

A jury member who is a staff of the township health department comments on the food cooked by a participating team at the nutritious cooking demonstration and competition organised by the township health department, at Suu Pa Daung village, Ngaphe township, Magwe, Myanmar.



©UNICEF Myanmar/2019/Minzayar Oo

Recommendations

Creating a cadre of social welfare workers/volunteers at village and ward levels



- Establishing a system of identification and selection of workers/volunteers from the local area
- Undertaking regular capacity building and refresher trainings and finding ways to manage attrition
- Providing mobile phone/tablets, tools and materials
- Allocating budgets for salaries/performance-based incentives and exploring non-financial incentives, such as recognition of good performance, etc.

Establishing technology-based cash transfer management system and MIS



- Defining structure, roles and responsibilities of all cadres
- Having updated hardware and software procurement and maintenance plans
- Enlisting service providers to develop and maintain MIS
- Establishing business processes with updated data, information/records/network management; information security and access control and data transfer within and across agencies.

Planning gradual transition to electronic payment transfers



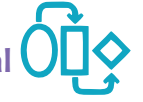
- Mapping payment service providers, mobile money, banks, agents etc.
- Contracting financial service providers
- Conducting financial literacy trainings for beneficiaries.

Nang San Phoung (23) and her 2 month old baby, receive the nutrition poster from Maltese's staff, during the HE session at the Mong Zin upper village, Kengtung.



©UNICEF Myanmar/2019/Nyan Zay Htet

Revisiting the operations manual



- Improving layout of information for greater clarity with flowcharts/diagrams and bulleted information
- Incorporating user feedback to make forms more user-friendly
- Outlining steps for activities to be conducted
- Factoring in flexibility to states/regions to modify processes.

Strengthening institutional capacities



- Strengthening existing Social Protection Section at Union level in DSW
- Additional staffing, budgetary resources for programme management, capacity building and monitoring
- Strengthening capacities of functionaries working at sub-national level

- Improving grievance redressal/M&E systems, interministerial and partner coordination
- Improving flexibility to adjust quantum of cash transfer to inflation of prices of goods and commodities.

Enhancing SBCC component



- Engaging with husbands and male members and including digital communication through mobile games and social media
- Exploring traditional communication methods and technology-based channels to reduce costs while reaching pregnant and lactating women and their families
- Building capacities of volunteers, midwives and nurse midwives for interpersonal counselling
- Reinforcing communication in local dialects through contextualised messages and media.

Little Ei Thet and her mother wait at the growth monitoring session at their village head's residence in Wan Pan (Akhar) village in Keng Tung, Eastern Shan State.



©UNICEF Myanmar/2019/Nyan Zay Htet

Improving transparency and accountability



- Developing a Facebook page/website for the MCCT Programme with relevant and updated information
- Setting up an IT-based MIS and linking the same with the website; publicising helpline/Hotline/Viber number for programme feedback
- Displaying list of registered beneficiaries and rejected applicants (with reasons of rejection) at village General Administration Department (GAD) office
- Introducing social audit mechanism in areas where community-based organisations exist.

Mi Nyoon (4) is eating her food with relish and happily after the cooking demonstration programme at Wan Pan (Akhar) village Keng Taung township, Shan State.



©UNICEF Myanmar/2019/Nyan Zay Htet

This evaluation was commissioned by UNICEF Myanmar, in partnership with the Department of Social Welfare (DSW) and was conducted by IPE Global Limited, New Delhi, India.



For more information, please contact
 Director, Social Protection Section (SPS)
 Department of Social Welfare (DSW)
 Ministry of Social Welfare, Relief and Resettlement (MSWRR)
 Office No. 23, Nay Pi Taw
 DSW Helplines: 067-3404 583, 067-3404 222, 067-3404 999



IMPROVING NUTRITIONAL OUTCOMES FOR MOTHERS AND CHILDREN IN MYANMAR

Findings from a Formative Evaluation



©UNICEF Myanmar/2019/Nyan Zay Htet

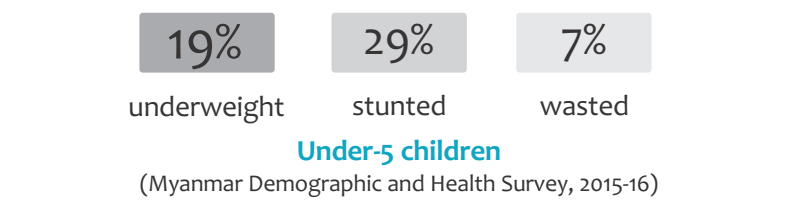
A country-led formative evaluation of the Maternal and Child Cash Transfer (MCCT) Programme was conducted in 2019 to assess the appropriateness of the programme design, effectiveness and efficiency of implementation mechanisms, and understand the satisfaction of beneficiaries in Chin and Rakhine states with regard to the programme and service delivery. The findings are expected to support strengthening the MCCT Programme in Chin and Rakhine States and inform scale-up to other states and regions.

