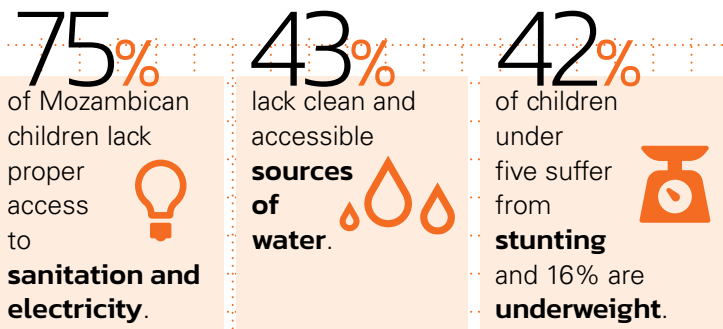


Impact Evaluation of the Child Grant (0-2 years): Subcomponent of the Basic Social Subsidy Programme in Mozambique 2019-2021



Context

At the time of the start of this evaluation (2019) Mozambique had high levels of child deprivation and almost 7 million children were poor.



Childhood malnutrition can lead to permanent damage to child's health and development which has long-term impacts on the social and economic development of the country. Recognising the need to specifically address

children's wellbeing and vulnerability, the government of Mozambique included **a child grant as part of the Basic Social Subsidy Programme (PSSB)** within the Second Basic Social Security National Strategy (ENSSB II, 2016-2024). Three specific groups were identified as target groups for the Child Grant subcomponent of the PSSB – children aged 0-2 years in poor and vulnerable households, orphaned children living in poor and vulnerable households, and child-headed households.

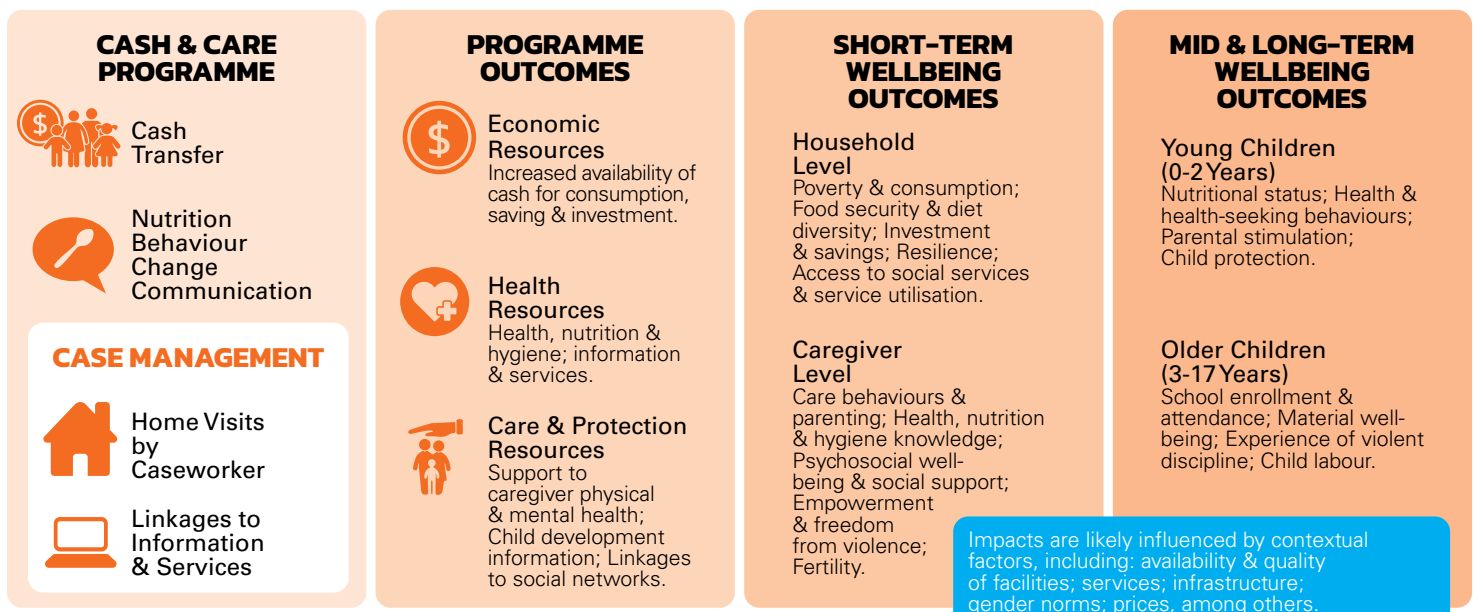
The Child Grant for children aged 0-2 years in poor and vulnerable households was piloted from 2018 to 2021 by the National Institute of Social Action (INAS) under the leadership of the Ministry of Gender, Children and Social Action (MGCAS), with technical and financial support from UNICEF via the United Nations Joint Programme for Social Protection financed by the governments of Sweden, the United Kingdom, and the Netherlands.

