COMMUNITY BASED SOCIAL PROTECTION AND DISTRIBUTION OF MATERNAL AND CHILD CASH TRANSFERS

SOCIAL POLICY & POVERTY RESEARCH GROUP
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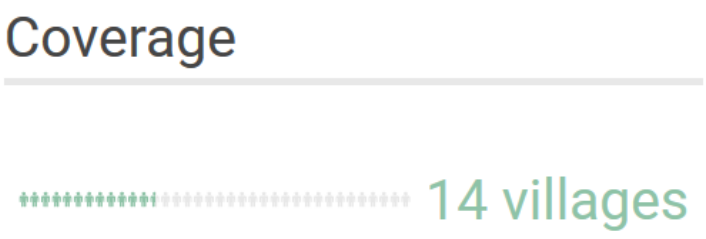
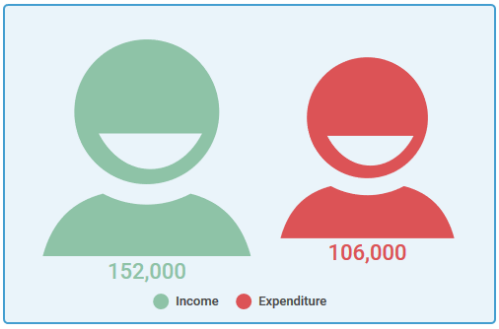
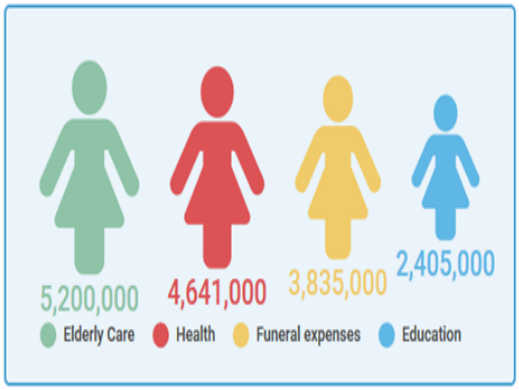
A Pilot project was commenced in May 2015 to study the effectiveness and efficiency of distributing maternal and child cash transfers (MCCTs) through community social organizations. To date, strengthening of community organizations and distribution of MCCTs has taken place in 14 of the 40 villages in Myaung Township, to nearly 500 beneficiaries, of which 84% are children under 2 years of age, and the remainder pregnant women. Community organizations in these 14 communities deliver over 16 million kyat of social welfare assistance to over 700 beneficiaries annually, including support to older persons, assistance for health emergencies and education support.



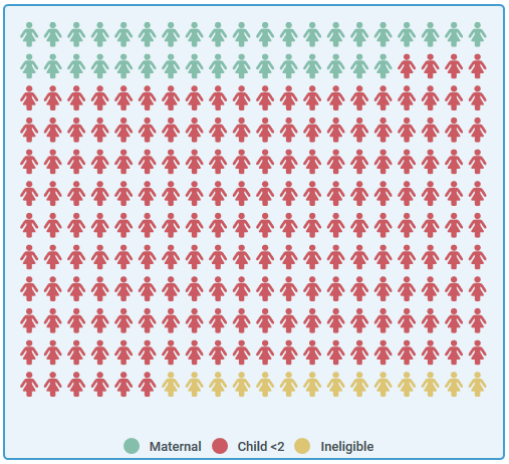
Coverage rate in Myaung Township



Average monthly income and expenditure of community social organizations (kyat)



Annual amount of social transfer (excluding 1,000 day) by community social organizations (Kyat)



Current 1,000 day grant beneficiary numbers in 14 villages in Myaung Township

Background: Initial research by SPPRG in 2013 demonstrated the widespread presence and efficacy of community based social protection organizations in Myanmar, and in 2014, an Action Research project was launched to study the efficacy of 'scale-up' initiatives, involving capacity building and a seed fund, to ten communities in Sagaing Region and Shan State. Through this initiative, local organizations were enabled to develop and implement their own social protection plans, using the seed fund as an investment fund from which to generate income to make cash and other transfers. Current research highlights the need to develop approaches for implementing social protection which support, rather than undermine, traditional community structures, thus ensuring that social protection contributes to the wider development and sustainability of social capital in Myanmar. Myaung Township in Sagaing Region was selected for a three year pilot programme to assess and build the capacity and potential of traditional community organizations and systems to deliver social protection, with specific knowledge transfer pathways to the LIFT Dry Zone programme and to the government programmes. The pilot aims evaluate the efficacy, efficiency and equitability of community based social protection organizations to delivery and oversee elements of social protection at community level. Activities include:

