



LEGACY MATERNAL AND CHILD CASH TRANSFER ENDLINE EVALUATION: **KEY FINDINGS**



Livelihoods and Food Security Fund



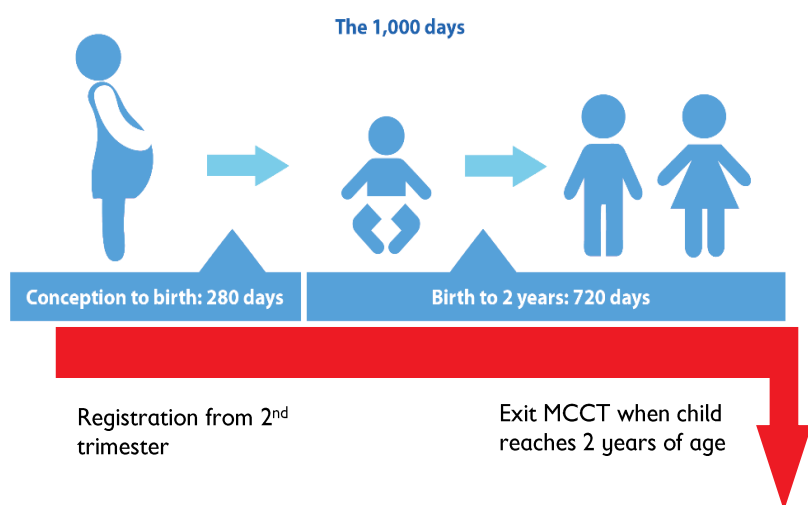
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Background

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), where 26% of under five year old children are stunted.

Approach

- All pregnant women in implementation villages received monthly cash transfers of 10,000 MMK (~ 6.54 USD), until their child was two years old. In October 2017, this allocation was increased to 15,000 MMK (~ 9.81 USD).
- The cash transfer was intended to support women purchase nutritious food for themselves and their children.
- The MCCT 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.

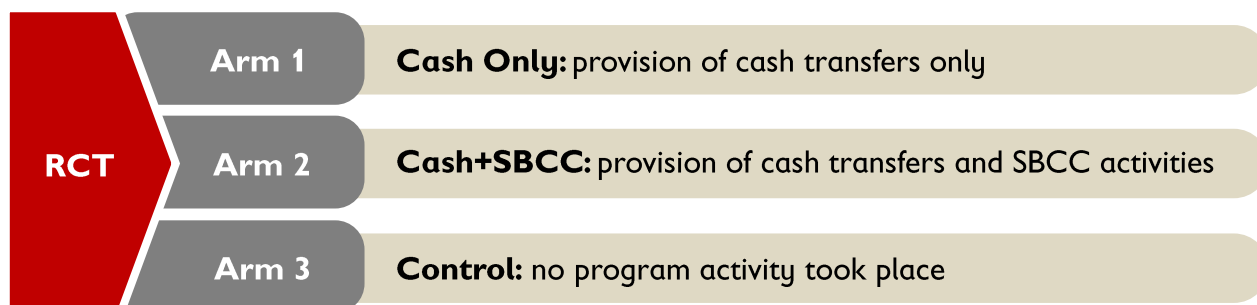


Save the Children partnered with **Myanmar Nurses and Midwives Association** and **Pact Global Microfinance Fund** to deliver the MCCT. In 40 villages, the **Department of Public Health** delivers the MCCT directly



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’:



- In the **Cash+SBCC** arm, the main SBCC activities provided were

Primary SBCC activities

- **Mother to Mother Support Groups** (covering topics on Infant and Young Child Feeding; promoting uptake of maternal and child health care services etc.)
- **Influential Caregiver Groups** to deliver behavioural change aimed at husbands/mother-in-law etc.
- **Individual Counselling Services** for mothers having trouble during breastfeeding and complementary feeding.