The Programme

The Child Grant (0-2 years) is designed as a **a cash plus care model** which consists of an **unconditional cash transfer**, and a care package with **case management and nutritional information**. During the pilot phase,

the child grant was implemented in four districts in Nampula province (Ilha de Moçambique, Nacala-a-Velha, Lalaua, and Mogincual) and reached **15,345** beneficiaries.

Programme Logical Framework



Methodology

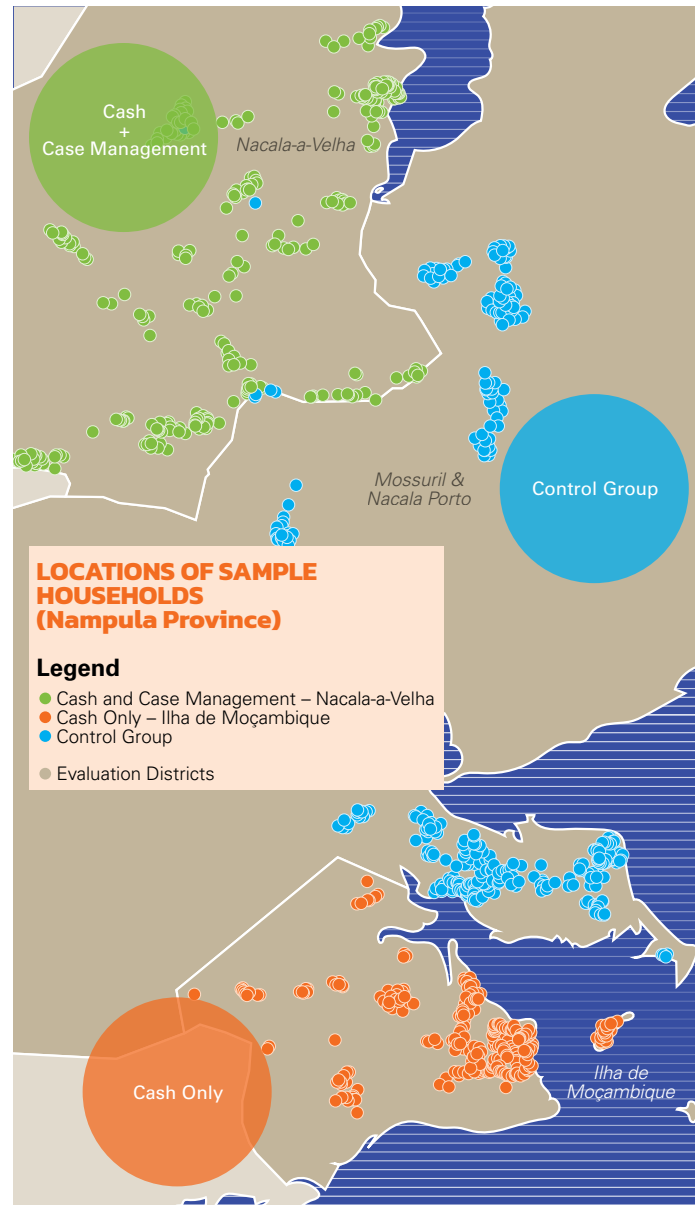
The impacts of the pilot phase of Child Grant were measured during the implementation of the programme via a **24-months longitudinal evaluation** which compared beneficiary families of the programme (a part of them received a full package of the Child Grant programme – both ‘cash’ and ‘care’ while the others received only cash transfers) with a control group (similar families that did not participate of the programme), of 700 households each.

The methodology is a **quasi-experimental geographic regression discontinuity design (RDD)** combined with a difference-in-difference approach to estimate impacts for the treatment districts of Nacala-a-Velha (‘cash and care’ model) and Ilha de Moçambique (cash transfers only) by comparing households in those districts to households in the neighbouring districts of Mossuril and Nacala Porto, which constitute the control group.

The sample inclusion criterion for the evaluation is that households have at least one child under 6 months old at baseline and live within 10 km from a district border, where treatment status changes discontinuously.

The study has high internal validity and discuss specific indicators which show higher-than-expected baseline differences or attrition in the full report.

We use a **difference-in-differences specification to estimate the intent-to-treat effect of the combined programme activities** (i.e., pooled treatment, cash and case management) **on the outcomes of interest** – as well the differential impact of cash versus case management using a household panel sample.



Findings

The findings show promising results and provide solid evidence on the relevance of the Child Grant programme and effectiveness of the cash and care model.

