



THE MAM'OUT PROJECT: SEASONAL MULTIANNUAL CASH TRANSFERS FOR THE PREVENTION OF ACUTE MALNUTRITION IN TAPOA

Action Against Hunger | ACF International, Burkina Faso

The Challenge

Over 52 million children globally suffer from acute malnutrition.¹ Its causes are numerous and intrinsically linked to inadequate health practices, lack of dietary diversity and food insecurity—which are all exacerbated by poverty. As one of the poorest countries globally, Burkina Faso also has a high rate of acute malnutrition. Rural populations are especially affected because of their isolated location and limited resources. Studies have shown that safety net approaches, like cash transfers, can address several underlying causes of undernutrition: removing financial barriers to healthcare, reducing poverty and improving food security, food consumption and child health.



PATH/Monique Berlier

The Intervention

Action Against Hunger | ACF International's MAM'Out intervention in Tapoa consisted of seasonal multi-annual cash transfers aimed at ensuring protection of household resources at the right time. Given the dependence on seasons for agriculture and livestock care in Tapoa, there are certain times of the year where poor families do not have enough revenue compared to their expenses. Over two years, monthly cash transfers were given to mothers from poor households via mobile phones to supplement their household income during this "hunger gap"—July to November. The aim was households would use the money to increase nutritious food consumption, access health services and access good water, sanitation and hygiene conditions.

The Evaluation

The cluster-randomised controlled trial was conducted in the Tapoa province in the Eastern region of Burkina Faso. Thirty-two villages were randomly selected to either the intervention or control group. Selection

criteria to receive the cash transfers were households classified as poor or very poor and having at least one child under age one. Data collection was conducted quarterly with participating households. The objective of the study was to determine if this cash transfer approach effectively prevented acute malnutrition in children, and if it was cost-effective compared to other safety net approaches. It compared child health and nutrition, dietary diversity, health centre attendance, access to water and adequate hygiene and women decision power as its variables.

The Results

By the end of the project, all beneficiaries received the cash transfer every distribution month. The main areas of investment were for food and health; on average, 40% of the amount received was dedicated to children. A majority of the beneficiaries saw the cash transfer amount as sufficient—74%. Cases of sharing goods or cash outside the household were reported and were considered to

contribute to social cohesion. The positive effects of the project globally were related to the increase in purchasing power and the improvement of husband-wife relationships. However, there was no significant change in the incidence of acute malnutrition after the intervention. The programme demonstrated to be as cost efficient as other safety net programmes.

The Lessons Learnt

The project formed selection and complaint committees to manage the beneficiaries and their feedback during implementation. This mechanism allowed for adaptation in project implementation in order to achieve its objectives. The involvement of village chiefs and village development committees and regular communication with participants were essential for acceptance of the study from both the intervention and control villages. By celebrating both village types at the beginning of the project, the control villages were just as committed to the outcomes of the evaluation. As a result, no conflicts existed between control and intervention groups during implementation.

Looking Ahead

Overall, the evaluation for MAM'Out demonstrated that cash transfers can be a cost-efficient and community-accepted approach to ensure available funds for food and health care during seasonal "hunger gaps." As well, distributing them to mothers contributes to women's empowerment to make decisions around household purchases, healthcare and food consumption. However, for future programmes, it will be necessary to allow for a longer intervention timeframe in order to see sufficient impact on health and nutrition in children.

References

¹ Black RE, Allen LH, Bhutta ZA, et al. Maternal and child undernutrition 1 - Maternal and child undernutrition: global and regional exposures and health consequences. *The Lancet*. 2008;371(9608):243–60.

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