



LEGACY/Dry Zone MATERNAL AND CHILD CASH TRANSFERS RCT EVALUATION: **KEY FINDINGS**



Livelihoods and Food Security Fund



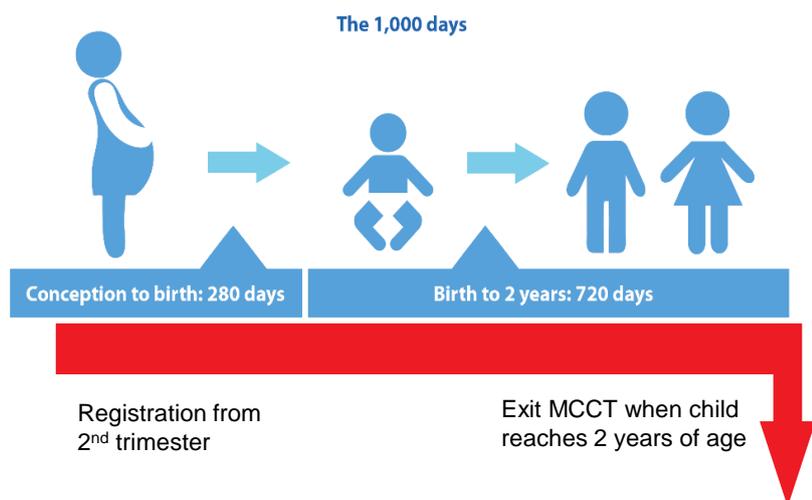
Managed by UNOPS

Background

The Legacy Maternal and Child Cash Transfer (MCCT) was funded by the Livelihoods and Food Security Fund from Jan 2016 to April 2019. The MCCT aimed to improve nutrition outcomes for mothers and children through the delivery of nutrition-sensitive cash transfers to pregnant women during the First 1,000 Days. The MCCT covered **11,588 women** in 338 villages across three Townships in Mandalay and Magway regions (Pakokku, Yesagyo and Mahlaing).

Approach

- All pregnant women in implementation villages received monthly cash transfers of 10,000 MMK (~ 6.5 USD), until their child was two years old. In October 2017, this allocation was increased to 15,000 MMK (~ 9.8 USD) to align with the government’s expansion of the MCCT.
- The cash transfer was intended to support women purchase nutritious food for themselves and their children.
- The MCCT also aimed to improve knowledge and change key behaviours on nutrition and hygiene, through regular Social and Behaviour Change Communication (SBCC) sessions with pregnant women, their family, and influential stakeholders.

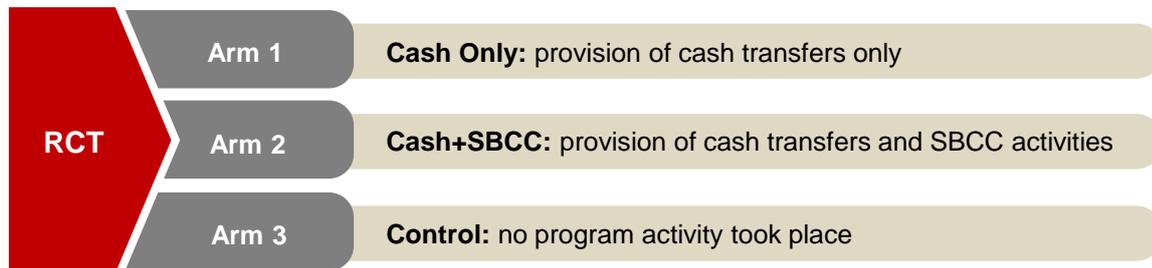


Save the Children partnered with **Myanmar Nurses and Midwives Association** and **Pact Global Microfinance Fund** to delivered the MCCT. In 40 villages in Pakokku, the **Department of Public Health** delivered the MCCT directly



Randomised Control Trial

- To produce evidence that can inform nutrition policy, Save the Children partnered with **Innovations for Poverty Action** to implement a Randomized Control Trial (RCT).
- The RCT measured the causal impact of the MCCT on the health and nutrition outcomes of target beneficiaries. The RCT had three comparison 'arms':



Primary SBCC activities provided in Cash+SBCC arm

- **Mother to Mother Support Groups**: covering Infant and Young Child Feeding (IYCF) and promoting uptake of maternal and child health care services etc.
- **Individual Counselling Services** for mothers struggling with breastfeeding / complementary feeding.
- **Cooking demonstrations** with mothers
- **Influential Caregiver Groups**: behavioural change for husbands/grandmothers etc.
- **Mobilisation** of local authorities and health system

