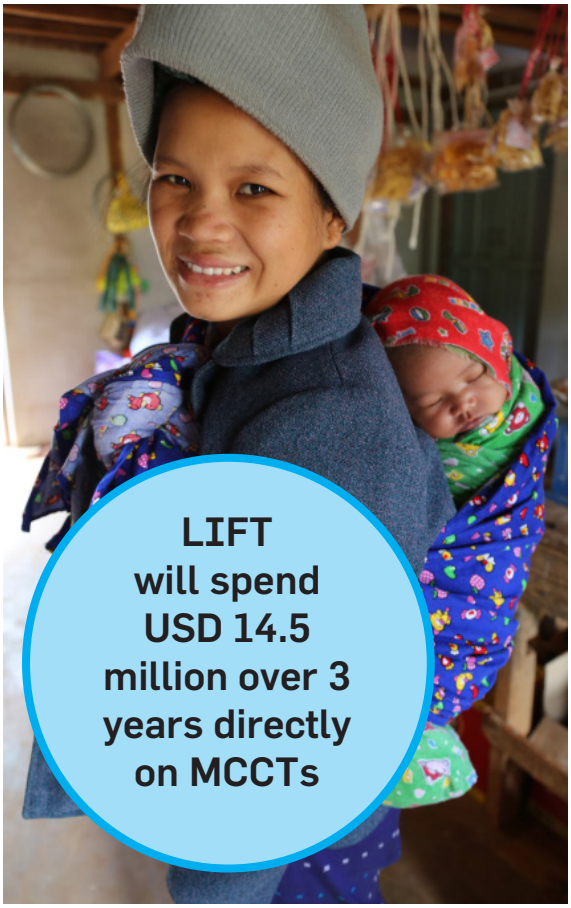
Policy Notes: 1,000 Days Maternal and Child Cash Transfers to Reduce Stunting and Improve Nutrition



LIFT's Policy Goal on Maternal and Child Cash Transfers (MCCTs):

LIFT is funding projects that will provide evidence on the effectiveness of MCCTs in reducing the incidence of stunting in Myanmar, to support the National Social Protection Strategy.

What are 1,000 Days MCCTs?

MCCTs are cash transfers given to women whose children are in the first 1,000 days of their lives, from the start of pregnancy to their second birthdays. This is the crucial time when good nutrition will have life-long effects. The money is to be spent on more, nutritious food.

MCCTs, in conjunction with nutrition education and improved hygiene facilities, are proven to reduce the incidence of stunting (being short in height as a result of poor nutrition early in life).

MCCTs can't happen alone:

The success of MCCTs is based on behavioural change, which happens as a result of educating people about good nutrition, dispelling myths on food taboos, and advising the importance of good hygiene. MCCTs can only be successful when complemented by nutrition and hygiene education.

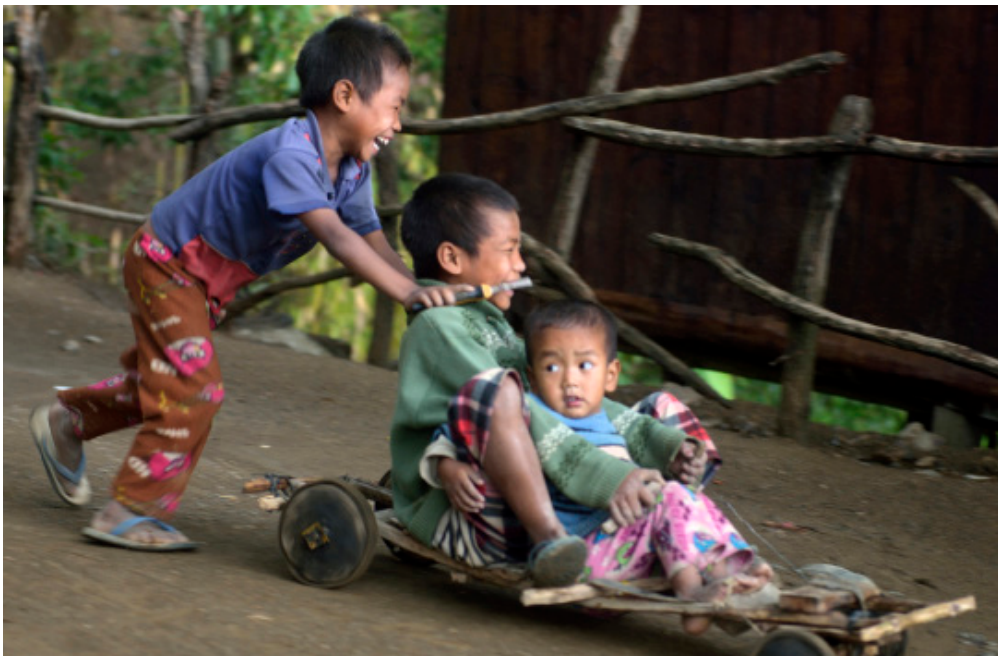
What can we expect from LIFT funded MCCTs?

