

Adding to the evidence

Concern Worldwide's Graduation Programme in Burundi

April 2015

INTRODUCTION

As an organisation Concern Worldwide is focused on tackling extreme poverty - understood as a **lack of basic assets and/or the low return to these assets¹** - and the key dimensions that cause or maintain this, specifically **inequality, risk and vulnerability**.

Our graduation programmes are designed not only to move an individual or households above a specific income threshold but rather to bring about improved returns on new and existing assets. The term 'graduation' is used to refer to the movement of individuals or households out of extreme poverty and into food security and sustainable livelihoods, and is captured by the following theory of change:

By accurately targeting extremely poor households and delivering a comprehensive package of support including income and assets, facilitating access to savings and credit systems and delivering skills training and mentoring, beneficiaries will have diversified livelihood options and increased resilience to shocks and stresses.

Concern's Graduation Model has five essential components:

1. **Comprehensive targeting** that makes sure extreme poor households are identified as programme participants;
2. **Consumption/income support** provided in the form of a regular cash transfer to help participants meet their basic needs whilst they engage in expanding and diversifying livelihood strategies;
3. **Provision of skills training and regular coaching** focusing on human capital and includes providing access to practical, short, trainings as well as routine coaching and mentoring visits;
4. **Facilitating access to savings facilities** (and where feasible credit);
5. **An asset transfer** to jump-start economic activity; supporting participants to establish themselves in a small business or seek more formal employment.



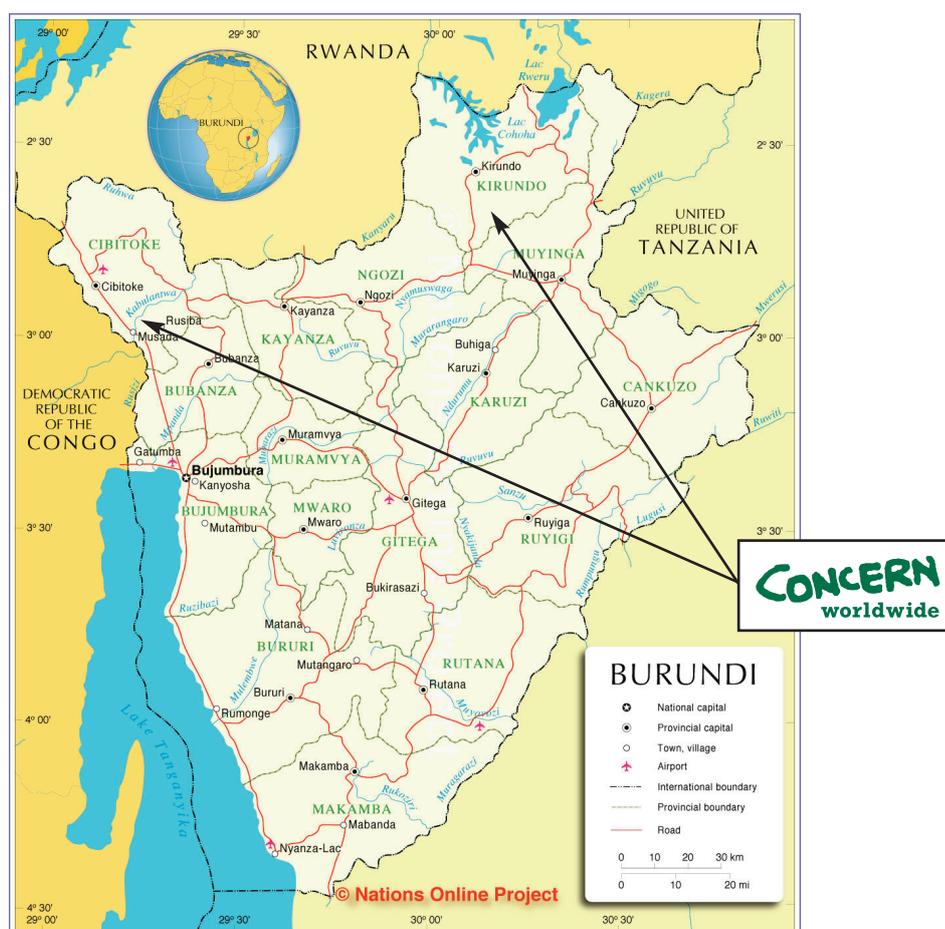
¹ According to Concern's Livelihood Security Framework, assets can be financial, natural, human, physical, social and political. Concern's programme experience indicates that extremely poor people prioritise financial, natural, human and physical assets which this document will refer to as basic assets.

