Save the Children

Maternal and Child Cash Transfer (MCCT) - Myanmar

Livelihoods and Food Security Trust Fund

LIFT

UKaid from the British people

European Union

Australian Aid

USAID

SWEDEN

Irish Aid

Rationale for the MCCT

Growing agenda for the **Government of Myanmar** on the issue of **stunting and SDGs**

– average of 29% of children U5 are stunted (up to >50% in some states)

Donors interested in funding nutrition sensitive ag/FSL/SP programs to reduce stunting

– E.g. LIFT support to NGOs to design/implement MCCTs

Geographic Locations

SC MCCT:

Rakhine (Pauktaw)
Ayeyarwady (Labutta)
Dry Zone (Pakokku, Yesagyo, Mahlaing)

DSW MCCT:

Rakhine (full state coverage)
Chin/Naga (full state coverage

Dry Zone MCCT

While **Dry Zone** has lower stunting rates (26%) than other areas, **most IYCF and dietary indicators are poor** for children and PLW

Dry Zone program also provided opportunity to set-up the first robust impact assessment (RCT)

Dry Zone MCCT design

TARGET – 1,000 Days Households

ALL pregnant women from second trimester are eligible in implementation areas (approx. 11,000 women)

Dry Zone MCCT Design

ALLOCATION/ FREQUENCY

Monthly cash transfer of 15,000 MMK (11 USD) to pregnant women for a **maximum of 30 months**

– from last 6 months of pregnancy until child reaches 24 months of age

Dry Zone MCCT Design

Social & Behaviour Change Communication

Monthly Mother-to-Mother Support Groups

- Key behaviours related to **nutrition in pregnancy**, **IYCF**, **hygiene** and **health** seeking practices, etc.
- Promote **ante/post-natal checkups**, **immunization**

Building the Evidence Base for National Scale Up

Randomized Control Trial (RCT)

Primary objective of evaluation:

*To determine the impact of cash transfers **Cash ONLY** **compared** to **Cash + SBCC** on the mean HAZ of U2 children and nutritional status of mothers*

Implementation modality: 3 comparison 'arms'

1. **Cash ONLY** (plus minimal information)
2. **Cash +** (cash with SBCC)
3. **Control** – NO cash or SBCC

Key results at mid-line

Key findings/ impacts (midline)

Nearly all **women control decisions** on use of cash transfer

Main use of cash was for **food-related purchases** and to cover **health costs**

Key results at mid-line

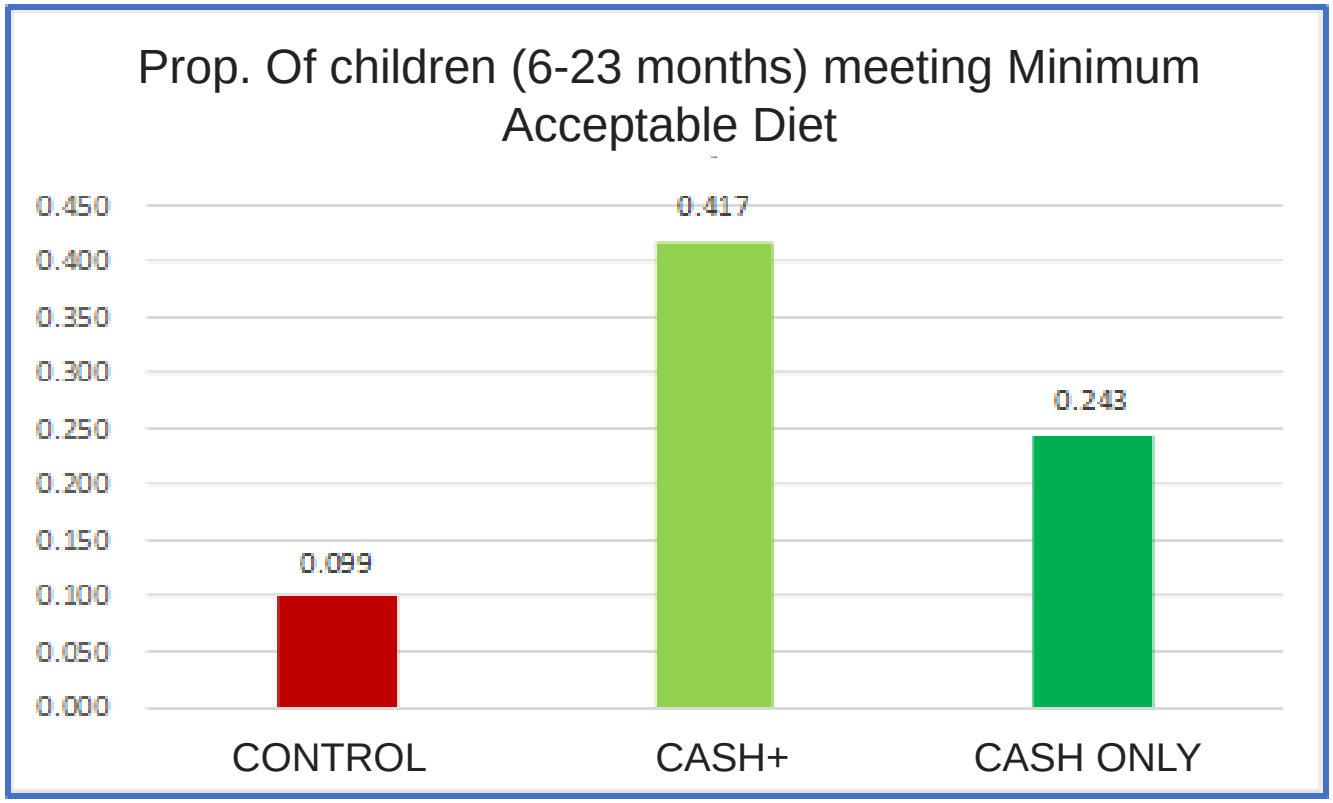
Key findings/impacts (midline)

Both CASH+SBCC and CASH ONLY villages show statistically significant differences of up to 30 percentage points compared to control villages for **key nutrition indicators**

- **IYCF knowledge indicators** show statistically significant treatment effects in both **CASH+SBCC and CASH villages** and **generally larger effects in CASH+SBCC**
- **Newborn care indicators** demonstrate increase in the proportion of mothers taking at least one visit with a skilled health personnel, **a change observed exclusively in CASH+SBCC villages**

Key results at mid-line

Key findings/impacts (midline)



Plans for National Scale-up by government

Ministry of Social Welfare Relief and Resettlement now implements MCCT schemes in 2 states

- mid-2017 MCCT covering Chin State (LIFT funding)
- late 2017, government budget for MCCT covering all Rakhine State (including camps)
- plan to expand the MCCT scheme to other States/Regions with contribution of WB IDA

Save the Children and Unicef provide ongoing technical support

Opportunities for generating more evidence

- Assessing the **cost-effectiveness** of different MCCT delivery mechanisms for scale-up (particularly the introduction of mobile money – currently implemented by SC in Labutta).

- Piloting and testing different **SBCC modalities** to better understand which is most effective (particularly the introduction of digital-based solutions).

- Assessing whether the **cash transfer allocation** is appropriate

THANK YOU

Save the Children