

Rethinking the design and implementation of Nigeria's COPE Conditional Cash Transfer Programme

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Nigeria's 'In Care of the People' (COPE) conditional cash transfer (CCT) programme was launched in 2007 across 12 of Nigeria's 36 federated states (National Poverty Eradication Programme 2007). Although some states in Nigeria have other CCT programmes of their own, COPE is the only nationwide government-sponsored CCT programme in Nigeria. Similar to CCTs in other countries, COPE was designed with the objectives of reducing socio-economic vulnerabilities and breaking the cycle of intergenerational poverty by developing human capital. It requires selected households to ensure that their children attend school and participate in immunisation programmes as conditions for receiving the benefits. Based on findings from research done on social protection and COPE in Nigeria in 2013, this One Pager provides a brief overview of the programme and highlights some of its design and implementation challenges.

In terms of its design, COPE uses a combination of geographical, community and categorical targeting methods to select communities, households and individuals. While beneficiary households are mostly located in geographical areas and communities with low human development indicators, having at least one child of primary or junior secondary school age is the primary eligibility criterion for every household. However, in selecting beneficiaries, preference is given to households that are headed by categories of vulnerable persons such as: women, elderly people, people with disabilities, people living with HIV/AIDS or victims of vesicovaginal fistula. Selection of households is done by members of Community Social Assistance Committees (CSACs) in collaboration with government officials from the National Poverty Eradication Programme (NAPEP), the federal agency in charge of COPE, and local officials from participating states and local governments where the communities and households are located. The CSACs are established in participating communities to assist government officials in the selection of beneficiaries and to monitor the implementation of the programme. Every CSAC includes community members such as the community/village head, the community religious leader, school head, community health worker, women's leader and community development representative.

The main conditions for COPE relate to school attendance of at least 80 per cent for each child in the household, and participation of household members in government-sponsored immunisation programmes. Households that fulfil these conditions receive what is referred to as the 'Basic Income Guarantee' (BIG) of NGN1500 (approximately USD10 when the programme was launched) per child, or a maximum of NGN5000 for four or more children, every month.

Selected households participate in COPE for a year, after which they are expected to leave the programme. A Poverty Reduction Accelerator Investment (PRAI) payment of NGN84,000 is paid to each household or used to purchase equipment to help them set up a business or trade after they leave the programme. However, while the PRAI remains a unique feature that differentiates COPE from other CCTs in many African and Latin

American countries, the payment is based on the assumption that the income generated from the business or trade would enable the household to support the education and health needs of their children once they leave the programme. To receive the payment, each household is expected to present a member who would be trained or supported by the government with the PRAI money in a business or trade of their choice.

Although some states in Nigeria have progressed beyond the first phase of COPE, and more states have been included in the programme, it is imperative to address the following four challenges.

First, unlike what happens in pioneer CCTs such as *Bolsa Familia* in Brazil and *Oportunidades* in Mexico, where households benefit from the programmes for longer periods, households only participate in COPE for a year, without any possibility of extension. Moreover, due to claims of limited resources, the number of participating households is restricted to 10 per community, even though several other households also meet the eligibility criteria. Second, since the households that participate in COPE are from very poor communities, the supply-side constraints of poor schools and clinics are quite significant. This is particularly important given that the lack of access to quality education and health services affects how CCTs contribute to the development of human capital (Rawlings 2005). Third, although the BIG and PRAI may provide some temporary relief for households to allow them to buy basic school and household items, the amount of monetary transfers is too small to enable them to overcome intergenerational poverty and vulnerabilities. Finally, there are knowledge gaps among local officials and community members regarding the design and implementation strategy, the eligibility criteria and the monitoring and evaluation of COPE.

For these reasons, it is imperative for the government to: (i) increase the length of participation for each household to cover the required period of basic education for each child and extend coverage to all eligible households within communities at the very least; (ii) focus on supply-side constraints that ultimately hamper the achievement of the programme's objectives; (iii) increase the amount of money transferred through the BIG to reflect current economic realities; and (iv) provide better information on eligibility criteria and monitoring and evaluation mechanisms.

References:

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