Context

Myanmar has been developing at a rapid rate with the second highest per capita GDP growth rate among countries in Southeast Asia, after Vietnam in 2018. The country has rich natural resources, a dynamic youth population and many market opportunities for development.

48.1% - 2004-05 Poverty levels halved from 48.1% in 2004-05 to 24.8% in 2017 but vulnerability to poverty is exacerbated by long-running ethnic conflicts

24.8% - 2017 Among 24 high-burden countries for under-nutrition, with more than 1/3rd children suffering from chronic malnourishment



Chin and Rakhine Two of Myanmar's least developed areas where stunting and wasting levels of under-5 children are very high compared to Myanmar's average.

Social Protection to Improve Nutrition

Endorsed at the end of 2014, Myanmar's National Social Protection Strategic Plan (NSPSP) is a significant step towards addressing economic and social vulnerabilities in a systematic and effective manner. Of the eight flagship programmes of the NSPSP, four involve cash transfers and key among these is the Maternal and Child Cash Transfer (MCCT) Programme.

Ma Thet Aung and 15 months old Ei Thet in their backyard in Wan Pan (Akhar) village in Keng Tung, Eastern Shan State.

Maternal and Child Cash Transfer (MCCT) Programme

Taking forward the social protection agenda, the Department of Social Welfare (DSW) initiated the roll out of the MCCT Programme in Chin state in June 2017 and later expanded it to Rakhine and other regions and states.

Objective

Improve nutritional outcomes for all mothers and children during the **first critical**

1000 days of life by:

Empowering pregnant and lactating women with additional purchasing power to meet their basic needs during the first 1,000 days

Improving nutrition, health and hygiene seeking behaviours.

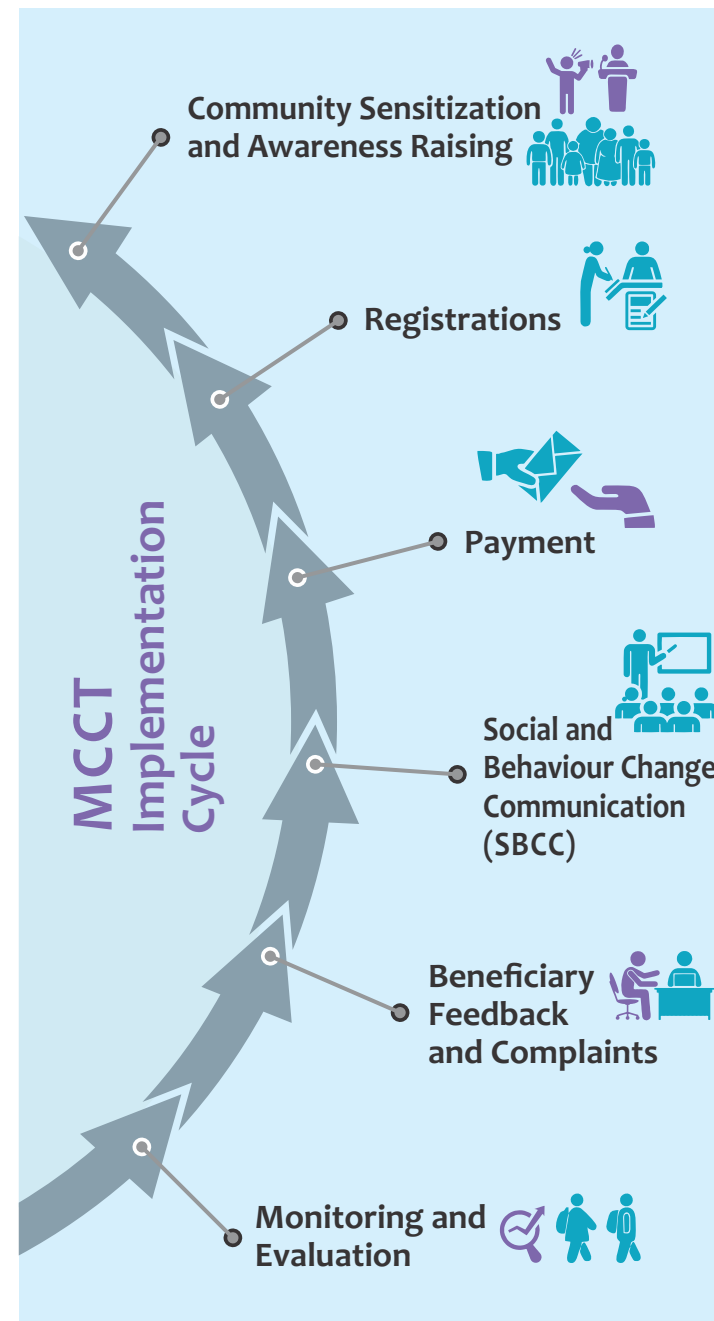


Key features

All pregnant or lactating women who enrol in the MCCT Programme receive:

- Benefits of MMK 15,000 per month (USD 10.5) paid once every two months¹, until the child is 24 months old
- Information on appropriate nutrition, health and hygiene practices through social and behaviour change communication (SBCC) sessions

¹ For Rakhine State, payment is made on a quarterly basis.