Terintambwe ‘Take a Step Forward’ programme

‘Terintambwe’ is a graduation programme being implemented in two of Burundi’s poorest provinces, Cibitoke and Kirundo since October 2012. The programme currently reaches 2,000 households (1,000 in each province) and approximately 9,400 direct beneficiaries².

Eligible households are identified through geographical and community-based targeting led by the local government administration and community leaders. Households also have to be functionally landless (have no land except for their homestead) but are able to work.

Following targeting and registration, participants received income support of 24,500 Burundi Francs (BIF), approximately US\$16, each month for a maximum of 14 months. Transfers are made electronically through mobile phones and are designed to support participants basic needs and provide them with the opportunity to concentrate on developing sustainable income generating activities. Once their income has been stabilised, participants also received an asset transfer of BIF 150,000 (approximately US\$100) to facilitate engagement in economic/livelihood activities. For the most part, these activities focused on the development of small businesses such as trading in cassava products, banana juice and vegetables. The selection of income generating activities was informed by a market assessment and based on participant’s interest and capability. In addition, participants received skills training and mentoring from Case Managers who visited households and worked with families on setting priorities; problem solving; spending and saving plans; household decision making and other complementary activities including hygiene and family planning.



² Based on an average household size of 4.7 persons

What this paper shows

Programme monitoring and evaluation (M&E) is designed to assess whether the programme leads to sustainable improvements in the livelihoods and wellbeing of the extreme poor. A specific research element is also looking at the role of skills development and coaching; which is seen as an enabler of graduation, to assess whether higher levels of support lead to greater outcomes.

This briefing paper summarises the findings from a midline survey undertaken in June 2014, a year and a half after the start of the programme. It was undertaken four months after the consumption/income support phase but before the asset transfer. Findings highlight comparative differences between two intervention groups and a comparison group – households who have similar characteristics but are not participants of the programme³. An endline survey is taking place in April 2015.

As **coaching** is often seen as the '**x-factor**' that makes the difference between success and failure of graduation programmes, the paper also highlights any differences in outcomes based on the level of coaching received by participants. Findings are disaggregated by intervention group; **group 1** is the **high treatment group** who received three home visits from case managers per month and **group 2** is the **low treatment group** who received one home visit from case managers per month. Levels of training and skills development were the same across both treatment groups.

Findings

Overall, we have seen positive improvements in the well-being of programme participants since the start of the programme.

Housing and living conditions

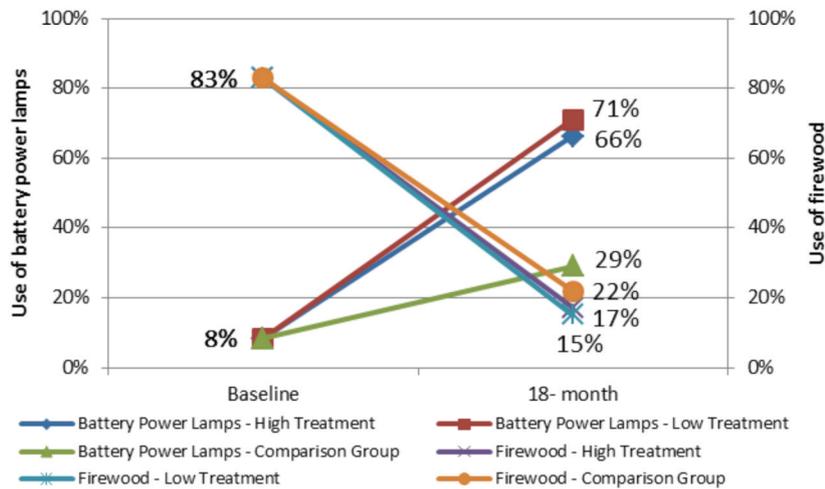
We have seen a large improvement in the **quality of housing**, in particular in roofing, and a reduction in participants reporting leaking roofs. 38% of participants are now using iron sheets as their main roofing material, compared to 12% at the start of the programme.