LIFT has funded dedicated MCCT projects in its new Delta, Dry Zone and Rakhine programmes. From 2015- 2018, LIFT aims to reduce stunting in 59,000 children under the age of five.

LIFT is helping people reach their full economic potential through improved nutrition, skill development and income diversification.

Why do MCCTs matter?

- Around 35 per cent of Myanmar's people are stunted
- Malnutrition is particularly dangerous in a child's first 1,000 days of life and seriously limits future growth and development
- After only 12 months, early results of a pilot project by Save the Children in LIFT's Tat Lan Programme show a solid reduction in stunting.



LIFT MCCTs 2015-2018

PROJECT NAME	Tat Lan MCCT - Rakhine	LEGACY – Dry Zone	Bright SUN - Delta
PROJECT LOCATION	Pauktaw, Minbya, Myebon Townships	Pakokku/ Yesagyo/ Mahlaing townships	Labutta Township
NUMBER OF VILLAGES	**182 rural villages** Phased scale-up	**380 rural villages** (estimated) (50% rural village coverage) Phased scale-up	**202 rural villages** (Five rural health centre catchment areas) Phased scale-up
CASH DELIVERY	**Save the Children (SC)** through **village development committees (VDC) and International Rescue Committee (IRC)** through **IRC staff** • Phase I: SC staff directly to women (currently) in villages • Phase 2- IRC: directly through IRC staff. SC: transition to VDC	**PACT Microfinance – PGMF (PACT Global Microfinance Fund)** • PGMF directly to women through microfinance institutes • Women receive cash directly from PGMF or PACT staff **Myanmar Nurses and Midwives Association (MNMA)** • Testing delivery mechanism through the Ministry of Health (MoH) in Pakokku Township	**Village health committees (VHC)** • VHCs (health system) directly to women in villages where 3MDG is active • SC staff deliver cash to VHCs at RHC level. VHCs pick up and distribute to women
AMOUNT per woman per month	**13,000 MMK/ month** • Based on a 'cost of the diet' survey in Rakhine, with top-up for health care access	**10,000 MMK/ month** • Based on Rakhine transfers with scale-up potential	**10,000 MMK/ month** • Based on Rakhine transfers with scale-up potential
Behaviour Change Communication (BCC) APPROACH	**Intensive BCC** • SC staff deliver directly and through peer groups/ VDCs, community	**Intensive BCC** • SC staff train MNMA and BCC delivered by MNMA • Linking women to the health system	**Light – touch BCC** • Health volunteers and midwives integrate essential nutrition messaging into existing health education • Linking women to the health system
TARGET GROUPS	**ALL pregnant women - from pregnancy to the child's second birthday**		
NUMBER OF BENEFICIARIES	• **10,654** pregnant/ breastfeeding women • **10,654** children under two years of age Note – women with children up to 18 months of age can enroll to remain consistent with Tat Lan 1	• **11,460** pregnant/ breastfeeding women • **11,460** children under two years of age	• **5,000** pregnant/ breastfeeding women • **5,000** children under two years of age
RESEARCH QUESTION	**Nutrition impact** What is the impact of **cash and BCC vs BCC only** to reduce stunting in children during the first 1,000 days? **Delivery modality** What is the feasibility and efficacy of delivering cash using SC staff vs VHCs in relation to cost and outcomes?	**Nutrition impact** What is the impact of **cash and BCC vs cash only** to reduce stunting in children during the first 1,000 days? **Delivery Modality** What is the feasibility and efficacy of delivering cash using MNMA staff vs MOH in relation to cost and outcomes?	**Nutrition impact** What is the impact of **cash and health worker BCC** to reduce stunting in children during the first 1,000 days? **Delivery Modality** What is the feasibility and efficacy of delivering cash using MoH VHCs in relation to cost and outcomes?
RESEARCH COMPONENT	**Intervention cohort study** **30 pilot villages** • 15 intervention villages - Cash + intensive BCC • 15 control villages - intensive BCC only	**Randomised control trial** **All villages random** Three comparison 'arms': 1. Cash only 2. Cash + BCC 3. No cash or BCC	**Control case study** **Matched case/control households** • 202 intervention villages (Labutta) Cash + BCC • 202 control villages (Nyabutaw) No cash or BCC

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