Social Behaviour Change Communication & Maternal and Child Cash Transfers

to prevent malnutrition in Myanmar

A quarter of all children in Myanmar are stunted. The Government of the Union of Myanmar (GoUM) is scaling up Maternal and Child Cash Transfers (MCCT), combined with Social and Behaviour Change Communication (SBCC) to prevent malnutrition during the first 1,000 days (from pregnancy to age two). While delivery of the cash transfer component has been well examined, there is little evidence on how to best deliver the SBCC component at scale.

Save the Children (SC) conducted a review of three MCCT/SBCC projects in Myanmar funded by Livelihoods and Food Security Fund (LIFT) to draw lessons and recommendations for scaling up SBCC with MCCT. The main recommendations from the review are to:

(1) Deliver layered, frequent and salient SBCC activities to improve and sustain nutrition behaviours

(2) Invest in trusted, skilled and motivated change agents for SBCC, starting with existing workers/ volunteers

(3) Link MCCT and SBCC activities to create demand for MCCT and encourage participation in SBCC

Background

In Myanmar, 27% of children under five are stunted, and poverty is one of the main causes of malnutrition. The GoUM is rolling out MCCT targeting pregnant women and mothers with children under 2 years (the critical first 1,000 days of life) to help them access nutritious foods and essential health services. But cash alone does not prevent malnutrition unless it is accompanied by quality SBCC to create demand for nutritious foods, health services and adoption of recommended maternal, infant young child feeding practices.

The GoUM recognises this but needs evidence to guide the development and scale-up of the SBCC component of the MCCT in Myanmar.

With LIFT funding, Save the Children implemented three MCCT projects with SBCC in three regions (Rakhine, Ayeyarwady, Dry Zone), reaching 24,421 women in 620 villages. In December 2018, a review of the SBCC approach used across these three projects was conducted and key lessons and recommendations identified for scale up. A detailed report on the review can be found here. bit.ly/sbc4mct

LIFT Livelihoods and Food Security Fund
UKaid European Union Australian Aid USAID Canada Irish Aid
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Save the Children

SBCC Activities

The projects aimed to improve nutrition during the first 1,000 days specifically maternal health and nutrition, exclusive breastfeeding, complementary feeding and essential hygiene practices. The approach was developed to address the barriers mothers and families face to adopting optimal behaviours informed by project research and existing literature (see *Box*). Key activities included:

- Home visits with 1,000 days families;
- Mother-to-mother support groups; (MtMSG)
- Cooking demonstrations with mothers;
- Community sessions with husbands and grandmothers; and
- Mobilisation of local authorities and the health system

(see *Figure 1*)

Figure (1)Main SBCC Activities in the MCCT Projects

Barriers to nutrition behaviours

- Difficulty attending antenatal care during pregnancy, due to work, lack of transportation, shyness or forgetting;
- Traditional beliefs some nutritious foods should be restricted during pregnancy;
- Lack of skills and confidence to breastfeed infants;
- Limited time and energy to prepare nutritious foods for young children, especially when working;
- Concerns on how best to feed children (e.g. worries that children will choke on meat).

Recommendations and findings

Deliver layered, salient and frequent SBCC activities to improve and sustain nutrition behaviours

Reach: Design an SBCC approach that includes multiple channels, prioritising interpersonal communication

Delivering various activities in the community allowed the projects to reach mothers, families and community members through several layered channels, raising awareness and galvanising support for key nutrition behaviours. Home visits were introduced later when projects recognised the importance of providing tailored support responsive to the specific needs of each family. Coverage of home visits varied across the projects with priority given to the most vulnerable families. Future projects should prioritise interpersonal communication ideally through home visit, for all 1,000 day families but giving priority to families with the most need (i.e. struggling with key behaviours, most disadvantaged) (see *Box on p 5*).

Saliency: Create engaging, participatory SBCC activities and modify for all family members

The projects considered formative research and ongoing monitoring to understand the context and adjust the SBCC approach over time. Realising message dissemination and traditional health education approaches were not changing behaviours, projects adapted to more participatory and appealing activities (i.e.demonstrations, dialogues) and materials (i.e. easy-to-use job aids including audio-visual materials). Activities were designed to consider roles of family members and focus on topics of specific interest. Reaching fathers was a particular challenge due to their busy work schedules and migration. It was also difficult to engage grandmothers but attendance improved when reminders were given and sessions included demonstrations. Future projects should continue to explore new approaches to reach and motivate other caregivers (*see Box on p 5*).

Frequency: Deliver SBCC activities at least once per month for mothers and more at key life stages

Frequent activities are needed for families to improve and sustain nutrition behaviours. This is particularly important for more challenging behaviours like complementary feeding (i.e. responsive feeding, consistency). The projects reached mothers once per month using mother-to-mother support groups and through cooking demonstrations each quarter. The number of home visits depended on the need of the family, 1-4 sessions were needed for most behaviours. Other caregivers, fathers and grandmothers, were reached quarterly through regular community sessions but were often also included in home visits. Future projects should consider how to increase frequency of activities at the most critical times (i.e. post-birth for breastfeeding, when starting complementary foods etc.).

