.32)			(9.29)
% communities affected for one month or longer	92	10.3	5.94	90	15.6	13.65
			(7.56)			(8.92)
% communities where shock made it difficult to access places to buy food	91	24.1	3.63	90	18.8	3.94
			(9.74)			(8.41)
% communities where shock made it difficult to access the health facility	92	27.6	-1.89	90	21.9	-1.08
			(9.59)			(8.22)
% communities where shock made it difficult to travel outside the community	92	27.6	-2.49	90	25.0	-0.13
			(9.35)			(8.07)
Drought or poor rains						
% communities affected in past 12 months	92	72.4	-6.89	90	37.5	-1.43
			(8.60)			(10.72)
% communities where more than half of HHs were affected	92	69.0	-11.91	90	28.1	-3.73
			(9.20)			(9.81)
% communities affected for one month or longer	92	51.7	-7.95	90	25.0	-12.89
			(9.65)			(8.95)
% communities where shock made it difficult to access places to buy food	92	27.6	-7.42	89	9.4	-9.50*
			(9.38)			(5.21)
% communities where shock made it difficult to access the health facility	92	17.2	-7.09	90	6.2	-4.79
			(7.88)			(4.57)
% communities where shock made it difficult to travel outside the community	92	13.8	-2.15	90	3.1	-1.55
			(7.45)			(3.48)
Crop damage caused by pests (e.g. locusts)						
% communities affected in past 12 months	92	89.7	-11.37	90	46.9	12.16
			(7.63)			(10.45)
% communities where more than half of HHs were affected	92	79.3	-14.57	90	34.4	7.50
			(9.31)			(10.06)
	92	58.6	-2.04	90	28.1	13.19

% communities affected for one month or longer			(11.03)			(10.33)
Crop damage caused by disease						
% communities affected in past 12 months	92	89.7	-20.27**	90	40.6	2.73
			(8.19)			(11.14)
% communities where more than half of HHs were affected	92	69.0	-18.63*	90	28.1	-3.82
			(10.47)			(9.86)
% communities affected for one month or longer	92	55.2	-6.03	90	15.6	15.56*
			(11.19)			(9.04)
Curfews						
% communities affected in past 12 months	92	3.4	-3.16	90	53.1	11.52
			(3.32)			(11.20)
% communities where more than half of HHs were affected	92	3.4	-3.16	90	53.1	8.25
			(3.32)			(11.23)
% communities affected for one month or longer	92	3.4	-3.36	90	50.0	4.16
			(3.31)			(11.19)
% communities where shock made it difficult to access places to buy food	92	0.0	0.20	90	15.6	-1.11
			(0.35)			(7.91)
% communities where shock made it difficult to access the health facility	92	0.0	0.20	90	21.9	-1.80
			(0.35)			(8.68)
% communities where shock made it difficult to travel outside the community	92	0.0	0.20	90	31.2	-11.01
			(0.35)			(9.63)
Violence in the village (e.g. rioting or protest)						
% communities affected in past 12 months	92	3.4	3.29	90	31.2	0.20
			(4.74)			(10.45)
% communities where more than half of HHs were affected	92	0.0	5.15*	90	18.8	5.75
			(2.83)			(9.02)
% communities affected for one month or longer	92	0.0	4.89*	90	25.0	-0.39
			(2.73)			(9.62)
% communities where shock made it difficult to access places to buy food	92	0.0	1.84	90	15.6	2.45
			(1.71)			(8.20)
% communities where shock made it difficult to access the health facility	92	0.0	3.29	90	12.5	7.18
			(2.25)			(7.83)
% communities where shock made it difficult to travel outside the community	92	0.0	3.29	90	21.9	-0.47
			(2.25)			(9.18)
Widespread migration into the village						
% communities affected in past 12 months	92	34.5	-5.89	90	56.2	5.06
			(10.68)			(11.23)
% communities where more than half of HHs were affected	92	6.9	-2.52	90	40.6	-16.94
			(5.01)			(10.68)

