Seminar Series on Nutrition-Sensitive Social Protection
Nutrition-sensitive Social Protection in Niger

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Niger Safety Net Project

Objective:
Establish and support an effective safety net system that will increase access of poor and food insecure people to cash transfer and cash-for-work programs.

Main component(s):
• System-building component
• Cash for work component
• Cash transfer component and accompanying measures sub-component:
  • Rapidly expanding (covering 5/7 regions in the country)
  • 80,000 households targeted by CT program by 2017;

Nutrition-Sensitive component(s):
Targets nutritionally vulnerable population
Promotes income/consumption through cash transfer
Promotes caring and health practices/services through behavioral accompanying measures to cash transfer component
Cash transfer component

• Objectives: support targeted poor and food insecure households by increasing their income and investing in their human capital

• Monthly transfers: 10,000 FCFA (about US$20)
  • 15% of the poverty line for a rural family
  • Duration: 24 months

• Targeting
  • Geographical targeting, then PMT + community validation
  • Women (first wife in polygamous households)
2 types of accompanying measures to the cash transfer program

• **Activities to encourage investments in income-generating and productive activities**
  - Facilitate savings through tontines and women’s groups.
    - Documented sustained impacts 18 months after end of the transfers

• **“Behavioral component” (Volet Comportemental) aiming to foster behavioral changes among parents**
  - Aim is to encourage "behavioral changes" and investment in human capital of young children
  - Encourage adoption of positive parenting practices related to nutrition, health, sanitation, and psycho-social stimulation
  - Participation in the Behavioral Component is a "soft condition" to receive monthly payments
Who delivers the accompanying measures?

• Repetition of messages by combination of activities:
  • Monthly community assemblies delivered by NGO workers
  • Monthly meetings delivered by community educators
  • Monthly household visits by community educators

• Intensity: each activity takes place once per month
  • 3 activities per month for each beneficiary during 18 months

• Structured Delivery:
  • Standardization of procedures through a “technical guide" that establishes technical content and modalities of implementation
  • Implementation strategy is systematized
  • Delivered through local NGOs, with intensive quality control

• Strong oversight and quality control
  • 1 Community Educator for 25 households
  • 1 Field Worker (NGOs) for 300-400 beneficiary households
  • 1 quality controller for 8 NGO field workers
  • Each project office has a specialized staff overseeing implementation
What tools were created?

• Covers holistic child development including nutrition, cognitive and social-emotional stimulation, health, hygiene, ...
  • Based on the "Essential Family Practices package" developed by UNICEF in Niger
  • But content expanded to other topics relevant to the project, including strengthening thematic nutrition and introducing a series of themes on psycho-social stimulation
  • Strong focus on implementation and structuring delivery mechanisms

• Standardization of procedures through a “technical guide" that establishes technical content and modalities of implementation
  • Tool piloted jointly by the various stakeholders
  • Determine responsibilities of the different actors and NGOs

• Development of tools and materials
  • Systematic use of communication
  • Supports (posters, images, posters, counseling cards, toys, ...;
  • Attendance monitoring tools -> Link to Project MIS
  • Quality control tools
The content of the behavioral component covers holistic Early Childhood Development

**NUTRITION**
^ Exclusive Breastfeeding
^ Complementary feeding
Malnutrition
Vitamin A supplementation, deworming and iron absorption

**HEALTH**
^ Protection of children against diseases (vaccination, MI)
^ Children care after first signs of disease
Hygiene and handwashing ^;

**PSYCHO-SOCIAL STIMULATION**
Language stimulation
Stimulation through play
School readiness
* Psycho-social development and attachment
* Brain development

**PROTECTION**
^ Family Planning
Birth and Child registration
* Discipline, punishment and conflict management

* Themes developed under the project
^ UNICEF essential family practices
Successes/Challenges

• Soft conditions, but higher participation from beneficiaries
  • Many non-beneficiaries also participate
  • Strong social dynamics

• Strong focus on quality is essential
  • Continuous training of different actors (NGOs, educators,...)
  • Oversight of NGOs and community educators in the field
  • Enforcement of performance-based contracts necessary
  • MIS as a key tool, but real-time feedback loops are challenging
  • Challenging to ensure constant quality focus during scale-up

• Qualitative work suggests beneficiaries know project messages well... is it sufficient for actual behavioral change and improvements in outcomes?
  • Impact evaluation results coming soon