**MATERNITY CASH TRANSFER PILOT**

### About the Children-led Maternity Cash Transfer Programme

The Save the Children-led Maternity Cash Transfer Programme is an innovative pilot that aims to support pregnant and breastfeeding women with young children improve their health and nutrition during the critical window of the first 1,000 days – from conception through to the first 24 months of life. The pilot covers pregnant women and under-2 children for a maximum of 24 months. This is a critical period where exclusive breastfeeding and complementary feeding practices are promoted. The pilot uses a ‘soft’ conditionality to encourage mothers to attend nutrition education sessions and mother-to-mother support group meetings, receive four antenatal checkups, and have their child immunized. So far, Save the Children has enrolled nearly 400 mother and child pairs in 15 villages. The pilot will run through to September 2016. The pilot includes 15 “control” villages that receive nutrition education without cash to build evidence that cash plus education will improve nutrition outcomes.

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**First quarter review of the Maternity Cash Transfer programme**

After three cash transfers to our target group of mothers, a first quarter review was conducted to find out what mothers have been using the extra cash for, and if they understand the value of good nutrition and infant and young child feeding practices. These are the key findings:

1. Mothers use the money for food and healthcare:
   Mothers interviewed say they spend the extra cash on buying extra food for them and their children, as well as supporting health costs. Through the nutrition sessions held by Save the Children and nutrition volunteers in their villages, mothers have understood that the cash transfer was intended to support them to buy more nutritious food for their family and to supplement healthcare costs, and have spent the money accordingly.

   “The cash is important for us. The money will help to buy more fruits and vegetables for our family, and we can also use it to see the doctor when we are sick,” said Hla Than Wai, 30, a diesel seller, six months pregnant.

   “Now that I am pregnant, my family spends a bit more on food. On average we now spend about 50,000 kyats (US$50), so the money we get is very helpful,” said Lone Lone Chay, 23, a fisherwoman, mother of one, nine months pregnant.

   “For the cash transfer, I use 6,000 kyats (US$6) on multivitamins for the children and 7,000 kyats (US$7) on food. The money is enough if we don’t fall sick,” said Than Than Aye, 28, a paddy farmer and mother of two.

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### The Maternity Cash Transfer Programme

Supporting mothers & children in the first 1,000 days of life

- **1,000** days of life
- **395** mothers enrolled so far
- **15** villages benefitting from the programme
- **13,000** kyats per beneficiary each month

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**Saw Siwe Then, 30, is a cash beneficiary and mother of two children, in Tan Hlwea Chaung Village, Pauk Taw Township, Rakhine State, Myanmar.**

**Photo Credit: Lynette Lim, Save the Children**
2. The cash does not help to compensate for loss of income in the last trimester:
Many of the mothers interviewed say they do not have any income in the last trimester of their pregnancy, especially those engaged in manual labour. The fall in household income means that families who spend more than half of their income on food will not be able to meet their monthly food needs. However, the cash transfer does cover the increased cost of purchasing nutritious food for mothers and children, and was not intended as an income substitute.

“The amount of money is not enough for me to cover my expenses because I am pregnant and I cannot work. I stopped working when I was five months pregnant,” said Saw Shwe Then, 30, a fisherwoman, mother of two, nine months pregnant.

3. Mothers understand the value of colostrum, breast milk and good complementary feeding practices:
Through nutrition sessions conducted by Save the Children, mothers have demonstrated good understanding of the value of colostrum, breast milk and good complementary feeding practices. Practising exclusive breastfeeding still presents some challenges as mothers are still inclined to feed their babies at least some water.

“When I have my second child, I will feed colostrum immediately. After that I will breastfeed my child for 6 months exclusively before transitioning to complementary feeding. The food I will give includes rice, vegetables and protein that is prepared separately from the rest of the family,” said Khin Than Nu, 28, a casual labourer, mother of one, nine months pregnant.

“A lot of women are struggling to stick to exclusive breastfeeding even if they have the knowledge because these behaviours are hard to change,” said Khin Win Myint, 20, a nutrition volunteer.

“Sometimes I am also afraid that the baby is thirsty so I give her water. I was told not to, but I did it anyway,” said Khin May Thwe, 33, a seafood seller and mother of three.

4. Mothers seek out support from skilled healthcare providers:
Mothers interviewed demonstrated that they were changing their behaviour to seek healthcare when they or their children are unwell, and for regular antenatal check-ups. However, in some villages, visits from midwives only occur quarterly, which means pregnant women and mothers have to travel to nearby towns to see a doctor or midwife. Most women still indicate that they will be relying on traditional birth attendants for the delivery of their child.

“I will have a traditional birth attendant when I have my second child. If there are complications we will call the midwife; and if there are further complications we will go to the hospital. It is normal for the women in the village to have this plan,” said Khin Than Nu, 28, a casual labourer, mother of one, nine months pregnant.

“They are more likely to go to the midwife when they are sick or when they need antenatal care,” said Hla Maung Kyin, 44, Village Administrator.

5. Money is motivation for behaviour change:
In most villages, Village administrators, Village Development Committee members and nutrition volunteers have reported that attendance at nutrition sessions and mother-to-mother support groups have increased, and money has incentivised mothers to seek out healthcare providers for immunisation and antenatal check-ups.

“We see the impact of the programme as having better feeding and nutrition practices. The mothers are also going to see antenatal care, and there is increased immunisation about the children. The cash provides motivation for the mothers to change their behaviour as it is a condition of the cash transfer. This creates a positive impact for the community,” said Ma Than Nu, 42, VDC member and a leader of a mother-to-mother support group.

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About Tat Lan

The Tat Lan programme is implementing a package of comprehensive, mutually-reinforcing interventions to improve livelihoods and food security of 221 severely and moderately Cyclone Giri affected communities in the townships of Myebon, Pauktaw, Kyaukpyu and Mibnya in Rakhine State.

The programme, funded by LIFT, is implemented by the International Rescue Committee in partnership with Save the Children and Oxfam; and the local non-governmental organization Better Life Organisation with monitoring and evaluation support provided by CARE.

The overall goal of the programme is for sustainable increase of food and nutrition security and incomes of participant households. The components of the project include infrastructure, agriculture, fisheries, financial services, nutrition and other cross-cutting projects such as information management, government engagement, gender equality and social protection.