Cattle rustling or land disputes						
% communities affected in past 12 months	92	58.6	-11.81	90	81.2	-2.99
			(10.37)			(8.90)
% communities where more than half of HHs were affected	92	17.2	1.01	90	59.4	-7.65
			(8.65)			(10.68)
% communities affected for one month or longer	91	55.2	-23.53**	90	71.9	1.16
			(10.52)			(9.91)
Kidnapping and armed bandits						
% communities affected in past 12 months	92	3.4	-0.28	90	53.1	-25.02**
			(3.78)			(10.76)
% communities where more than half of HHs were affected	92	0.0		90	9.4	-4.35
						(6.30)
% communities affected for one month or longer	92	3.4	-1.78	88	36.7	-12.18
			(3.42)			(10.51)
Disease epidemic (e.g. cholera)						
% communities affected in past 12 months	92	75.9	-25.30**	90	81.2	-4.79
			(10.75)			(7.89)
% communities where more than half of HHs were affected	92	31.0	-9.96	90	37.5	8.76
			(10.06)			(10.08)
% communities affected for one month or longer	92	55.2	-24.62**	90	50.0	-3.29
			(10.75)			(11.13)

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all communities surveyed in the baseline survey in 2014. In each community, we interviewed a focus groups of elders in the evaluation traditional ward.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects. SEs are robust to heteroskedasticity. Significance levels: * (10%), ** (5%), ***(1%).

Table 87: Community support, by state, endline

	Jigawa			Zamfara		
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
% communities with any other programme in operation	92	58.6	22.11**	89	53.1	-0.92
			(10.35)			(10.45)
% communities with any programme organised by:						
Federal/Local Government	91	24.1	-1.71	89	9.4	-4.17
			(9.35)			(6.07)
NGO	91	41.4	17.20	89	43.8	1.05
			(11.01)			(9.43)
Faith Group	91	3.4	6.20	89	3.1	-1.23

			(5.42)			(3.49)
Other Institution	91	10.3	-3.22	89	3.1	2.20
			(6.41)			(4.41)
% communities with any other programme of the type:						
Cash transfer	92	3.4	13.89**	89	6.2	-1.58
			(5.92)			(5.15)
Food transfer	92	6.9	0.13	89	9.4	-3.87
			(5.67)			(5.81)
Education, information, or advice	92	13.8	6.43	89	21.9	2.68
			(8.22)			(8.98)
Infrastructure	92	34.5	20.76*	89	46.9	-2.15
			(10.75)			(9.93)
Other type	92	31.0	-5.53	89	12.5	6.94
			(10.28)			(7.82)

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all communities surveyed in the baseline survey in 2014. In each community, we interviewed a focus groups of elders in the evaluation traditional ward.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects. SEs are robust to heteroskedasticity. Significance levels: * (10%), ** (5%), ***(1%).

Table 88:   Facilities, by state, endline

	Jigawa			**Zamfara**		
	N	**Non-CDGP mean (SD)**	**CDGP effect (SE)**	**N**	**Non-CDGP mean (SD)**	**CDGP effect (SE)**
% communities that have in the village						
Primary school	92	82.8	6.10	90	81.2	0.41
			(7.71)			(8.66)
Place where mobile phone can be purchased	92	10.3	7.17	90	25.0	-4.78
			(7.60)			(9.55)
Place where mobile credit can be purchased	92	89.7	1.88	90	90.6	2.22
			(6.37)			(6.03)
Market	92	31.0	14.61	90	40.6	1.50
			(10.31)			(10.96)
Time to walk to the nearest market:						
0-30 mins	92	37.9	16.85	90	43.8	7.18
			(11.02)			(11.00)
30-60 mins	92	17.2	-8.51	90	12.5	-2.10
			(8.00)			(7.20)
60-120 mins	92	27.6	-1.89	90	31.2	-0.74
			(10.02)			(10.34)

	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
120+ mins	92	17.2	-6.45	90	12.5	-4.34
			(8.61)			(7.02)
Time to travel by motorcycle to the nearest market:						
0-30 mins	92	79.3	1.76	90	65.6	4.08
			(9.05)			(10.43)
30-60 mins	92	17.2	-2.62	90	25.0	-1.44
			(8.12)			(9.63)
60+ mins	92	3.4	0.85	90	9.4	-2.64
			(4.47)			(6.19)

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all communities surveyed in the baseline survey in 2014. In each community, we interviewed a focus groups of elders in the evaluation traditional ward.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects. SEs are robust to heteroskedasticity. Significance levels: * (10%), ** (5%), ***(1%).