*** Baseline data (2019)** showed that the beneficiaries of the child grant were some of the poorest in Mozambique:

86%

of households were living in poverty.

34%

of children had their basic needs met.

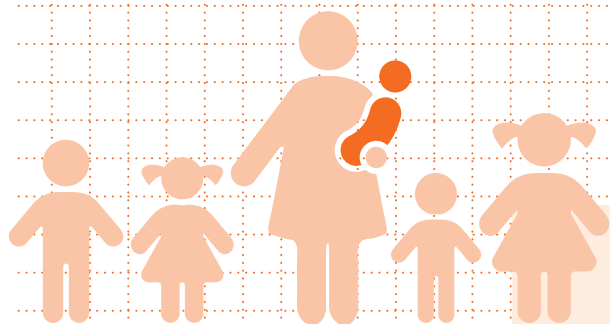
50%

of mothers (caregivers) reported first partnerships before age 18

66%

of households had food consumption below the national food poverty line.

FOR TARGET CHILDREN (AGE 0-2)



Strong impacts on children's birth registration, with children **1.5 times more** likely to be registered.

Beneficial impacts on **dietary diversity** and infant and young child feeding (**100% increase in minimum dietary diversity**) but anthropometric measures such as underweight, wasting and stunting were largely unchanged, possibly due to **poor hygiene and sanitation**.

FOR BENEFICIARY HOUSEHOLDS

Increase in expenditure and consumption:

- 13% increase in **household expenditures**;
- **improved food security** (total food insecurity experience index ▼ **11%** and number of meals eaten per day ▲ **12%**).



Reductions in poverty: **10% decrease in poverty rates (headcounts)**, **13% decrease in the poverty gap**.

The probability of being negatively affected by **COVID-19 was 54% less** in the treatment group.

Impacts occur mainly due to cash component and are often greater for **female-headed households**.

FOR CAREGIVERS (MOTHERS)



Strong impacts on **caregiver's well-being**:

- **11% decrease in depressive symptoms**;
- **5% decrease of stress**;
- **16% increase of happiness and satisfaction with life**.

Lower levels of **intimate partner violence** (38% decrease in the last 12 months).

22% decrease in current or recent pregnancies

Caregivers are **13 times more likely to save money** and report higher levels of autonomy and decision-making power. However levels of savings are very low.

FOR OLDER CHILDREN IN THE BENEFICIARY HOUSEHOLD (3-17 YEARS)

Strong impacts on **material well-being**, with **58% more likelihood** to have shoes, a change of clothes and a blanket – as well as sleep under a mosquito net (in the night prior to the data collection).

Strong **decrease in violent discipline of children** (16% decrease), as well as caregiver beliefs that violence is necessary to raise children (**67% decrease**).



Weaker impacts on education outcomes, however, school closure due to COVID-19 might have affected this outcome.



This intervention represents a key step for building the social protection system in Mozambique. It is expected that the results will be used to inform scale up, thus leading to increased investments and commitments on child sensitive social protection.

Recommendations

The overall recommendation of the study is to **maintain the current intervention design**, while projecting the expansion of the Child Grant 0-2 years programme

Readjust the value of the transfer or, at a minimum, establish rigorous monitoring over time to ensure that the actual value of the transfer does not decrease further

Assess whether participation can be extended to include the period of pregnancy and to cover additional years for children up to five years old

Regularize payments to ensure predictability

Continue joint implementation of the cash transfer and case management components and ensure that case management activities are more supported to ensure maximum synergistic benefits for participants

Explore and leverage on **entry points for convergence between district-level nutrition interventions** and the Child Grant 0-2

Continue to emphasize **servicing adolescent mothers**, and that linkages be made wherever possible as part of the case management component with adolescent-specific health and education services

Additional efforts focused on **preventing premature unions within participating communities** and households in order to reduce the cycle of premature unions and births.



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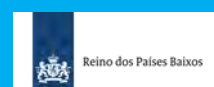
Contact Information

Juan Bonilla
Lead Evaluator
American Institute for Research
Email: jbonilla@air.org

Luis Corral
Social Protection Specialist
UNICEF Mozambique
Email: lcorral@unicef.org

Fabio Bezerra
Evaluation Manager
UNICEF Mozambique
Email: fbezerra@unicef.org

Partners:



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This brief is based on the Impact Evaluation of the Child Grant (0-2 years) / Subcomponent of the Basic Social Security Programme in Mozambique, 2019-2021, which can be downloaded on www.unicef.org/evaluation/reports#/. The brief aims to facilitate knowledge sharing among UNICEF and its partners. The content of the evaluation reports and brief do not necessarily reflect UNICEF's views and policies.

More information on evalhelp@unicef.org

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