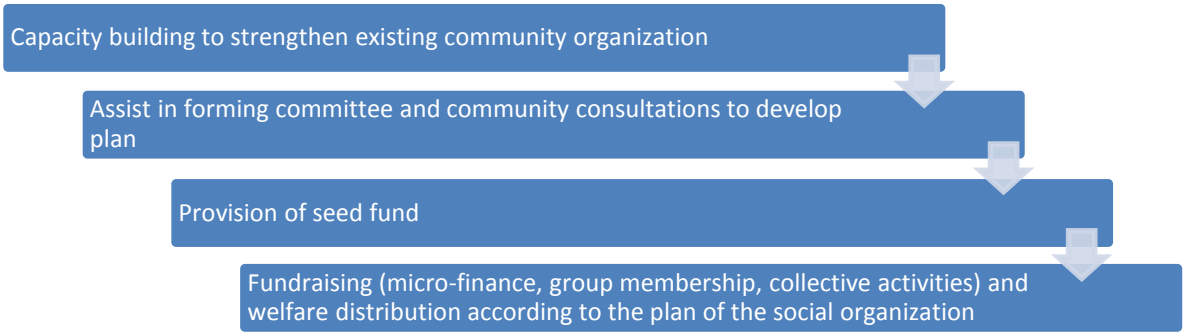
- Capacity building of community based groups to increase capacity at both township and community level to develop, deliver and monitor social protection services
- Capacity building of community members to function as peer educators (interns) to assist in capacity building of community organizations[1]
- Provide core funding (community cash transfer) to strengthen capacity of community organizations to implement contextually relevant social protection

[1] Thus, key project personnel will not be standard 'NGO' staff, but will be drawn from successful community social organizations in nearby villages, enabling peer knowledge sharing of process of forming, strengthening and maintaining community social organizations. These personnel, called 'interns' will also be provided with additional capacity building, linked not only to the project, but to their own personal and professional development (e.g. communication skills training, computer and accounting, media etc.)

- Provide funding and technical support for communities providers to deliver cash transfers to pregnant women and children aged under 2 (1000 day cash transfer)
- Regular knowledge sharing with non-government and government stakeholders

Community based Social Protection

The project conducted initial assessment and training to strengthen community based social organizations, followed by the provision of a seed fund amounting to K4,000,000, which was then used by the organization to generate funds for social activities. This included using the seed fund for micro-finance (repayment and interest rates set by the organization), co-operative agriculture projects, and conducting income-generating activities such as catering for weddings and festivals. Organizations accept members through a modest annual, or monthly membership fee, which entitled members to access micro-finance from the group, but also required members to contribute time and energy to group activities. Average group membership was 190 members per village, and women represented a quarter of the officer bearers of the organizations, with nearly one-third of groups have a female chairperson, and over half having a female treasurer. Females outnumbered males in the complaints committee section.



Despite the relatively short period of implementation, the average monthly growth rate for each organization was K152,000 per month. Using this income, and other donation income, community organizations undertook social protection and social welfare activities based on community prioritized needs and means:

Activity	***% conducting***	***Activities***	***Average benefit value***	***Average annual spend (per village)***	***% of overall spend***
Elderly care	93%	Health, nutrition, care items	26,500	400,000	31%
Emergency health grant	86%	Grant for emergency health or pregnancy	43,000	357,000	28%
Funeral expenses	86%	Grant for funeral costs	67,500	295,000	23%
Education	79%	Provision of small grants for children of poor families; support to monastic school; scholar awards	44,000	185,000	15%
Other activities	21%	Road building, other assistance	39,00	33,000	3%
OVERALL				1,170,000	