Table 89:   Health facility, by state, endline

	Jigawa			Zamfara		
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
% communities that have a health facility in the village	92	37.9	14.30	90	50.0	-0.50
			(11.27)			(10.79)
Time to walk to the nearest health facility:						
0-30 mins	48	11.1	12.76	46	25.0	4.23
			(11.20)			(13.37)
30-60 mins	48	38.9	-7.07	46	31.2	-5.41
			(14.58)			(14.46)
60-120 mins	48	50.0	-16.17	46	31.2	12.74
			(14.84)			(14.59)
120+ mins	48	0.0	10.50*	46	12.5	-11.58
			(6.08)			(8.09)
Time to travel by motorcycle to the nearest health facility:						
0-30 mins	48	66.7	15.20	46	62.5	6.68
			(13.63)			(14.81)
30-60 mins	48	33.3	-18.86	46	25.0	5.04
			(13.29)			(14.01)
60+ mins	48	0.0	3.67	46	12.5	-11.72
			(3.73)			(8.08)
% health facilities where services are available:						
Antenatal care	92	96.6	-7.78	90	68.8	11.72
			(5.51)			(9.42)
Postnatal care	92	86.2	-12.69	88	59.4	12.19
			(8.84)			(10.07)
Delivery of babies	92	58.6	7.42	89	53.1	6.00

			(11.11)			(11.06)
Immunisations	92	100.0	-3.35	90	84.4	8.72
			(2.29)			(7.39)
Healthy diet counselling	91	89.7	5.73	89	77.4	11.80
			(6.57)			(8.85)
% health facilities where staff are available:						
Doctor	92	48.3	9.88	89	31.2	8.21
			(11.30)			(9.92)
Nurse or midwife	92	65.5	0.98	89	48.4	3.27
			(10.32)			(10.75)
Community health extension worker (CHEW)	87	100.0	-13.60***	82	93.1	-0.18
			(4.49)			(6.05)

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all communities surveyed in the baseline survey in 2014. In each community, we interviewed a focus groups of elders in the evaluation traditional ward.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects. SEs are robust to heteroskedasticity. Significance levels: * (10%), ** (5%), ***(1%).

Table 90: Mobile coverage, by state, endline

	Jigawa			Zamfara		
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
% communities with MTN coverage	92	93.1	-6.34	90	93.8	4.12
			(6.58)			(4.55)
% covers most places in the village	81	37.0	14.87	87	53.3	-8.23
			(11.38)			(11.51)
% covers around half the village	81	22.2	-4.41	87	13.3	3.88
			(9.53)			(8.03)
% covers only a few places in the village	81	40.7	-10.46	87	33.3	4.35
			(12.04)			(10.96)
% communities with good signal	81	40.7	-10.46	87	33.3	4.35
			(12.04)			(10.96)
% communities with GLO coverage	92	65.5	-5.91	90	43.8	15.28
			(10.35)			(10.63)
% covers most places in the village	57	15.8	17.02	49	42.9	-9.67
			(11.96)			(15.54)
% covers around half the village	57	15.8	2.53	49	21.4	-18.78
			(10.88)			(11.62)
% covers only a few places in the village	57	68.4	-19.55	49	35.7	28.45**
			(14.04)			(14.16)
% communities with good signal	57	68.4	-19.55	49	35.7	28.45**
			(14.04)			(14.16)

	N	Mean	Effect	N	Mean	Effect
% communities with Air-Tel coverage	92	82.8	5.18	90	90.6	1.52
			(8.25)			(6.36)
% covers most places in the village	79	54.2	-6.58	82	41.4	-7.27
			(12.02)			(11.61)
% covers around half the village	79	12.5	16.11*	82	10.3	8.61
			(9.38)			(8.17)
% covers only a few places in the village	79	33.3	-9.53	82	48.3	-1.34
			(10.89)			(11.92)
% communities with good signal	79	33.3	-9.53	82	48.3	-1.34
			(10.89)			(11.92)
% communities with Eti-Salat coverage	90	64.3	-11.88	90	53.1	10.98
			(10.97)			(10.85)
% covers most places in the village	51	11.1	17.42*	54	35.3	-0.81
			(10.26)			(14.13)
% covers around half the village	51	16.7	10.15	54	11.8	-1.10
			(10.57)			(9.73)
% covers only a few places in the village	51	72.2	-27.57**	54	52.9	1.91
			(12.68)			(14.69)
% communities with good signal	51	72.2	-27.57**	54	52.9	1.91
			(12.68)			(14.69)

