



# LEGACY Project – Dry Zone

Jan 2016 –Dec 2018

# Background

Assessments in the DZ show that:

- children's birth weights are a direct risk factor for stunting: low birth weight babies are ten times more likely to be stunted than babies born at healthy weights.
- Mother's nutrition status is associated with children's nutrition outcomes.
- Food expenditure identified as a determinant of mother's nutritional status.
- Children with poor diet quality are 73% more likely to be stunted.
- Childhood illness, specifically diarrhoea, is highly associated with stunting
- Higher stunting rates in 'Zone I (dry land farming),' compared to other zones

# Background

Originates from evidence that highlights a critical need to:

- invest in nutrition during the window of opportunity of the First 1,000 Days,
- generate robust evidence to advocate for adoption of a national maternity cash transfer intervention.

# Background

## Previous SC experiences

+ Cash transfers and Behaviour Change Communication in the Dry Zone: (with MNMA)

- global acute malnutrition reduced by 50%
- stunting reduced by 33% among target beneficiaries

+ Cash transfer program in Delta

+ Maternity Cash Transfer in Tat Lan – preliminary results indicate improved diets for mothers and trend to reduction in stunting in children

# Background

## Cash transfers

- Promoted by the Department of Social Welfare (DSW), the Department of Rural Migration, the Department of Public Health (DoPH) and the Ministry of Health (MoH)
- Key instrument to address underlying causes of stunting (based on global and national evidence).

## Planned LIFT outcomes

### **PrO 3:**

- Improved nutrition of women, men and children

### **PrO 4:**

- Improved policies and effective public expenditure for pro-poor rural development

### **PrO 5:**

- Improved nutrition, sanitation and hygiene practices

### **PrO 8:**

- Generation of policy-relevant evidence on pro-poor development

Purpose Level Outcomes

1. Improved nutrition of women and children in the First 1,000 Days (relates to LIFT PO3)

2. Women and children are protected by universal maternity cash transfers to ensure good nutrition (relates to LIFT PO4)

Project Outcomes

1. Pregnant women and mothers have improved practices on nutrition, IYCF, WASH and health seeking practices during the First 1,000 Days (relates to Pr05)

2. Generation of policy relevant evidence on pro-poor development (Pr08)

Project Outputs

1. Pregnant women, mothers & the wider community have improved knowledge on nutrition, IYCF, ANC/PNC, WaSH & health seeking during the First 1,000 Days

2. Pregnant women, mothers are using the cash transfers to improve the nutritional intake for themselves and their young children during the First 1,000 Days

3. SC & IPA advocate to GoUM for the adoption of a national nutrition-sensitive cash transfer programme

Interventions

1. MNMA trains and supports AMWs/CHWs to deliver quality BCC on nutrition, IYCF, ANC/PNC, WaSH & health seeking during the First 1,000 Days

2. MFI provides regular Maternity cash transfers to eligible pregnant women and mothers in target villages through the First 1,000 Days using appropriate transfer mechanisms

3. SC & IPA synthesise evidence generated from 3 pilots to demonstrate a feasible, cost effective and impactful nutrition sensitive cash transfer model that can be taken to scale.

4. [SC provides MNMA intensive ToT on BCC package - nutrition, WaSH, & health seeking \(ANC/PNC & child illness\)](#)

5. SC trains MNMA/VHCs to register and enrol eligible women to receive maternity cash transfers in target villages through the First 1,000 Days

6. SC and IPA will generate evidence on the efficiency and efficacy of a government vs. a non-government modality to deliver nutrition sensitive cash transfers

7. SC & IPA design & implement a Randomised Control Trial for a select cohort of pregnant mothers in targeted villages to contribute to the evidence base and show the impact of the cash/BCC & cash only modalities

## Purpose Level Outcomes

1. Improved nutrition of women and children in the First 1,000 Days (relates to LIFT PO3)

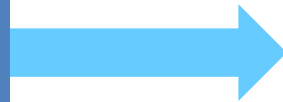
2. Women and children are protected by universal maternity cash transfers to ensure good nutrition (relates to LIFT PO4)



## Project Outcomes

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## Project Outputs

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## Location, beneficiaries, period

Township	# Villages receiving cash and BCC	Overall coverage of township (rural only)	# pregnant women receiving cash transfers	# children <2 benefiting from cash transfers
<b>Pakokku</b>	132	50%	4,219	4,219
<b>Yesagy</b>	123	50%	4,293	4,293
<b>Mahlaing</b>	124	50%	2,945	2,945
			(11,457)	(11,457)
<b>Total</b>	378	50%	22,914	

