



Securing government commitment for a nationwide Maternal and Child Cash Transfer in Myanmar

What did Save the Children do?

In 2014, Save the Children (SC) collaborated with UNICEF, and successfully advocated for a universal Maternal and Child Cash Transfer (MCCT) in the Ministry of Social welfare, Relief and Resettlement's (MSWRR) National Social Protection Strategic Plan (NSPSP).

SC used international evidence and operational learning from our MCCT pilot in Rakhine state to demonstrate feasibility and potential impact of the approach for the country.

In 2016, SC secured donor funds (LIFT) to expand the MCCT in Rakhine, and implement one in the Dry Zone (Legacy) and Ayeyarwady (Bright Sun) regions. Legacy provided an opportunity to conduct a randomised control trial to demonstrate impact.

During 2017, SC and LIFT hosted the State Counsellor's visit to the Legacy MCCT, and secured high-level backing. This led to SC and Unicef supporting MSWRR secure donor funding to implement a universal MCCT to cover Chin state.

SC achieved this by leveraging the evidence generation from our MCCT pilots, and engaging at a high level with development partners and government through a technical advisor. A key ingredient for success was developing a strategy that ensured we were highly adaptive and thinking and working politically.

What was the outcome?

MSWRR has secured government funding to implement the MCCT in 5 states/regions: Chin, Naga, Rakhine, Kayah and Kayin (red on map) - covering approximately **206,600** beneficiaries

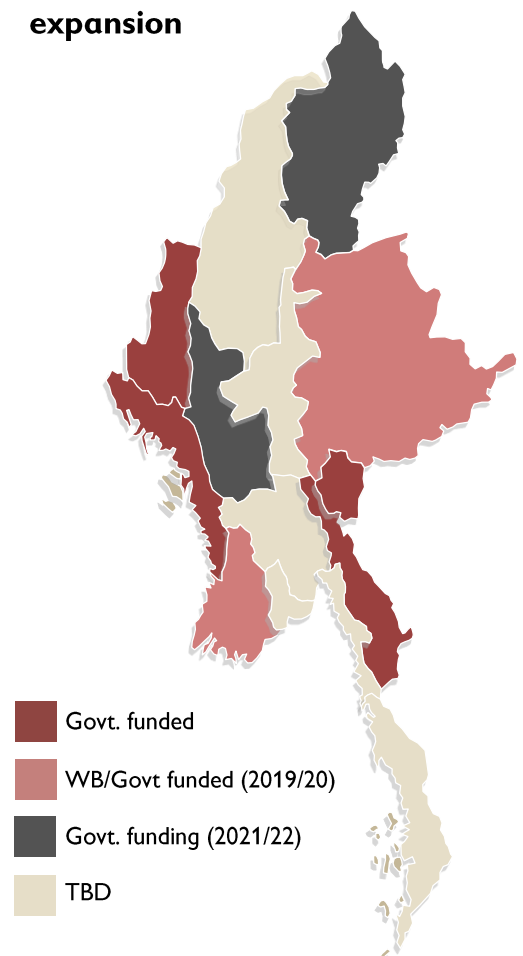
World Bank has provided IDA of US\$100m to support the MCCT expansion to cover Ayeyarwady region and Shan state (pink on map). The Myanmar Government will provide counterpart funding of US\$ 180.86m. This will increase the number of beneficiaries by **230,000**, bringing the total to around **436,600** nationally

MSWRR will expand the MCCT to Kachin state and Magway region in 2021 (grey on map).

What is the MCCT

- All pregnant women receive monthly cash transfers of 15,000 MMK (~ 10 USD), until their child is two years old
- This is accompanied by Social and Behaviour Change Communication (SBCC) sessions to improve nutrition and hygiene knowledge and behaviours

Universal MCCT expansion



What does this mean for children and their caregivers?

Rapid increase in coverage

- SC's pilot MCCTs covered approximately **23,800** pregnant/breastfeeding women and their children under 2 years of age by the end of 2018.
- With MSWRR adopting and funding the MCCT from mid-2017, this has increased to approximately **206,600** in 2019.
- This is expected to increase to around **436,600**, with **7 states/regions** covered from 2020

Potential for significant impact on maternal and early childhood nutrition

- Based on the results of SC's Legacy MCCT randomised control trial, the approach has potential to have significant impact on reducing stunting, and increasing antenatal care exposure, exclusive breastfeeding rates, dietary diversity for pregnant women and minimal acceptable diet for their children.

What role can Save the Children play in strengthening the MCCT

- Delivery of high-quality nutrition SBCC at scale remains a challenge, especially in urban areas where levels of formal employment are considerably higher than in villages of less developed regions. Through a recently approved LIFT funded programme in Shwe Phy Thar area of Yangon, SC will test new ICT and digital solutions and assess their effectiveness and efficiency, leading to new learning around use of these solutions for better nutrition SBCC coverage given the fast-paced scale-up of the MCCT.
- There is also scope for SC to play a supporting role in ensuring the implementation of the MCCT is inclusive and accessible for all eligible beneficiaries. This will increasingly become an issue as the MCCT expands to areas where there are tensions and active conflict between different segments of the population and the government.

MCCT timeline