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is all communities surveyed in the baseline survey in 2014. In each community, we interviewed a focus groups of elders in the evaluation traditional ward.
2. N = number of non-missing observations. Mean = unweighted estimate of the mean.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. ML-EL diff. = p-value of the difference between the effect at midline and at endline.
5. Means, effects and differences are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
6. Both the 'Effect' and the 'ML-EL diff.' are estimated by OLS regression with LGA and tranche fixed effects. SEs are robust to heteroskedasticity. Significance levels: * (10%), ** (5%), ***(1%).

12.2 Child health and nutrition results, by gender, endline

Table 91: Nutrition of Midline Children (born after the baseline, before the midline) – Minimum Dietary Diversity, by gender, endline

	Males			Females		
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
Minimum Dietary Diversity Indicator (WHO)	1156	4.1	0.33***	1025	4.0	0.42***
		(1.2)	(0.09)		(1.2)	(0.09)
% children consuming:						
4+ food groups	1156	68.5	11.39***	1025	65.9	14.19***
			(2.95)			(3.32)
Grains, roots and tubers	1156	99.5	0.69	1025	99.4	0.50
			(0.63)			(0.74)
Legumes and Nuts	1156	83.2	4.02	1025	84.5	3.55
			(2.75)			(2.71)
Dairy products (milk, yogurt, cheese)	1156	40.1	11.21***	1025	36.8	13.05***
			(3.59)			(3.46)
Flesh foods (meat, fish, poultry and liver/organ meats)	1156	24.4	7.39**	1025	20.1	12.97***
			(3.37)			(2.89)
Eggs	1156	0.8	1.13	1025	1.5	0.45
			(0.73)			(0.90)
Vitamin-A rich fruits and vegetables	1156	90.1	2.87	1025	89.2	5.10**
			(2.16)			(2.00)
Other fruits and vegetables	1156	68.3	5.45*	1025	65.9	6.80*
			(3.19)			(3.49)

Source: CDGP baseline, midline, and endline data. Notes: Indicators in this table are constructed using a 24h food recall diary, where the mother/carer is asked to list all the foods the child ate during the previous day, from the moment they woke up to when they went to sleep. For each dish, the mother is asked to list each ingredient used, which is then categorised into different food groups. The main indicator is constructed by summing the number of food groups the child received.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means and effects are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). In addition, we control for child age. SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 92: Nutrition of Endline Children (born after the midline, before the endline) – 6-23 months old, breastfed – Minimum Dietary Diversity, by gender

	Males			Females		
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
Minimum Dietary Diversity Indicator (WHO)	659	2.9	0.39***	664	2.7	0.68***
		(1.5)	(0.12)		(1.5)	(0.13)
% children consuming:						
4+ food groups	659	41.4	7.96**	664	27.7	23.50***
			(3.92)			(4.12)
Grains, roots and tubers	659	90.8	4.36**	664	88.3	3.07
			(1.94)			(2.25)
Legumes and Nuts	659	57.7	3.83	664	52.4	13.81***
			(3.93)			(4.26)
Dairy products (milk, yogurt, cheese)	659	32.2	10.86***	664	28.6	17.21***
			(3.92)			(4.02)
Flesh foods (meat, fish, poultry and liver/organ meats)	659	8.4	11.47***	664	9.1	10.60***
			(3.17)			(3.26)
Eggs	659	0.8	0.87	664	0.4	0.90
			(0.84)			(0.74)
Vitamin-A rich fruits and vegetables	659	61.1	3.85	664	55.8	11.34***
			(3.64)			(4.24)
Other fruits and vegetables	659	40.6	3.52	664	35.1	11.50***
			(3.70)			(4.04)

Source: CDGP baseline, midline, and endline data. Notes: Indicators in this table are constructed using a 24h food recall diary, where the mother/carer is asked to list all the foods the child ate during the previous day, from the moment they woke up to when they went to sleep. For each dish, the mother is asked to list each ingredient used, which is then categorised into different food groups. The main indicator is constructed by summing the number of food groups the child received.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means and effects are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). In addition, we control for child age. SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 93: Nutrition of Endline Children (born after the midline, before the endline) – 6-23 months old, not breastfed – Minimum Dietary Diversity, by gender