### Enrolment of pregnant women:

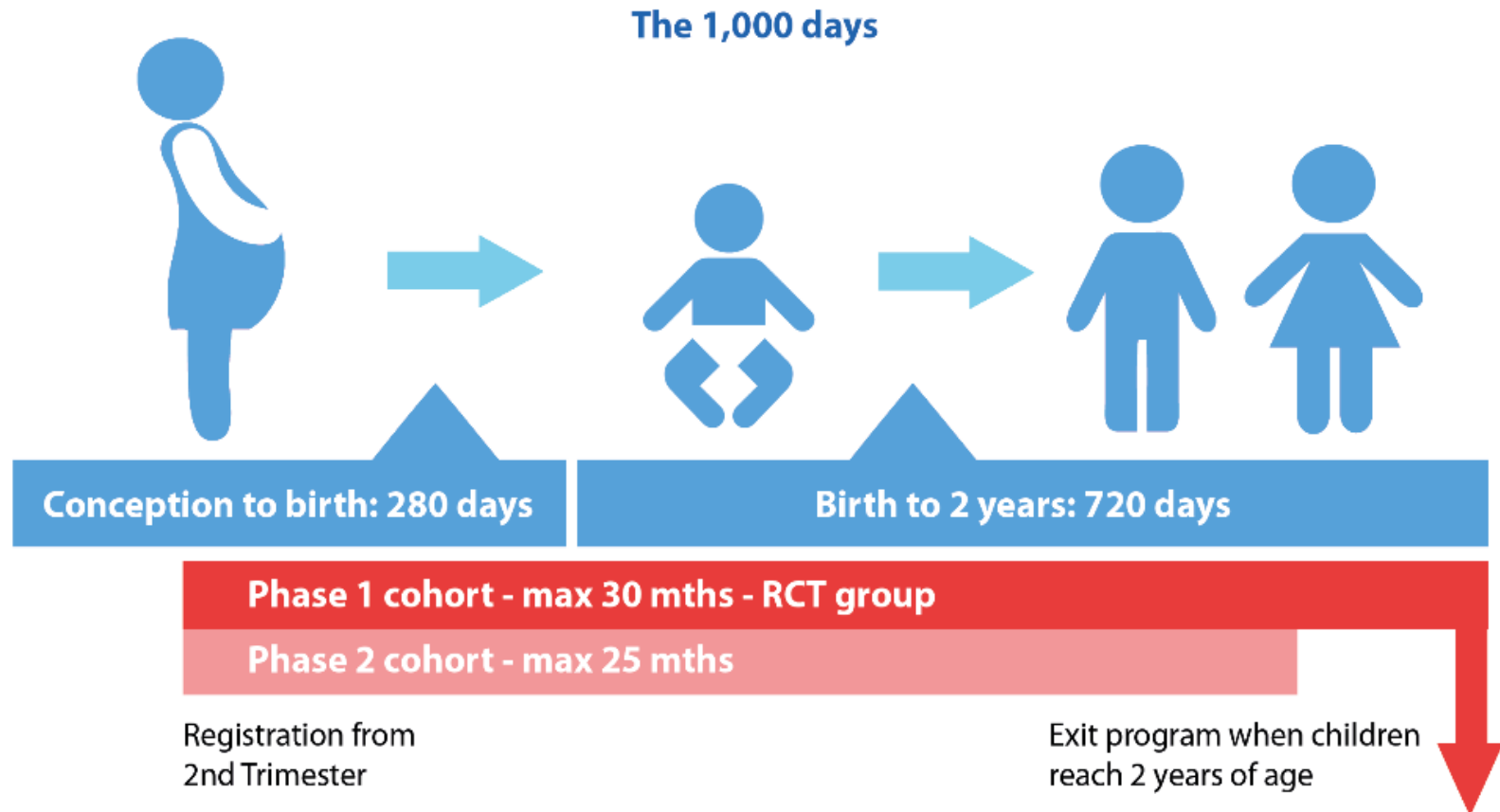
- **Phase 1 – May:** approximately **7,365** (227 villages)
- **Phase 2 - October:** approximately **4,092** (151 villages)

## Location, beneficiaries, period

**Universal approach to beneficiary selection** where *all* pregnant women are eligible:

- The category of 'poor' is arbitrary and flexible.
- Poverty-based selection methodologies in developing countries are inherently inaccurate at identifying the 'poor' and have high exclusion rates.
- Malnutrition affects all wealth categories in Myanmar with the wealthiest quintile still exhibiting chronic malnutrition rates of over 20% (MICS 2009-10). Income poverty and poor nutrition are prevalent across the rural Dry Zone as a whole.
- Universal coverage is included in the National Social Protection Strategy