SBCC Delivery

The SBCC delivery and staffing model used across the three projects varied to align with the unique situation in each region (presence of existing trained volunteers, access to communities, budget etc). SBCC activities were delivered by:

- Existing Volunteers (Community Health Workers (CHW) and Auxiliary Midwives (AMW)) in the Ayeyarwady;
- Private Midwives (Myanmar Nurse and Midwife Association (MNMA) in the Dry Zone; and
- Project Staff (from Save the Children) in Rakhine (*see Figure 2.SBCC delivery and staffing motels across the three projects*)

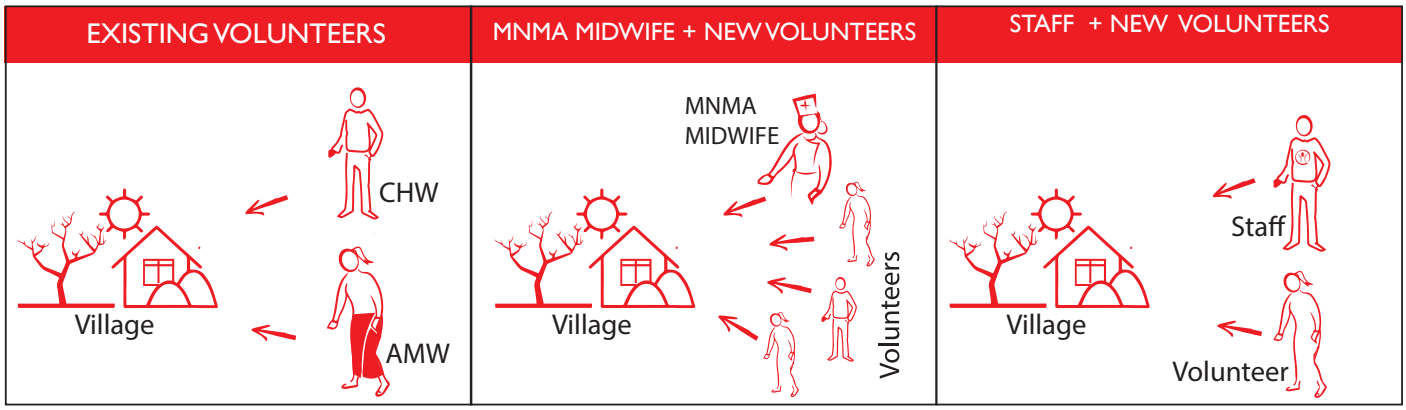

Figure (2) SBCC delivery and staffing models across the three projects (Ayeyarwady, Dry Zone, Rakhine)

Recommendations and findings

Invest in trusted, skilled and motivated change agents for SBCC, starting with existing workers/ volunteers

Selection: Select SBCC change agents considering characteristics, capacity, cost, coverage and challenges

Key characteristics are required for successful SBCC change agents (i.e. relatable to families, respected by community, skilled in or motivated to learn about nutrition). Existing workers/volunteers should be the starting point for sustainability; CHW and AMW have these characteristics and it was considered that with the right support they could become SBCC change agents. Using CHW and AMW in Ayeyarwady was less expensive ($USD 13 per mother reached) than using MNMA in the Dry Zone ($USD 36) and using project staff in Rakhine ($USD 128). Using CHW and AMW also led to a better change agent to mother ratio (1:12), comparable to the MNMA (1:14), and much better than project staff (1:81). But the key challenge for volunteers across three projects was retention, vacancies left gaps in coverage for SBCC activities. Future projects should consider strategies to support and motivate volunteers to improve retention, including those discussed below. If existing cadres are not functional or able to be strengthened by the project, other interim options should be considered (like in Rakhine and Dry Zone).

Role: Define the roles and responsibilities of SBCC change agents and supervisors clearly from the outset

Lack of clarity around responsibilities and increasing workloads can lead to dissatisfaction and demotivation of SBCC change agents, especially unpaid volunteers. Developing a clear job description for SBCC change agents helps ensure roles are clear and tasks achievable and reduces retention. At the start of the project, change agents will likely require additional support from project or government supervisors (i.e. Basic Health Staff (BHS)) who are more skilled in conducting SBCC activities. Supervisory support and how it will change over time should also be clearly outlined.

Quality: Plan and include ways to build capacity and motivate and retain SBCC change agents

Project staff, MNMA and volunteers all requested more training and support for facilitation and counselling, key skills for successful SBCC that require time and support to master. Checklists were developed to support supervisors to identify and address gaps in these skills and mentor SBCC change agents in the projects, and improvements were seen over time. Regular meetings with village authorities helped mobilise the community to recognise and appreciate change agents and maintain their motivation and commitment. Linking SBCC change agents to health staff (i.e. BHS midwives) was considered important for project quality, maintaining committed volunteers, and sustainability.