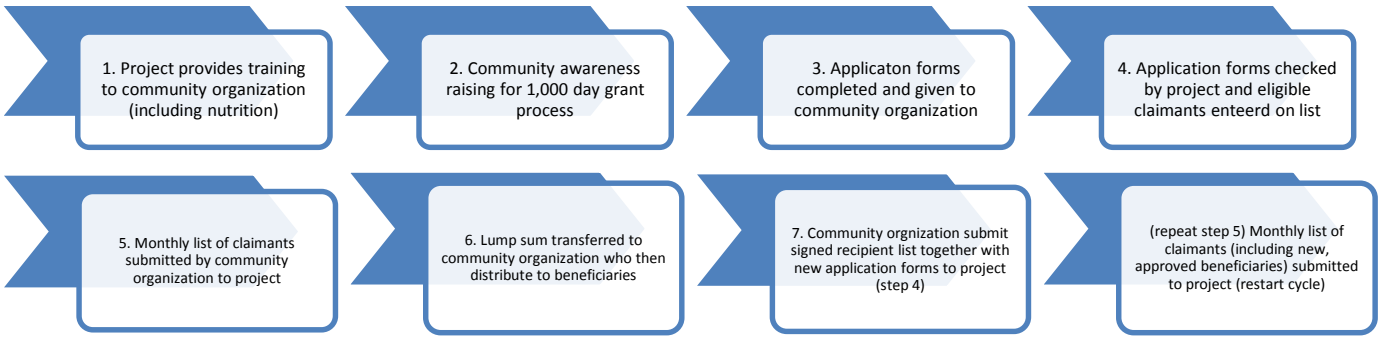
Overall, records from 14 village organizations demonstrate the distribution of over 16 million kyat to over 700 beneficiaries[2], all derived from locally generated income.

[2] Some were repeat beneficiaries, and so are calculated only once.

Delivery of 1,000 day grants (Maternal and Child Cash Transfer)

Once the community organization is well established, and demonstrates good organizational capacity and ability to manage finances, the project then began capacity building to enable the community social organization to handle the 1,000 day maternal and child cash transfer. Capacity building included training on nutrition in pregnancy and early childhood. The initial awareness raising process was followed by the application process, where the community organization distributed the application forms, which included simple but detailed instructions as to who is eligible, and what documentation is needed. A supervisory committee, headed by the Township head, and including senior members of Departments of Health, Immigration, Information and Home Affairs was formed to provide oversight and co-ordination of government services, such as antenatal care, provision of ID cards (see below) and security. The protocol and eligibility requirements were developed in consultation with communities, government stakeholders, and referenced to existing or likely guidelines from government and international partners. The protocol is included as appendix 1, but in brief, the key requirements are as follows:

- Pregnant women are eligible after the 3rd month of pregnancy, and must show proof signed by a midwife including due date[3]
- Children under the aged of 2 are eligible, and their mother is the eligible claimant.
- Claimants (mothers) must show that they are resident in that village[4] (proof required is household register and signed approval by village head) and must have a national ID card[5].
- The claim process requires that the claimant (the mother, unless agreed otherwise) personally collect the grant, unless there are extenuating circumstances (e.g. hospitalization of mother, or deceased). In such cases, exemptions may be made[6].



After initiating distribution in April 2016, to date there are 484 beneficiaries in 14 villages, of which 16% are pregnant women and the remaining 84% children under 2. Typical enrollment is 6 women and 29 children per 100 household. A larger number of temporary residents of one community were also excluded, as the applicants were working abroad, leaving the children with carers. Overall, nearly half of all the ineligible applicants are able to achieve eligibility, either through applying for an ID card, or officially processing their village residence. At present, the community social organizations, using their own mechanisms and the fundraising approaches described earlier, are able to address some cases.

[3] The reasons are two-fold: lower rates of spontaneous loss after first trimester, and to conform with normal patterns of antenatal care provision. Earlier registration would necessitate a significant increase in workload for village midwives

[4] A requirement stipulated by the Township authorities, mainly to prevent transfer of children from non-project villages to project villages, which increases risks to young children. This will also be an issue where a claimant may be officially registered in one village, but living in another, and hence may claim twice. Complications arise in cases of family breakdown, where the claimant lives separately from her husband, but is still officially registered on his household register. Likewise, children may be living with one parent, but officially registered with another. The processes of registering as a female household head are more egregious, and this is where the value of a Township Supervisory Committee lies. Another solution would be to ignore the residence rule, but this opens up more complications for multiple claimants, or, as noted above, children being 'located' in different households to access benefits.

[5] This is a requirement specified by the Township authorities, to prevent fraudulent claims but also to assist in the drive to increase coverage of ID card ownership. To this end, Immigration Department in Myaung Township provided a one-stop shop for ID card application, and the village social organizations assist in enabling community members without ID cards to access them. The project has the agreement to provide a temporary project ID card to cover any delays. This is valid for up to 3 months, are issued by the project to cover for the application period.