KEY FINDINGS

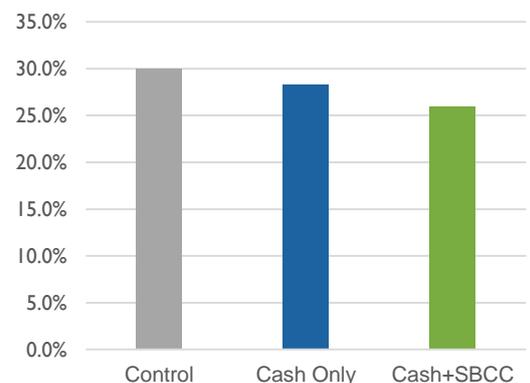
Stunting

Pairing SBCC interventions with cash transfers is an effective approach for preventing chronic malnutrition (stunting).

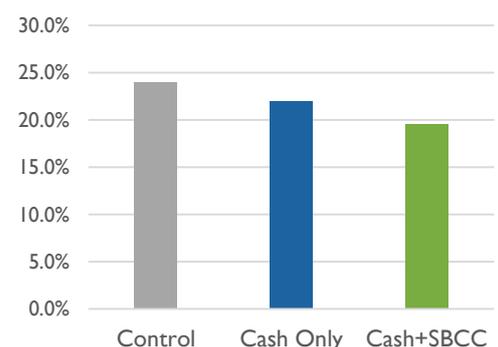
After just two years of program delivery:

- there was a **4 percentage point reduction (a 13 percent reduction, $p < 0.1$)** in the proportion of stunted children (6-29 months old) among those covered by the **Cash+SBCC** arm, compared to the control arm.
- This was driven by a **4.4 percentage point reduction (an 18 percent reduction, $p < 0.05$)** in the proportion of **moderately stunted** children among the **Cash+SBCC** arm.
- The reduction in the proportion of stunted children was more pronounced for children who received maximum exposure (aged 24-29 months) in the **Cash+SBCC** arm. There was a **5.4 percentage point reduction** for this age cohort ($p < 0.1$).
- There was **no significant effects on stunting** for children in the **Cash Only** arm compared to the control arm.

Proportion of Children Stunted



Proportion of Children Moderately Stunted



Moderate vs severe stunting

It is important to note that the program affected the proportion of children **moderately** but not severely stunted.

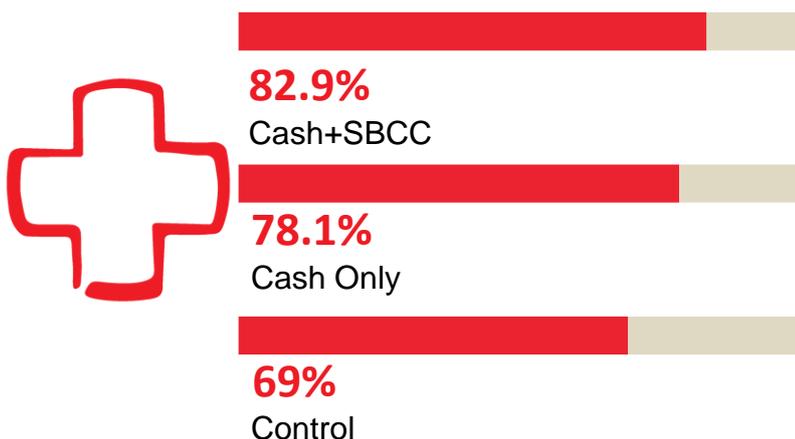
Secondary analysis of underlying factors (e.g. socio-economic status, household size, SBCC exposure, IYCF behaviours etc.) for Cash+SBCC households found no significant differences between moderate and severe stunting that might indicate why the intervention was less effective at preventing severe stunting, with the exception of a **mother's education level**. The relationship between higher maternal education and improved child growth aligns well with established global evidence.

Illness/chronic infection may have been a key driver of severe stunting in this population, and this was not directly addressed by the program. However, further research is needed to understand the drivers of severe stunting.

Antenatal care

- Both **Cash+SBCC** and **Cash Only** arms led to increases in the proportion of women attending 4 or more antenatal care (ANC) check-ups with a skilled health professional:
 - 13.9 percentage points higher (p<0.01)** in the **Cash+SBCC** arm, compared to control arm.
 - 9.1 percentage points higher (p<0.01)** in the **Cash Only** arm, compared to the control arm.

