

"moni for my pocket" **Mobile Conditional Cash** Transfer



INTRODUCTION

 SURE-P Maternal and Child Health (MCH) is a large scale Federal Government social safety net project to address barriers to accessing care by women and children in rural Nigeria



- One of the key components of the SURE-P MCH program is demand generation
- SURE-P MCH is a strategic part of the President's Saving One Million Lives Initiative
- The mobile CCT (mCCT) is one of the 4 key areas that dominates the President's agenda to leverage on Information Communication Technology to Save One Million Lives (ICT4SOML)



SURE-P MCH addresses demand and supply side barriers to accessing RMNCH services

Supply Inputs

Human Resources for Health

Recruitment	Deploy- ment	Training
Midwives and CHWs recruited from school or unemploy- ment database, VHWs from communities	Midwives and CHWs deployed after enrolment, VHWs deployed after training	All cadres receive a one-week training

Continuum of care

Antenatal visit 1

Antenatal visit 4

Skilled attendant at birth

Postnatal care

Family Planning

Demand Inputs

Conditional Cash Transfer

Payment

Conditio ns

Identification

Women
who meet
conditions
are paid a
set
incentive
value

Women are encour-aged to meet the programme community conditions (i. identified by e. to access VHW, CHW, MCH or midwife services at PHCs)





Major demand side strategy under the SURE-P MCH program is the Conditional Cash Transfer Scheme

- The programme involves cash payments as an incentive to encourage pregnant women to access services along the RMNCH continuum of care.
- The CCT programme involves identification of the target beneficiaries (pregnant women) within the community by Community Health Resource Persons (VHWs) and enrolment of the pregnant women into the SURE-P MCH CCT programme at the health facility.
- Pregnant women are required to meet all outlined conditions before cash payment is made.





Major demand side strategy under the SURE-P MCH program is the Conditional Cash Transfer Scheme

Conditions

Compliance and Verification

Cash Disbursement

4 conditions for which CCTs are based:

- Registration and 1st ANC visit
- Focused ANC visits
- Skilled birth delivery
- Reporting progressint to hospidate extensions beneficiaries meeting service conditions
- Verification by field officers -----
- Total of **two disbursements**:
 - 1st disbursement = 1,000 Naira for registration and first ANC visit
 - 2nd disbursement =4,000 Naira for going through the continuum of care (meeting all remaining conditions, focused ANC visits, skilled birth and zero-dose immunization)



The initial payment mechanism for beneficiaries of the CCT program involved cumbersome logistic processes



Health Facility

Woman registered in consultation form for 1st ANC Visit, Follow-up visits or L&D, Immunization



State Field staff

Field staff visits facility to gather beneficiary data from register weekly



State Field & Technical staff

Field staff **enter data in excel** sheet, State data is verified by state Technical staff and email to National for verification, and approval.



Beneficiary
Pregnant mother
data entered into
paper CCT register



Beneficiary

Visit facility on payout days for cash disbursements.



Bank

Payment made to beneficiaries on scheduled days after ~2months



National CCT Finance

Process payment and send to bank.



The major challenges with this cash payment system included:

- Long wait times for beneficiaries from date of fulfillment of coresponsibilities
- Large sums of cash transported to the 'pay out' locations



SURE-P MCH partnership with Pathfinder to pilot a mobile money (mCCT) platform

- Pathfinder's CommCare application was introduced to optimize the process of registration and verification by:
- Collecting clinical data
- Sending structured pregnancy and prenatal messages
- Sending appointment reminders
- Calculating beneficiary cash support
- Real time reporting and approvals through a web dashboard
- The pilot was conducted in 4 facilities in the FCT
- Dobi, Wuna, Rafin-Zurfi and Ibwa II
- Partnerships were made with mobile aggregators to negotiate





The mCCT pilot incorporated key strategies that enhanced its implementation

- Training of health workers on mobile money platform
 - Field officers trained health workers in pilot facilities
- Educating beneficiaries on mobile wallets
 - Mobile Network Operator personnel and CCT field officers trained beneficiaries on mobile wallet
- Provision of free sim cards
 - Women were presented with free sim cards as an additional incentive
- Rural telephones





The mCCT pilot was successful in reducing reporting, verification and payment times



Beneficiary

Pregnant mother data entered into CCT Hand card + Free SIM



Health Facility

Woman registered in CommCare for 1st ANC Visit, Follow-up visits or L&D, Immunization



State Field staff

Field staff visits facility and **validate** beneficiary data from register weekly or monthly





Beneficiary



Cash-out any time before 9months @ any Agent location or bank branch



Payment made to beneficiaries as approved list is uploaded on Bank portal



National mCCT Finance

Process payment and send to bank.





There were a few implementation challenges

Challenges

- Delays in engagements with banks
- Alignment of mobile operators and banks coverage to ensure national scale
- Change management
 associated with migration
 from cash economy to
 mobile money

Mitigation strategy

- Continuous engagement with banks upon conclusion
- Create environment for open discourse among banks, mobile operators and regulatory bodies
- Improved advocacy and education in rural communities on the benefits of mobile money





NEXT STEPS

Scale up of mCCT to 4 facilities in Kaduna state



Review and assess pilot implementation







Questions?

