

Social Safety Net In Cross River State: Data Collection & Analysis

Background of Cross River state

- **Land mass (area): 98,000 km²**
- **Total Population: 3.1 million inhabitants**
- **Population Density: 20p/km²**
- **3 senatorial districts with 18 LGAs & 196 council wards**
- **Children <5: 21% / Women of child bearing age: 24%**
- **Mostly Agrarian Economy**

Justification for Social Safety Net in Cross River

- **Poverty rate: 70% of total population live below the international poverty line \$1.25/day (~N150)**
- **MMR: 2,000 deaths/100,000 live births (national: 800/100,000)**
- **IMR: 245 deaths/100,000 infants (national 100/100,000)**
- **Primary/secondary school enrolment rate: ~45%**
- **Given that poverty is chronic and pervasive in the state, and in light of the fact that there are few human capital development opportunities, it is imperative to implement a social safety net in the state such as CCT and Free Health Care scheme**

Objectives of the Social Safety Net Program

1. Long term Goals:

- **Reduction in the number of chronic poor and vulnerable households and individuals in Cross River State**
- **Reduction in MMR and IMR**

2. Specific objectives

- **Increase school enrolment**
- **Increase institutional births**
- **Increase number of HH trained in life skills (human capital development)**
- **Increase in micro enterprise formation**

❖ **The Free Health Care for pregnant women and children under 5 Project Hope and the Conditional Cash Transfer to poor households called Project Comfort are landmark programs of the Government of Cross River State.**

❖ **Technology is employed to capture the biodata and biometrics of eligible citizens, electronic tools are used for verification prior to the administration of benefits, also applied to capturing details of each administration in terms of date, time, place, beneficiary, benefit and cost and reporting for monitoring and management information of the schemes.**

CURRENT STATUS

The Safety Net Programs have been officially launched and rolled out at 35 Primary Health Care Centers and 16 Secondary Health Care Centers across the State

B. Project Scope of Work

Background: One of the major setbacks to informed policy formulation and implementation in the area of Social protection is a near absence of reliable data. For this reason, program articulation and indeed implementation have been ad-hoc, therefore unable to address the needs of the people. The problem of inadequate and unreliable data was identified from the beginning, when the ministry was created in May 2007. Toward addressing the issue, identity management which has benefit administration as component, has been employed to administer the free health program. This indeed is a critical step in obtaining reliable data.

THANK you