# Activities and partners



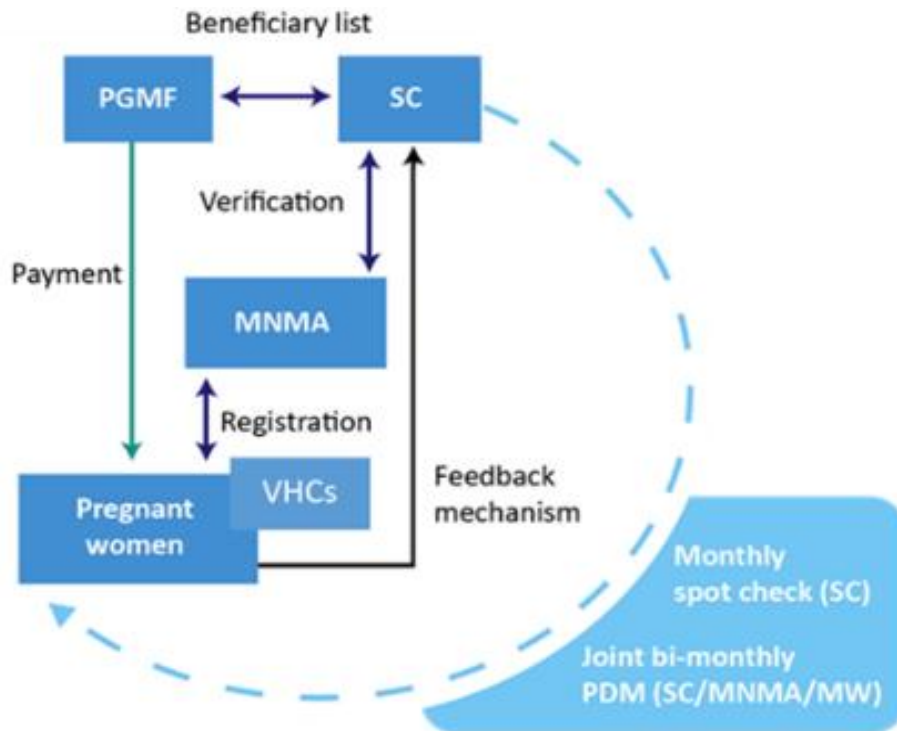
## Activities and partners

### i. Maternity Cash Distribution

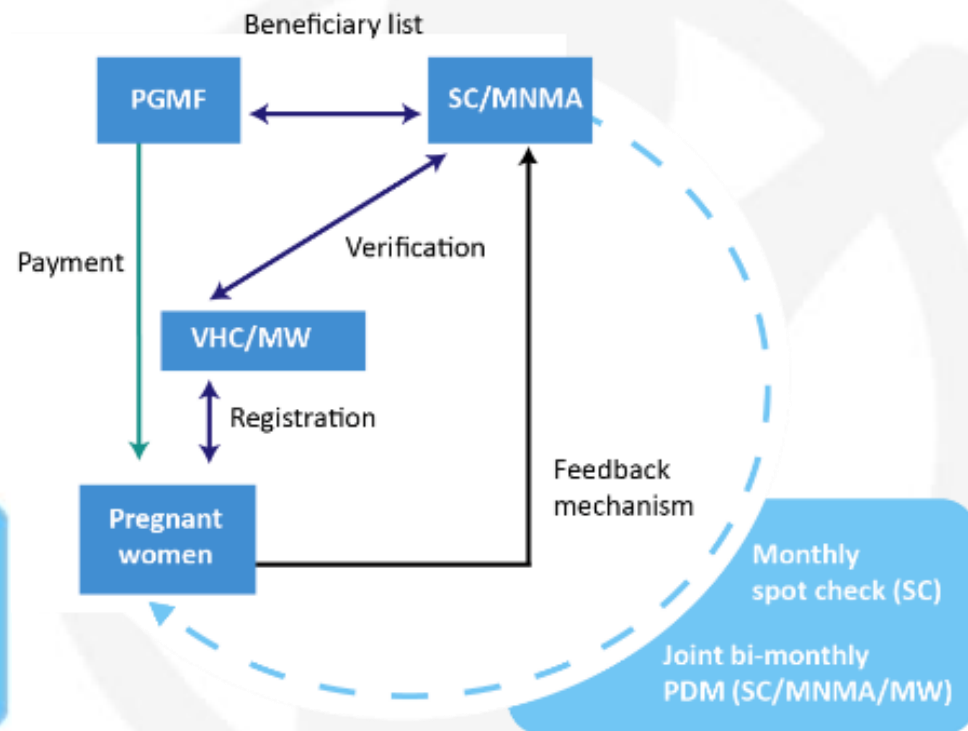
- enrolment and verification led by **MNMA** and **Village Health Committees (VHCs)**. Monthly update of beneficiary lists
- **10.000 MMK/month** per child
- Distributed by **PACT Global Micro Finance (PGMF)** in 2 townships and by MNMA/VHC in 1 township