Formative Evaluation

Purpose

- Foster learning and improvement in the provision of regular and predictable cash transfer to pregnant women and mothers with children under 2 years of age
- Review the efficiency and effectiveness of the programme design, operations, implementation and delivery, and the extent to which outputs and outcomes have been achieved in Chin and Rakhine
- Set out lessons learned to strengthen the MCCT programme in Chin and Rakhine, and inform the replication and scale-up of the programme.

Approach and Methodology

A non-experimental research design and a mixed methods and utilisation-focused approach was followed – combining quantitative and qualitative primary data collection while drawing upon inference from key programme documents including policy, design and implementation documents. The evaluation was conducted using a framework that conforms to the modified Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) criteria of relevance, effectiveness, efficiency and sustainability, as well as, equity, gender equality and human rights considerations.

Coverage

Covered all five districts in Rakhine (463 beneficiaries) and four districts in Chin (409 beneficiaries) spanning hard-to-reach areas, conflict-prone zones and internally displaced persons' (IDP) camps. Insights of spouses of beneficiaries and other community members were also taken into consideration

Areas covered under the evaluation



Key Findings

Relevance

- Relevant to national agenda to address malnutrition and infant mortality with crucial focus on the first 1,000 days of life and promoting birth spacing
- Universality with all groups including vulnerable communities and minorities being provided coverage
- Beneficiaries prefer cash transfers over in-kind transfers but some found the amount inadequate.

Effectiveness

- Women largely used money on food purchases with increased awareness because of SBCC guiding their spending
- Post distribution monitoring (PDM) was undertaken thrice in Chin and once in Rakhine; visit frequency needs to be regularised and hard-to-reach areas included to eliminate bias
- No significant issues were faced in registering in the programme. In some instances, in Rakhine, beneficiaries faced difficulties in furnishing required documents
- Fairly effective cash flow from union level to beneficiaries with no leakages
- Grievance redressal, monitoring, and data validation systems are weak
- Limited coordination and cooperation among all stakeholders, leading to lack of dissemination of lessons learnt.

“Cash transfers are a welcome relief, helping with provision for medicines, nutrition and miscellaneous expenses related to the pregnancy but delays in disbursement are a sore point. Each of my three rounds of funding were delayed with the last one coming much after I had planned to use it for my time in hospital.”

Ma Myint, 30-year old woman, Sittwe, Rakhine State



Efficiency

- High operating efficiency in registration and conveniently located cash disbursement points
- Universal maintenance of registration and payment records; service delivery processes conducted as per Operations Manual
- Well-defined convergence mechanisms at higher levels; largely informal field level mechanisms because of programme expansion
- Some gaps – cash payments in Rakhine being done at 6-month interval rather than stipulated 3-month interval; monthly SBCC sessions held in irregular manner in many townships; and high average waiting time at many service points
- Staffing and budget issues at programme level; lacunae in training and capacity building mechanisms; and field level workers lack adequate refresher trainings.

Sustainability

- Use of existing human resources made implementation costs fiscally sustainable; human resource constraints in some places
- Inadequate use of technology for payments and monitoring led to some inconsistencies
- Some beneficiaries reported concern for safety while collecting cash due to prevailing conflict in their area
- Scope for improving cross-learning between various state models and assessing their feasibility
- SBCC interventions need to include more stakeholders from the community to promote behaviour change.

“My experience as a beneficiary for six months was positive. I learnt how to do the paperwork and registration and the project team was very supportive. With just a single visit to the local Ward Administrator, I initiated access to cash transfers of 30,000 MMK every two months. Secondly, information on pregnancy and health that was disseminated in trainings/seminars helped with my pregnancy and post pregnancy.”

Ma Man San Deih, 31-year-old woman, Tedim, Chin State

Equity, Gender and Human Rights

- Provided purchasing power to women to increase their dietary diversity and access health care services during pregnancy
- Programme is non-discriminatory, included IDP camps and did not make National Registration Card mandatory
- Gender-neutral spending on children was practiced
- Male family members need to be sensitised – taking care of the child is the responsibility of both parents and not just mothers.

Ma Thet Thet Aung and mothers sharing the knowledge during the IYCF group session with mothers and volunteer health worker Ma Aye Aye Aung. Ma Thet Thet Aung said "I am happy about sharing the knowledge with each other that we didn't know before".



©UNICEF Myanmar/2013/Kyaw Kyaw Win