Proposal for Program Additions to Increase Vaccination Coverage

Summary of Proposal

New Incentives proposes to add two components to its current All Babies program in order to increase program acceptance and vaccination coverage:

1. A livelihood grant of ₦5,000 awarded to caregivers upon completion of all vaccines in the RI schedule.
2. Airtime of up to ₦5,000 for two clinic staff, totaling ₦10,000, per clinic per month.

Related Challenges

Over the course of the program, New Incentives has received repeated suggestions from stakeholders, partners, staff members, and caregivers to incorporate program components that will:

- Attract greater spousal participation and support
- Be linked to full immunization/receipt of all vaccines in the RI schedule
- Broaden the perception of the program beyond RI to attract more widespread support
- Motivate clinic staff to help reduce clinic staff absenteeism and stockouts
- Increase cash transfer amounts and encourage full RI completion

Proposed Program Additions

The two components New Incentives proposes adding to the current program structure are detailed below. We propose adding these components to the program in all operating LGAs and states if possible. The primary benefit of these additions will be increases in program acceptance and vaccination coverage. We expect that this additional investment will result in a 5-10 percentage point increase in immunization coverage across vaccines on average, with a total estimated cost per infant under $20.

Further details of the two program additions can be found below:

1) **₦5,000 livelihood grant** awarded to caregivers upon RI completion:

- Eligibility criteria for caregivers:
    - Infant received all vaccines in the Nigeria Routine Immunization Schedule (exceptions such as OPV 0 and Hep B 0 will be considered)
    - Infant nutritional status[1] measured by clinic staff at Measles 1 and 2 stages in most clinics[2]
    - Valid ABAE ID (with no duplicate enrollment of the same infant)
- Maximum incentive amount caregivers can receive per child is ₦11,000 (₦6,000 for completion of the full routine immunization schedule and ₦5,000 for the livelihood grant)
    - We estimate that at least 80% of enrolled caregivers and infants will qualify for the ₦5,000 livelihood grant

[1] Reference: https://static.abbottnutrition.com/cms-prod/anhi-2017.org/img/001-Abbott-ANHI-MUAC%20Instructions%20Final_tcm1423-159792.pdf. The measurement tool and procedures will be discussed with nutrition experts with expertise in northern Nigeria.

[2] With the addition of nutritional status measurements, New Incentives would provide recommendations regarding feeding practices but not referrals to specific malnutrition services as the availability varies greatly by area and over time.

2) **₦5,000 monthly clinic staff airtime** for a maximum of 2 clinic staff per clinic, totaling ₦10,000 per clinic per month:

- Eligibility criteria for clinic staff:
    - A maximum of 1 missed immunization day in the month for the respective clinic
    - Attended at least 5 sessions in the month (based on photos taken by NI-ABAE staff at each immunization day)
    - Registered with NI-ABAE with a valid bank account
    - Passed test confirming training related to basic RI protocols and growth monitoring (this will be piloted to determine the frequency of training and feasibility of verifying training completion)
    - Adherence to protocols on immunization days and growth monitoring for infants at 9-month and 15-month RI visits
- Based on feedback, as of March 2024, New Incentives plans to give airtime in the following ways:
    - ₦2,000 airtime will be given to clinic staff (2 per clinic) based on immunization session attendance and vaccine data matching with DHIS2 (threshold to be defined).
    - An additional ₦2,000 will be given to the clinic staff or another member regularly conducting MUAC measurements.
    - An ad-hoc performance-based airtime bonus will be implemented, depending on criteria such as adherence to protocols on immunization days and retention.
- Exceptions:
    - Some clinic staff may be eligible even if they did not attend all immunization days, as long as missed immunization days were minimized
    - General Hospitals may have a provision for additional clinic staff members (maximum of 4 per month)