# Activities and partners

## Registration and Verification 2016-17



## Registration and Verification 2017-18



## Activities and partners

### **ii. Post Distribution Monitoring (PDM) and Compliance Response Mechanisms (CRM):**

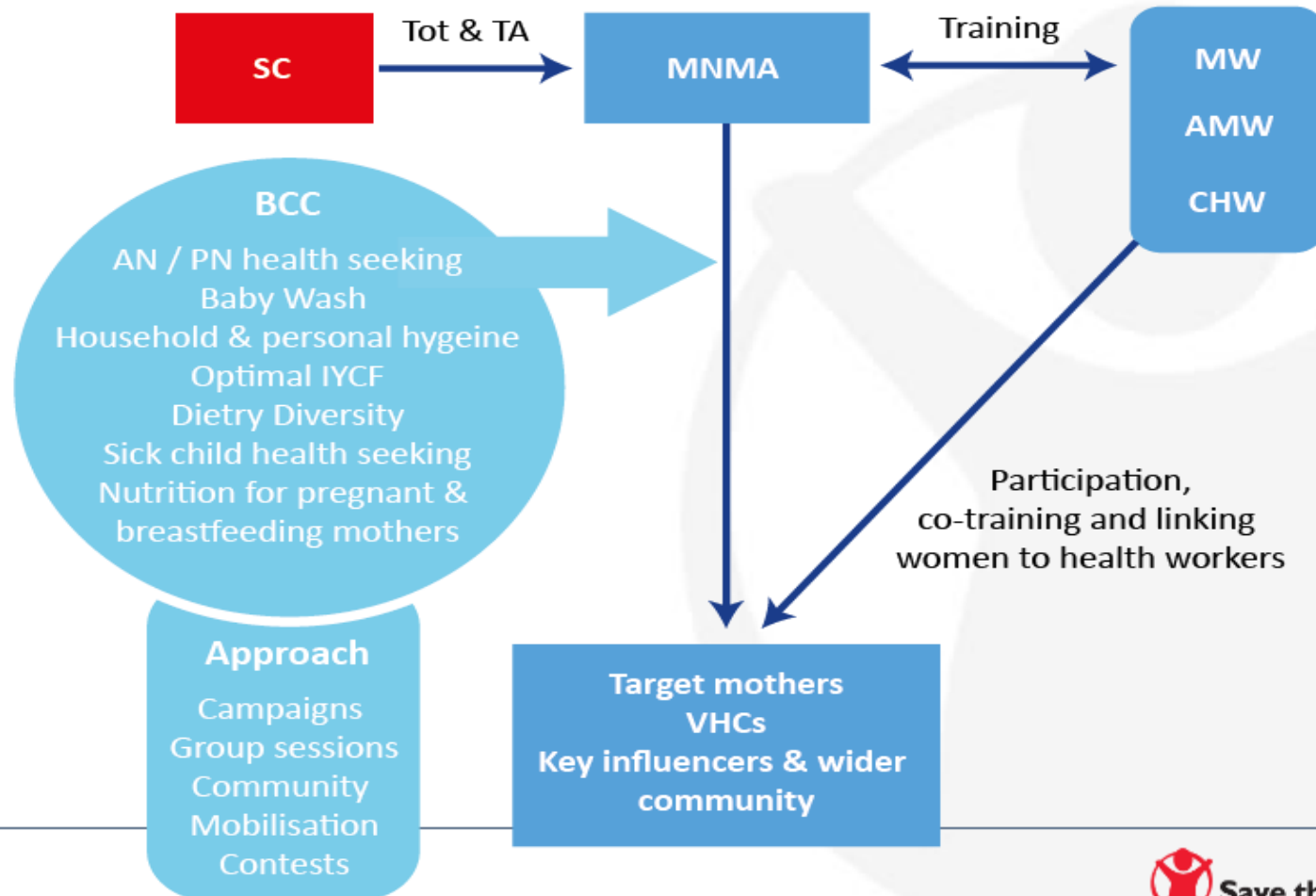
- Bi-monthly PDM conducted MNMA and SC
- Beneficiary Feedback Mechanism

### **iii. Behaviour Change Communication**

- ToT + Technical Assistance
- Trainings
- BCC for target women: campaigns, group sessions, etc.

# Activities and partners

## Behaviour Change Communication (BCC)



# Activities and partners

## ii. Randomised Control Trial (RCT)

- Led by **Innovations for Poverty Action (IPA)**
- Goal is to determine:
  - 1) impact of the maternity cash social transfer and BCC intervention on reducing stunting in children under 2 years of age.
  - 2) difference in impact on stunting using two behavioral change communication approaches.
- 3 Arms
  - Arm 1: Cash only
  - Arm 2: Cash + BCC
  - Arm 3: Control
- 3) The feasibility of national scale up using various approaches



Questions?