Evaluation of Mozambique’s Child Grant:
A cash + care intervention to reduce violence against
women & children

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On behalf of the Mozambique Child Grant evaluation team

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Motivation & objectives

- Evidence shows cash transfers are a scalable & effective way to reduce intimate partner violence (IPV) (Buller et al. 2018; Baranov et al. 2021)

- To date, few studies have examined impacts on IPV & violence against children (VAC) in the same intervention

- In addition, there are few rigorous evaluations of ‘cash plus’ programs, where ‘plus’ programming is specifically meant to reduce violence

This study

- Analyzes impacts on IPV and VAC after 24-months in Mozambique’s social protection scheme ‘Subsidio para Crianças’

- Unpacks impacts by intervention component (cash & care)

- Examines mechanisms of impact

- Concludes with implications for program scale-up
The Child Grant (0-2 years) is a ‘cash and care’ approach to service delivery that provides an unconditional cash transfer, exposure to behaviour change communication, and case management services for integrated wellbeing of children in their first years of life.

**ALL CHILD GRANT BENEFICIARIES**

**BIRTH**
- **CASH TRANSFER**
  - Registration by INAS

**0-23 MONTHS**
- **CASH TRANSFER**
  - 540 MT (~10 USD) bi-monthly unconditional payments by INAS through pay points (until 24 months)

**≥ 23 MONTHS**
- **GRADUATION**
  - Referral to social protection programs as needed

**NUTRITION & HYGIENE SBCC PACKAGE** *(delivered in child grant districts at the community-level)*

**CASE MANAGEMENT BY SDSMAS**
- **CHILDREN & FAMILIES AT RISK**
  - Identify at risk families by SDMAS at INAS registration via triage tool (approx. 10-20%)
  - Family assessment & development of case plan
  - Bi-monthly home visits by female case workers, backstopped by SDMAS (follow-up depends on complexity of the case ~3 – 9 months)

INAS: National Institute of Social Action
SBCC: Social and Behaviour Change Communication
SDMAS: Health, Women & Social Action District Services
Evaluation Design : Nampula province

• Geographic Regression Discontinuity Design (RDD) using district borders:
  1) Nacala-a-Velha: Cash & care
  2) Ilha de Moçambique: Cash only
  3) Mossuril & Nacala Porto: Comparison

• Baseline (Feb-March 2019) = interviews with ~2,130 female primary caregivers with children aged 0-6 months
• Qualitative process evaluation
• Endline (Feb-April 2021)
• Extensive ethical protocol for sensitive topics—including referral and adverse event protocols
Analysis methodology & internal validity

- **Modeling**: Difference-in-difference intent-to-treat models controlling for distance to district border, border fixed-effects, a set of demographics at household, caregiver and child-levels, as well as enumerator fixed-effects:
  - **Model 1**: Pooled treatment
  - **Model 2**: Cash only versus additional impact of care (interaction term)

- **Analysis sample**: Panel sample of partnered women 18+ years old answering IPV in both rounds (n = 2,851) and children aged 1-14 years in panel households (n = 8,062)

- **Internal validity**: Sample is well balanced at baseline; overall attrition is 21%, however little evidence of differential attrition

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**Measurement of key outcomes**

- **IPV**: WHO modified conflict tactic scale (16 questions) – controlling, emotional, physical and any IPV in the last 12 months

- **VAC**: MICS violent discipline module (10 questions) – psychological aggression, physical punishment, any violent discipline in the last 30 days
Impacts on IPV attitudes & behaviors

- Reductions in pooled treatment for all outcomes except controlling behaviors
- Pooled treatment impacts for IPV experiences range from 9–13 pp reductions over 12-months (or 38 - 48% over endline comparison means)
- Impacts driven by both cash & care components

Notes: Recall period is 12-months, and all IPV outcomes are binary. Sample includes caregivers aged 18 and older who were ever partnered and able to be interviewed in private (~n = 2,851). Impacts and 95% confidence intervals are from difference-in-difference models with robust standard errors among the panel sample, controlling for distance to district border and a set of household and caregiver characteristics.
Impacts on VAC attitudes & behaviors

• Reductions in pooled treatment for all outcomes except physical punishment

• Pooled treatment impacts on VAC experience range from 7-9 pp over 30 days (or 14-16% over endline comparison means)

• Impacts driven by both cash and care components —except for physical punishment (driven by care only)

Notes: Recall period is 30-days, and all VAC outcomes are binary. Sample includes all children aged 1-14 years in panel households (~n = 8,062). Impacts and 95% confidence intervals are from difference-in-difference models with robust standard errors among the panel sample, controlling for distance to district border and a set of household, caregiver and child characteristics.
## Analysis of mechanisms

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Summary of results

- Mozambique’s Child Grant reduced the risk of violence among poor rural households – IPV (↓ 38 - 48%) & VAC (↓ 14-16%) – as well as changing attitudes for both types of violence;

- Analysis by treatment arm indicate both cash & care contributed to reductions in most cases;

- Analysis of mechanisms indicates increased economic security & caregiver empowerment are the most salient pathways;

- Levels of violence remain high at endline—possibly due to COVID-19, indicating policy relevancy of cash plus programming.
Policy implications

- Government-run cash-plus programming can tackle both monetary & protection risks—however more evidence is needed testing innovative models, assessing synergies & cost effectiveness (Peterman & Roy 2022);

- Implementation of case management requires context-specific tools (triage & family assessments), as well as dedicated human resources (trained social work force) – limiting scalability & implying investment trade-offs;

- Challenges due to COVID-19 resulted in additional implementation complexities, underscoring the need to invest in shock-responsive measures;

- Child grant program a step in the right direction – however many ongoing needs of target population including increased benefit levels, coverage and extension of benefits after age 2 (& in prenatal period).
Acknowledgements

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Citations


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Additional material:

Pooled treatment impacts on VAC by sex and age