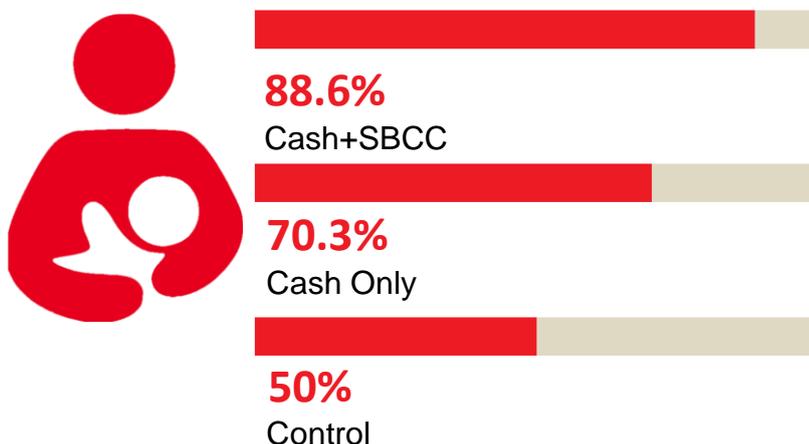
Proportion of mothers with four or more ANC visits with skilled health professionals



Exclusive breastfeeding

- Exclusive breastfeeding rates were **38.6 percentage points higher (p<0.01)** in the **Cash+SBCC** arm compared to the control arm.
- The **Cash Only** arm also led to an increase in exclusive breastfeeding rates, though this effect was smaller and less significant (**20.3 percentage points, p<0.1**).
- Neither **Cash+SBCC** or **Cash Only** had an impact on timely initiation of breastfeeding or the introduction of complementary foods.

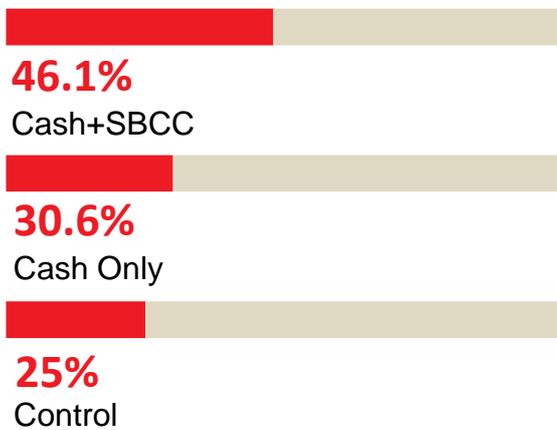
Proportion of children 0 to 5 months exclusively breastfed



Minimum acceptable diet (MAD) for children 6 to 23 months of age

- The **Cash+SBCC** arm led to a **21.1 percentage point increase (p<0.01)** in the proportion of children 6 to 23 months meeting a minimum acceptable diet (minimum of 4 out of 7 food groups and the minimum number of meals for age), compared to the control arm.
- The **Cash Only** arm showed no significant effect.

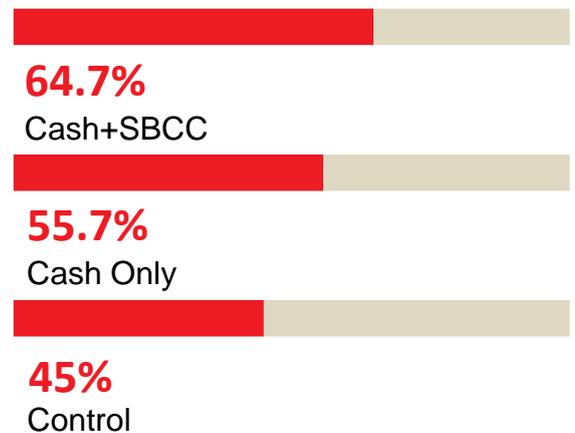
Proportion of children (6 to 23 months) meet MAD



Iron-rich food intake for children 6 to 23 months of age

- The **Cash+SBCC** arm led to a **19.7 percentage point increase (p<0.01)** in the proportion of children 6 to 23 months fed iron rich foods, compared to the control arm.
- The **Cash Only** arm also led to a **10.7 percentage point increase (p<0.05)** compared to the control arm.