Linking MCCT and SBCC

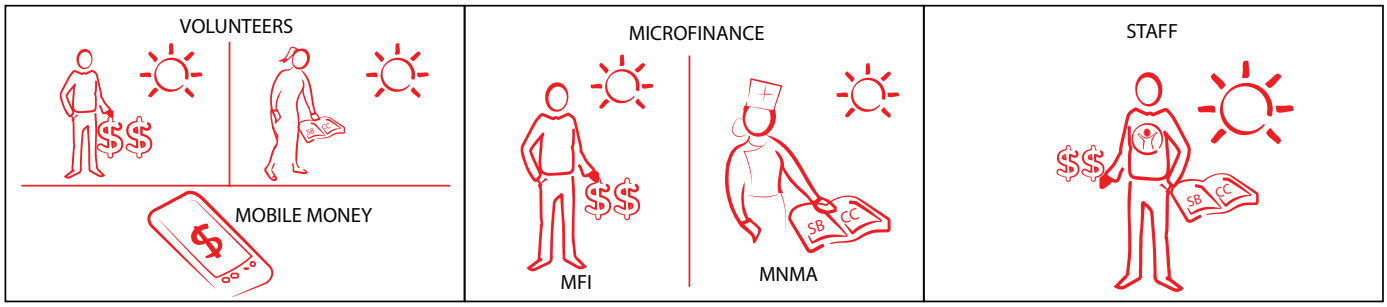

Figure (3)Delivery models for SBCC and MCCT across the three projects (Ayeyarwady, Dry Zone, Rakhine)

For each of the three projects, MCCT and SBCC activities were delivered either separately or together and through different mechanisms, which affected the uptake of SBCC activities:

- Volunteers delivered cash on different days to SBCC in Ayeyarwady. Mobile payments were piloted in some areas;
- A Microfinance Institution delivered cash on different days from SBCC in Dry Zone; and
- Project staff delivered cash directly on the same day as SBCC in Rakhine (*see Figure 3*)

Recommendations and findings

Link MCCT and SBCC activities to create demand for MCCT and encourage participation in SBCC

Cash Delivery: Combine SBCC activities with physical cash delivery

The highest attendance levels at SBCC activities were in Rakhine where cash was delivered on the same day, at the same site, and by the same person as the SBCC activities. Women would come for both the cash and the SBCC sessions reducing the number of community gatherings needed, increasing attendance, and supporting the identification and follow-up of mothers (particularly more vulnerable mothers). There is the risk that if both activities are delivered at the same time, there is less time for focus on SBCC. Future projects need to find ways to mitigate this so the synergistic benefits are realised without undermining the quality of SBCC activities.

Mobile Money: Explore ways to link SBCC activities with mobile money

In Ayeyarwady, attendance to SBCC activities dropped when cash was transferred from volunteers to mobile payments in some areas. When using mobile money, new ideas need to be tested to ensure the link between cash and SBCC for nutrition. For example, using SMS reminders to attend SBCC activities and health services and/or reward attendance (i.e. bonus payment for attending a set percentage of SBCC sessions or health services).

SBCC for MCCT: Utilise SBCC activities to encourage use of cash for nutrition

Whatever the cash delivery mechanism, SBCC activities can both raise awareness about and demand for MCCT services and promote the use of cash for nutrition. Post-distribution monitoring showed most families used the cash to buy more food, including for children, which was specifically promoted by SBCC in the projects.

Areas for Future Focus

Interpersonal communication

Individual support tailored to the family context is crucial to achieving behaviour change. Counselling is a difficult to develop but crucial skill. Future projects need to explore ways to ensure counselling is included in SBCC activities and SBCC change agents are confident and skilled to support families.

Engaging other caregivers

Fathers and grandmothers are key influencers within the family and in caring for young children. Future projects need to hone in on their main areas of interest and explore various delivery mechanisms to ensure they are engaged and motivated to support mothers.

Innovations for SBCC

Trial innovative options (audio-visual job aids, mobile messaging, etc) to support and reinforce SBCC content and make activities more engaging and varied.

Project Descriptions

Livelihoods and Food Security Fund funded Save the Children to implement Maternal and Child Cash Transfer projects (2016–2019) in three regions of Myanmar (Rakhine, Dry Zone and Delta) to improve nutrition outcomes for mothers and children during the First 1,000 Days. Projects delivered a monthly cash transfer of 15,000 MMK (9.8 USD) to pregnant women until their children were two years of age and supported regular Social and Behaviour Change Communication sessions on key nutrition behaviours with pregnant women, their families, and influential stakeholders.

By combining MCCT and SBCC, the programmes aimed for mothers and children to consume more nutritious foods and access essential health care so that their health and nutritional status would improve and overall stunting rates would fall. The projects reached 24,421 pregnant women across three regions, where between 26% and 38% of children were stunted.