	Males			Females		
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
Minimum Dietary Diversity Indicator (WHO)	109	4.0	-0.17	105	3.5	0.47
		(1.1)	(0.27)		(1.3)	(0.29)
% children consuming:						
4+ food groups	109	72.7	-11.26	105	43.6	28.09**
			(11.10)			(12.60)

	109	100.0	-3.90	105	100.0	
Grains, roots and tubers			(2.60)			
	109	78.8	1.13	105	64.1	6.63
Legumes and Nuts			(7.57)			(10.09)
Dairy products (milk, yogurt, cheese)	109	45.5	-18.88*	105	30.8	20.61**
			(11.01)			(10.41)
Flesh foods (meat, fish, poultry and liver/organ meats)	109	27.3	3.34	105	17.9	9.24
			(8.17)			(9.35)
	109	0.0	1.59	105	0.0	
Eggs			(1.59)			
Vitamin-A rich fruits and vegetables	109	87.9	0.79	105	87.2	5.19
			(7.59)			(5.66)
	109	57.6	-0.72	105	51.3	5.44
Other fruits and vegetables			(12.02)			(12.09)

Source: CDGP baseline, midline, and endline data. Notes: Indicators in this table are constructed using a 24h food recall diary, where the mother/carer is asked to list all the foods the child ate during the previous day, from the moment they woke up to when they went to sleep. For each dish, the mother is asked to list each ingredient used, which is then categorised into different food groups. The main indicator is constructed by summing the number of food groups the child received.
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means and effects are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). In addition, we control for child age. SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 94:   IYCF for Endline Children, by gender

| | Males | | | Females | | |
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
Child ever breastfed Proportion of children born in the last 24 months who were ever breastfed	928	99.7	0.01 (0.35)	957	100.0	-0.18 (0.18)
Age-appropriate breastfeeding Proportion of children 0–23 months of age who are appropriately breastfed	928	72.2	3.19 (2.83)	955	65.0	8.84*** (3.26)
Early initiation of breastfeeding (immediately) Proportion of children born in the last 24 months who were put to the breast within one hour of birth	925	71.5	16.13*** (3.24)	956	63.0	24.09*** (3.36)
Early initiation of breastfeeding (24 hours) Proportion of children born in the last 24 months who were put to the breast within 24 hours of birth	925	85.4	11.37*** (2.45)	956	88.8	7.60*** (2.01)
Exclusive breastfeeding among children under six months Proportion of infants 0–5 months of age who are fed exclusively with breast milk	152	61.2	18.40** (8.13)	183	36.1	37.11*** (8.29)

Predominant breastfeeding among children under six months Proportion of infants 0–5 months of age who are predominantly breastfed	152	93.9	-1.43 (4.31)	184	88.5	4.38 (4.53)
Continued breastfeeding at one year (12–15 months) Proportion of children 12–15 months of age who are fed breast milk	253	99.0	0.98 (0.85)	247	96.3	1.52 (2.48)
Continued breastfeeding at two years (20–23 months) Proportion of children 20–23 months of age who are fed breast milk	121	37.1	-9.86 (10.79)	111	34.3	-1.07 (9.14)
Milk feeding frequency Proportion of non-breastfed children 6–23 months of age who receive at least two milk feedings in 24 hours	109	21.2	-4.49 (9.93)	105	15.4	6.53 (7.96)
Introduction of solid, semi-solid or soft foods (6–8 months) Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods	94	41.7	23.77** (11.67)	82	51.9	11.85 (9.52)
Consumption of iron-rich/fortified foods (6–23 months) Proportion of children 6–23 months of age who receive an iron-rich food or iron-fortified food that is specially designed for infants and young children, or that is fortified in the home	776	17.1	6.85** (3.18)	771	15.2	8.92*** (3.30)
Minimum meal frequency (6–23 months) Proportion of breastfed and non-breastfed children 6–23 months old who receive solid, semi-solid or soft foods (including milk feeds for non-breastfed children) the minimum number of times or more	775	51.3	3.96 (3.70)	771	48.9	11.87*** (3.94)
Minimum dietary diversity (6–23 months) Proportion of children 6–23 months of age who receive foods from four or more food groups+	776	44.7	6.15 (3.78)	771	30.0	24.37*** (3.90)
Minimum acceptable diet (6–23 months) Proportion of children 6–23 months of age who receive a minimum acceptable diet (apart from breast milk)++	776	28.4	3.98 (3.88)	771	17.8	18.53*** (3.35)
Exclusively breastfed for at least six months (if already stopped exclusively breastfeeding at EL interview)	809	19.7	43.02*** (4.06)	845	19.8	38.11*** (4.40)