KEY FINDINGS

Stunting

The endline evaluation found that pairing SBCC interventions with cash transfers can be an effective approach for preventing the development of chronic malnutrition (stunting).

After two years of program delivery, there was a **4.4 percentage point reduction ($p<0.05$) in the proportion of moderately stunted children (6-29 months old) in the Cash+SBCC arm compared to the control arm**. For children in the Cash Only arm, no significant effects were observed in stunting compared to the control 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, and particularly so for *female* children. There was a **10.2 percentage point reduction ($p<0.01$) in the proportion of stunted female children**, and a 5.4 percentage point reduction for all children in this age cohort, but at a lower level of statistical confidence ($p<0.1$).

Antenatal care and iron folate intake

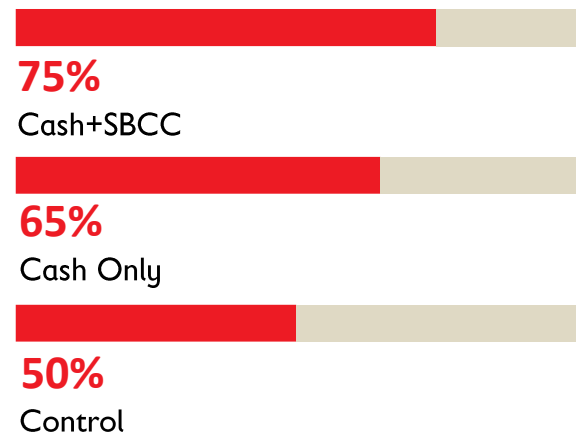
- Cash+SBCC and Cash Only arms led to increases in antenatal care (ANC) and iron folate supplementation coverage:
 - Coverage for **4 or more ANC visits with a skilled provider was 13.9 percentage points higher** ($p<0.01$) in the **Cash+SBCC** arm, and 9.1 percentage points higher ($p<0.01$) in the Cash Only arm, compared to the control arm.
 - The proportion of women reporting taking the full course of **iron folate supplements during their last pregnancy (180) was 7.1 percentage points higher** ($p<0.01$) in the **Cash+SBCC** arm, and 5 percentage points higher ($p<0.05$) in the Cash Only arm, compared to the control arm.



Exclusive breastfeeding

- Exclusive breastfeeding rates were **38.6 percentage points higher** in the **Cash+SBCC** arm compared to the control arm ($p<0.01$).
- **Cash Only** 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 complimentary foods.

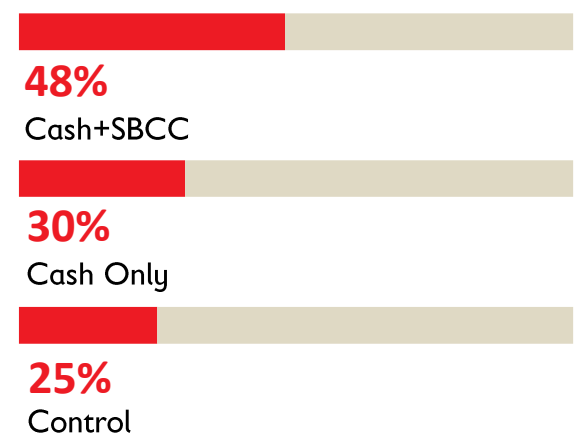
Avg. % of children 0 to 5 months exclusively breastfed



Minimum acceptable diet - children 6 to 23 months

- The **Cash+SBCC** arm led to a **21.1 percentage point increase** in the proportion of children 6 to 23 months fed a minimum acceptable diet compared to the control group ($p<0.01$). The **Cash Only** arm showed no significant effect.

Avg. % of children 6 to 23 month fed a minimum acceptable diet



Women's minimum dietary diversity

- The proportion of women meeting minimum dietary diversity standards was **14.8 percentage points higher** in the **Cash+SBCC** arm compared to the control arm.
- The **Cash Only** arm showed no significant impact on this indicator.