[6] This was mainly proposed by the communities, as they expressed the opinion that the provision of a grant may enable and encourage mothers to work closer to the village, rather than further afield, and that this would have benefits both to the children and to the mother.

Key lessons learned and policy implications: Based on survey data from 14 villages, the key lessons learned are as follows:

1. Distribution through community organizations provides added value through enabling strong ***peer support*** to encourage the use of grants for better nutrition, which is already associated with perceived benefit by recipients in several villages.

2. The provision of ***nutrition training*** is a crucial element in the project, and evidence shows that in villages where the training was less effective, there was less effective use of the grant for improved nutrition

3. The strengthening of community organizations enabled the ***maintenance and strengthening of social cohesion***, which is potentially threatened by the introduction of a grant-giving project. At initial assessments to introduce the project, project staff experienced difficulty and occasional violence as community members pressured to be eligible. By working with, and through locally based community organizations, the project has in most cases enabled the process to be community owned, such that the community itself takes ownership of the issue of improved nutrition for mothers and young children. This utilizes, and builds on, strong existing horizontal social capital at community level, rather than building more vertical social contracts between the provider and the individual recipient.

4. The strengthening of community organizations provided a crucial mechanism for ***localized management of complaints***. The majority of community social organizations had established a complaints committee, and whilst in some cases the committees expressed difficulties with resolving complaints, the integration of community concerns into the protocols, together with the linking of community organizations with the Township committee, has resulted in more effective resolution of complaints. Support to the community organization is required in the initial stages. For example, in one village, an eligible member did not have an ID card, so the village organization undertook not only to persuade her to get the ID card, but to assist her to travel to the Township to get it processed. This is possible through the community social organization's funding.

5. By using its own funds to address other social protection needs, the community organization is able to ensure more ***equitable, inclusive social protection***. This also contributes to stronger social cohesion; in one community, community members who were not eligible for the 1,000 day grant were nonetheless able to be assisted through the community organization.

6. The requirement of a midwife's certification in order to receive the maternal cash transfer provides ***incentive to access antenatal care***. Whilst the longer-term provision of antenatal care (including birthing) will incur extra costs to the mother, this is more than offset by the monetary value of the grant, and the benefits of early antenatal care.

7. The '***spillover' effects of increased knowledge*** on nutrition, strengthening of local governance systems and provision of wider social welfare at community level mean that the project effects impact beyond

immediate recipients of the grant. For example, knowledge accrued from nutrition training has been applied to nutrition provision for older persons, facilitated through the social welfare activities of the community social organization. Quantitative measures of participation also demonstrate increased levels of participation in village governance by women.

8. The mobilization of community social organizations to manage the grant distribution clearly adds a ***significant time burden to community members***, and is subject to the critique of other community driven development processes that transfer administrative and logistical burdens to communities. Whilst the processing time decreases as lists become more stable and organizations more experienced, the time demands during peak agricultural labour seasons could be prohibitive, and this could result in delayed distribution of the grants. Moreover, the capacity of community social organizations differs significantly, in some cases resulting in delays in commencing distribution of the grant where the project was not satisfied that the organization had sufficient capacity handle the process.

9. The project, by requiring certification by midwives, adds an ***additional burden to the community midwife***. This is potentially offset by the increase in income from birthing fees of registered mothers, and currently where distribution of the grant does not take place through midwives, the additional work requirement appears to be manageable-but requires monitoring.

10. The current criteria, particularly the requirements that the claimant personally collect the grant, and the residency requirements, ***potentially exclude a sub-set of vulnerable beneficiaries*** who are either temporarily resident in a village (as seasonal labourers) or whose livelihood is based around seasonal labour. Cases where households lists have not been updated or resolved to recognize family breakdown may also result in ineligibility of reasonable claimants. In the first case, a national system delivering based on registered residency can capture seasonal workers, but the application process may require applicants to register and receive assistant in places other than their residence. The issue of personal collection of grants may also be resolved in the advent of a national system where there are not project and non-project areas. Finally, the issue of residency registration requires addressing through streamlining of administrative systems. However, in the short term, each requires careful consideration to ensure that vulnerable beneficiaries are not excluded.

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