Improving transparency and accountability

Developing a Facebook pilot platform for the MCTT 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 beneftaries and rejected applicant with reasons of rejection at village General Administration Department (GAD) office.

Introducing social audit mechanism in areas where community-based organisations exist.

Strengthening institutional capacities

Strengthening existing Social Protection Section at Union level in DSW.

Improving layout of information for greater clarity with Brochures/diagrams and bullet 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 programme and service delivery.

Reinforcing communication in local dialects through contextualised messages and media.

Creating cadre of social welfare functionaries

Allocating budgets for salaries/performance-based incentives and exploring non-ﬁnancial incentives, such as recognition of good performance, etc.

Providing mobile phone/tablets, tools and materials.

Enlisting service providers to develop and maintain the MIS.

Establishing a system of identiﬁcation and selection of workers/volunteers from the local area.

Additional staff/cadres.

Contracting ﬁnancial service providers.

Having updated hardware and software procurement.

Improving ﬂexibility to adjust quantum of cash transfer to inﬂation of prices of goods and commodities.

Strengthening inter-departmental and inter-agency collaboration.

Establishing sub-national level monitoring and accountability.

Improving grievance redressal/MIS systems, inter-departmental 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 inter-personal counseling.

Reinforcing communication in local dialects through contextualised messages and media.

Revisiting the operations manual

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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.

Poverty levels halved from 48.5% in 2004-05 to 24.8% in 2017 but vulnerability to poverty is exacerbated by longstanding ethnic conﬂicts.

Among 24 high-burden countries for undernutrition, with more than 7/3 children suffering from chronic malnutrition.

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 two among these is the Maternal and Child Cash Transfer (MCTT) Programme.

Revisiting the operations manual

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Reinforcing communication in local dialects through contextualised messages and media.
Ma Thet Thet Aung said “I am happy about sharing the knowledge with each other that we didn’t know before”.

Ma Thet Thet Aung and mothers sharing the knowledge during the IYCF group session with mothers and volunteer health worker Ma Aye Aye Aung.

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**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.
- Test out lessons learned to strengthen the MCCCT 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 information from key programme documents including policy design and implementation documents. The evaluation was conducted using a framework that conforms to the modified Organization 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 (453 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**

- Chin State
- Rakhine State

**Key Findings**

**Relevance**

- Relevant to national agenda to address malnutrition and maternal mortality with crucial focus on the first 1,000 days of life and promoting birth spacing.
- Universally 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 twice in Chin and once in Rakhine; visit frequency needs to be regulated and hard-to-reach areas included to eliminate bias.
- No significant issues were faced in registering in the programmes. In some instances, in Rakhine, beneficiaries faced difficulties in furnishing required documents.
- Fairly effective cash flow from union level to beneficiaries with no leakages.
- Well-defined convergence mechanisms at higher levels; largely informal field level mechanisms because of programme expansions.
- Some gaps – cash payments in Rakhine being done at 6-month interval rather than stipulated 3-month interval; monthly SBCC sessions held in irregular interval; monthly SBCC sessions held in irregular interval; monthly SBCC sessions held in irregular interval.
- Monitoring and evaluation approaches and methodology.

**Efficiency**

- High operating efficiency in registration and conveniently located cash disbursal points.
- Universal presence of registration and payment records; service delivery processes conducted as per programme manual.
- Well-defined convergence mechanisms at higher levels; largely informal field level mechanisms because of programme expansions.
- Some gaps – cash payments in Rakhine being done at 6-month interval rather than stipulated 3-month interval; monthly SBCC sessions held in irregular interval; monthly SBCC sessions held in irregular interval.
- Staffing and budget issues at programme level; lack of training and capacity building mechanisms; and field level workers lack adequate refresher trainings.

**Sustainability**

- Use of existing human resources made implementation costs fairly sustainable; human resource constraints in some places.
- Adequate 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.

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

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

**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 Del, 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.