Table 95: Health and treatment for Midline Children (born after the baseline, before the midline), by gender, endline

	Males			**Females**		
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
% of children given deworming medication in the past six months	1152	36.8	13.59***	1034	36.4	10.63***
			(3.53)			(3.63)
% of children who had an illness or injury in the past 30 days	1163	75.4	-10.95***	1044	70.6	-12.76***
			(2.88)			(3.47)
% of children who had diarrhoea in the past two weeks	1162	33.5	-11.65***	1041	29.3	-7.27**
			(3.10)			(2.98)
% of children for whom someone sought advice or treatment for the diarrhoea (among children who had diarrhoea in the past two weeks)	305	81.8	4.92	251	76.0	11.10**
			(4.26)			(4.99)
% of children given ORS for diarrhoea (among children who had diarrhoea in past two weeks)	305	53.8	10.28	252	42.7	19.26***
			(6.35)			(6.59)
% of children given deworming medication in the past six months	1152	36.8	13.59***	1034	36.4	10.63***
			(3.53)			(3.63)

Table 96: **Health and treatment for Endline Children (born after the midline, before the endline), by gender, endline**

	Males			Females		
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
% of children given deworming medication in the past six months	925	19.9	12.70***	945	22.2	8.43***
			(3.10)			(2.79)
% of children who had an illness or injury in the past 30 days	929	63.6	-8.91**	956	63.0	-7.69**
			(3.68)			(3.56)
% of children who had diarrhoea in the past two weeks	929	35.2	-6.33*	956	29.7	-6.02*
			(3.61)			(3.24)
% of children for whom someone sought advice or treatment for the diarrhoea (among children who had diarrhoea in the past two weeks)	288	82.5	2.11	248	79.6	-0.07
			(4.93)			(5.03)
% of children given ORS for diarrhoea (among children who had diarrhoea in past two weeks)	288	43.0	19.20***	249	44.9	7.62
			(6.33)			(6.50)
% of children given deworming medication in the past six months	925	19.9	12.70***	945	22.2	8.43***
			(3.10)			(2.79)

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means and effects are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). In addition, we control for child age. SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 97: **Anthropometrics for Midline Children (born after the baseline, before the midline), by gender, endline**

	Males			Females		
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
Age (months)	1163	42.3	-0.85**	1046	41.7	-0.55
		(6.2)	(0.40)		(6.7)	(0.48)
Height (cm)	1145	90.1	0.04	1014	88.6	0.36
		(5.6)	(0.35)		(5.9)	(0.39)
Weight (kg)	1145	13.0	-0.08	1014	12.2	0.12
		(1.7)	(0.11)		(1.8)	(0.12)
BMI-for-age Z-score	1145	0.4	-0.12*	1014	0.0	0.02
		(1.0)	(0.07)		(1.0)	(0.07)
Height-for-Age (HAZ)	1145	-2.5	0.12*	1014	-2.5	0.15**
		(1.1)	(0.07)		(1.1)	(0.07)
% who are classed as Stunted (HAZ < -2)	1145	67.4	-6.34**	1014	66.0	-3.89