Benefits and Concerns

New Incentives expects the primary benefits of the program additions to be increased program acceptance and vaccination coverage, with secondary benefits of reduced malnutrition and improvements in growth monitoring. Due to the poverty levels in the region,[3] we believe a larger total incentive amount will attract more caregivers (as we saw with the incentive increase in August 2023). The maximum incentive amount caregivers will be able to receive after the program addition is ₦11,000, which is similar to the CCT amounts studied in the randomized controlled trial of the program when factoring in the latest exchange rates.[4] The livelihood grant is likely to be shared with spouses/husbands and is expected to increase buy-in and permission to attend RI services. The additions can be implemented without significant increases in administrative costs as staff are already trained in verifying RI requirements and disbursing cash. Unlike other program additions that could potentially increase the total incentive amount and help improve immunization coverage such as antenatal care visits or growth monitoring visits, these additions won't require additional manpower and will reinforce primary program objectives.

[3] The United Nations estimates that 70 percent of the region's (NW, Nigeria) population live below the poverty line.

[4] Caregivers could receive up to 4,000 Naira, which was approximately 11 USD at the time of the RCT (see https://assets-global.website-files.com/5f7c51bf9fac9b5ed62aa37b/5fae20fa406525d30087de19_New%20Incentives%20Evaluation%20Brief.pdf). As of November 2023, Naira - US Dollar exchange rates are approximately 950 NGN/USD according to the Central Bank of Nigeria (see https://www.cbn.gov.ng/rates/exchratebycurrency.asp).

The proposed additions are in alignment with suggestions from stakeholders, staff members, and others. With these requests coming from various sources, we expect to have strong buy-in for training and implementation of these two program additions.

Key concerns include the possibility of increased fraud, as the larger amount could increase the desire for duplicate enrollments. However, this should be feasible to mitigate via current protocols and additional measures to confirm eligibility for the livelihood grant (review for duplicate enrollment, caregiver eligibility, and use of MUAC tapes). The time gap between enrollment and Measles 2 is significant, allowing time to detect duplication and prevent an immediate benefit from fraudulent activity (unlike if the livelihood grant was given upon enrollment).

Training on using MUAC tapes for clinic staff and field officers will be required (with retraining as needed). Though these trainings will require planning and coordination, they are relatively basic and will be used as an opportunity to reinforce RI training for clinic staff.

There is a possibility of increased vaccine suspicion resulting from the larger amount given to caregivers, however, this seems unlikely based on discussions with staff and stakeholders. In addition, the livelihood grant is expected to reduce some concerns regarding program sustainability as the grant could help empower communities and caregivers to start activities that may have long-term returns. The amount is conducive to this, as ₦5,000 is sufficient to purchase poultry, seeds for agriculture, or resellable items. The prospect of receiving ₦5,000 in one lump sum (₦6,000 if received with Measles 2) is expected to increase support among spouses and increase uptake among households with vaccine hesitancy. We anticipate that some of these households may choose to enroll children at a later age such as six months since the risks of allowing children to be vaccinated are perceived to be lower when they are older.

The additional grant at completion should help reduce dropouts due to side effects (such as fever or crying) that sometimes occur after pentavalent vaccinations, which can reinforce vaccine hesitancy. While we inform caregivers about the possibility of the side effects, we have received feedback that the larger amount at Measles 1 (now being phased out) was helpful to overcome this obstacle.

New Incentives will continue carrying out program monitoring procedures to ensure vaccines are received within recommended age ranges and encourage timely vaccination to maximize benefits. We also anticipate some benefits from peer effects and improved sentiment, as it will be even more compelling for households to enroll in the program when they see others in their community receiving the livelihood grant. Based on staff and stakeholder discussions so far, we anticipate that the livelihood grant will be understood as an additional benefit and has the likelihood to result in wider program acceptance.

Field officers will need to carry additional cash, which may pose slight additional risks (only a proportion of caregivers will be eligible for the livelihood grant on a given disbursement day) and some increases in cash being reported as lost or stolen. We expect such instances to be infrequent and the amounts to be immaterial based on our experience with current mitigation procedures.