Proportion of children (6 to 23 months) fed iron rich foods

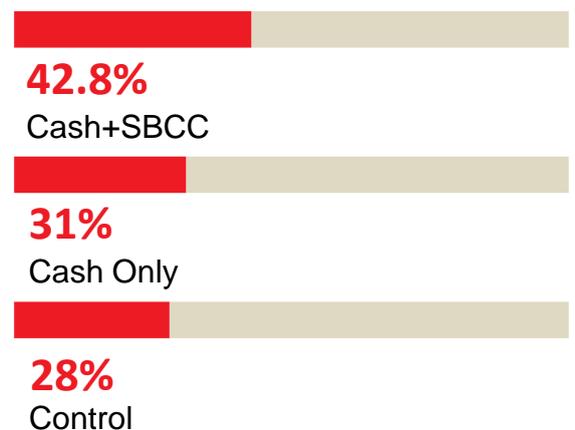


Women's minimum dietary diversity

- The proportion of women meeting minimum dietary diversity standards (consuming five of more food groups) was **14.8 percentage points higher (p<0.01)** in the **Cash+SBCC** arm, compared to the control arm.
- The **Cash Only** arm showed no significant impact on this indicator.



Proportion of mothers eating five or more food groups



Attendance of mothers at key SBCC activities

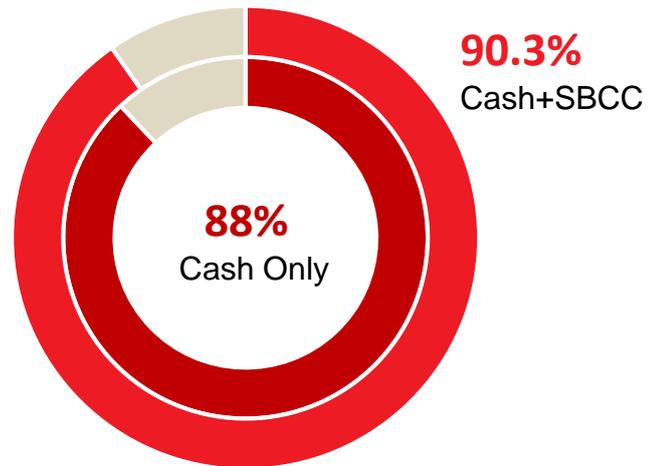
- A review of attendance data for 2018 showed **more than 90% of enrolled women attended SBCC sessions**, with the majority (80%) joining 5-8 sessions.



Use of the MCCT cash transfer

- Almost all of the MCCT cash transfer is spent on food (**90.3%** for **Cash+SBCC** and **88%** for **Cash Only** arms).
- Approximately **5% to 7%** is used for **medical expenses**, and less than 2% on other household items such as clothes and shoes. The percentages of spending on other categories is minimal.
- **99.6%** of mothers report they are mostly responsible for making decisions on how the MCCT cash transfer is used. There is no statistically significant difference among the two arms.

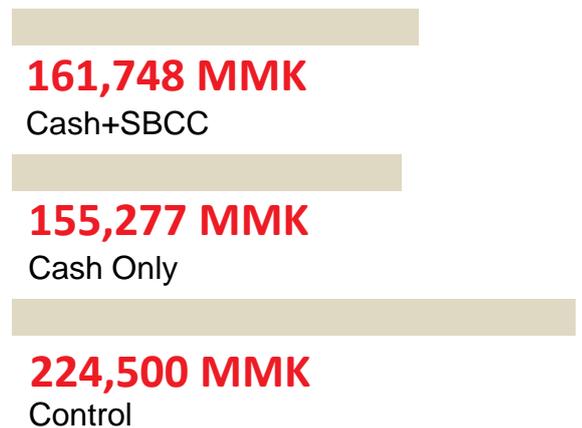
Amount of MCCT cash transfer used to purchase food



Changes in level of informal debt

- There is a significant decrease in the amount of informal debt for both **Cash+SBCC** and **Cash Only** arms:
 - **Cash+SBCC** = debt reduction of **62,751 MMK** ($p < 0.01$)
 - **Cash Only** = debt reduction of **69,222 MMK** ($p < 0.01$)
- There is also an **increase in savings** of **45,840 MMK** ($p < 0.1$), but this is only observed for the **Cash+SBCC** arm.

Amount of informal debt



Key recommendations

- Cash transfers alone had no significant impact on stunting. **Cash transfers should be provided on a monthly basis, alongside timely delivery of SBCC activities, to reduce stunting.**
- Reduction in stunting was more pronounced for children who were exposed to both cash transfers and SBCC for the longest duration (close to 30 months). This underscores the importance of **ensuring mothers and children are covered for as much of the first 1,000 days as possible.**
- To improve and sustain nutrition behaviours, it is important that **SBCC activities are context-specific, frequent and engaging** for mothers, families and the wider community.
- The lack of impact the program had on severe stunting requires **further research to better understand both the drivers of severe stunting and the barriers to change.**