	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
			(3.09)			(3.26)
% who are classed as Severely Stunted (HAZ < -3)	1145	29.7	-4.07	1014	29.9	-5.19*
			(2.51)			(2.82)
Weight-for-Age (WAZ)	1145	-1.4	0.01	1014	-1.6	0.12*
		(1.0)	(0.06)		(1.0)	(0.07)
% who are classed as Underweight (WAZ < -2)	1145	25.8	-0.31	1014	35.5	-6.08*
			(2.48)			(3.28)
% who are classed as Severely Underweight (WAZ < -3)	1145	6.7	-0.41	1014	6.6	-0.49
			(1.38)			(1.48)
Height-for-Weight (WHZ)	1145	0.0	-0.10	1014	-0.2	0.04
		(1.0)	(0.07)		(1.0)	(0.07)
% Wasted (WHZ < -2)	1145	3.1	-0.28	1014	3.8	-1.38
			(1.01)			(1.18)
% who are classed as Severely Wasted (WHZ < -3)	1145	0.0	0.68**	1014	0.9	-0.21
			(0.33)			(0.64)
Middle Upper Arm Circ. (MUAC)	1153	154.6	0.62	1022	155.3	-1.89
		(44.4)	(2.69)		(68.2)	(4.00)
% who are classed as Malnourished (MUAC < 125)	1150	1.5	-0.12	1019	1.9	-1.63*
			(0.79)			(0.99)
% who are classed as Severely Malnourished (MUAC < 115)	1150	0.3	0.01	1019	0.9	-0.88
			(0.37)			(0.58)

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means and effects are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

Table 98: Anthropometrics for Endline Children (born after the midline, before the endline), by gender, endline

	Males			Females		
	N	Non-CDGP mean (SD)	CDGP effect (SE)	N	Non-CDGP mean (SD)	CDGP effect (SE)
Age (months)	928	12.3	0.20	957	12.2	0.05
		(5.8)	(0.38)		(6.2)	(0.42)
Height (cm)	907	69.7	0.34	947	68.1	0.38
		(6.7)	(0.44)		(7.2)	(0.45)
Weight (kg)	907	7.7	0.06	947	7.1	0.22**
		(1.6)	(0.11)		(1.7)	(0.11)
BMI-for-age Z-score	907	-0.7	-0.04	947	-0.8	0.17*
		(1.2)	(0.08)		(1.3)	(0.09)
Height-for-Age (HAZ)	907	-2.0	0.03	947	-1.6	0.04
		(1.6)	(0.12)		(1.6)	(0.12)
% who are classed as Stunted (HAZ < -2)	907	49.2	3.55	947	42.5	-0.20

			(3.34)			(3.41)
% who are classed as Severely Stunted (HAZ < -3)	907	24.9	-0.01	947	17.7	-1.34
			(2.98)			(2.38)
Weight-for-Age (WAZ)	907	-1.7	-0.01	947	-1.5	0.15
			(1.4)	(0.10)		(1.4)	(0.10)
% who are classed as Underweight (WAZ < -2)	907	40.4	3.58	947	38.5	-7.53**
			(3.35)			(3.39)
% who are classed as Severely Underweight (WAZ < -3)	907	17.7	-0.88	947	14.4	-3.82*
			(3.05)			(2.06)
Height-for-Weight (WHZ)	907	-0.9	-0.05	947	-1.0	0.20**
			(1.2)	(0.08)		(1.3)	(0.09)
% Wasted (WHZ < -2)	907	19.6	0.40	947	19.6	-3.74
			(2.71)			(2.37)
% who are classed as Severely Wasted (WHZ < -3)	907	3.8	4.20**	947	4.9	-1.16
			(1.63)			(1.40)
Middle Upper Arm Circ. (MUAC)	927	135.3	1.58	956	131.2	2.16**
		(13.1)	(1.48)		(14.0)	(1.00)
% who are classed as Malnourished (MUAC < 125)	926	16.4	-0.15	956	27.2	-5.74*
			(2.82)			(3.18)
% who are classed as Severely Malnourished (MUAC < 115)	926	5.9	-0.21	956	9.4	-0.12
			(1.58)			(2.07)

Source: CDGP baseline, midline, and endline data. Notes:
1. The sample is women who were pregnant at the time of the baseline survey in 2014. We interviewed this pregnant woman and her husband and also asked questions about her children. At midline and endline, we interviewed the same people.
2. Mean = unweighted estimate of the mean in the control group. SD is reported for continuous indicators only.
3. Effect = the adjusted difference in means between CDGP and non-CDGP communities.
4. Means and effects are measured in percentage points for binary and categorical indicators. For continuous indicators, they are measured in the relevant unit of measurement.
5. The 'Effect' is estimated by OLS regression with LGA and tranche fixed effects, adjusted for baseline characteristics of the household and of the woman (see Section 5.9). SEs are clustered at the village level. Significance levels: * (10%), ** (5%), ***(1%).

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