Maternal and Child Cash Transfer (MCCT) - Myanmar
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)

Prop. Of children (6-23 months) meeting Minimum Acceptable Diet
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