³ The comparison group was selected using the same criteria as participants and although they are not participants of the programme they received a stipend for their participation. In return for participation in the 12-month survey comparison group households were given one hoe,) though for later surveys a larger incentive (small solar lamps) were planned for.

A greater number of participants are also using unfired bricks for their walls (39% at the start of the programme, rising to 52% and 50% of participants in treatment groups 1 and 2 respectively after a year and a half) and there has also been a corresponding decline in participants using trees and mud, though the use of trees and mud is still dominant in Kirundo province. Improvements in the main material of walls however, does not appear to be attributable to the programme as similar improvements were also seen by the comparison group households.

► **Figure 1:**
Improvements
in main source
of lighting



We have also seen a significant improvement in participant's **main source of lighting** with a greater number of participants now using battery power lamps compared to the start of the programme, as shown in figure 1. There has also been a corresponding decline in the use of firewood as the main source of lighting.

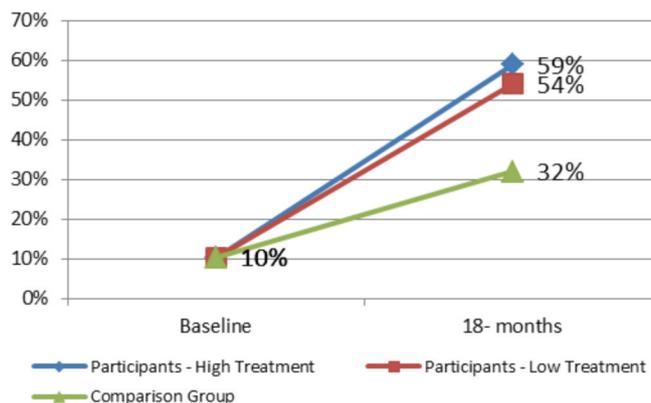
Improvements in the main source of lighting were also seen amongst comparison group households, due to households being given a solar lamp to compensate them for their time during the survey. For comparison group households only, the use of solar lamps as the main source of lighting increased from 0% use at the start of the programme to 45% use after a year and a half.

Finally, we have seen an increase in the number of participants who now own houses (94% and 93% of participants in treatment groups 1 and 2 respectively); however overall household ownership was high at the start of the programme – at 90%.

Hygiene and sanitation

We have seen a significant improvement in participant use of **hygienic sanitation facilities** since the start of the programme, most notably through the upgrading of pit latrines by installing slabs, as shown in figure 2. The proportion of participants reporting increased use was higher in Cibitoke than in Kirundo where the use of pit latrines without slabs is still dominant.

► **Figure 2:**
Upgrading pit
latrines by
installing slabs

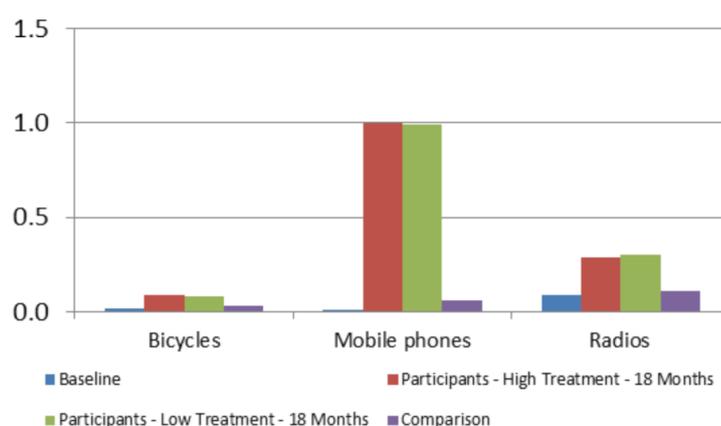


Participants have also reported **improved hand-washing practices**, with 90% of high treatment and 89% of low treatment households washing hands with soap and water after toileting after a year and a half, compared with 33% at the start of the programme. This is relative to comparison group households, with 50% of comparison group households reportedly washing hands with soap and water after toileting.

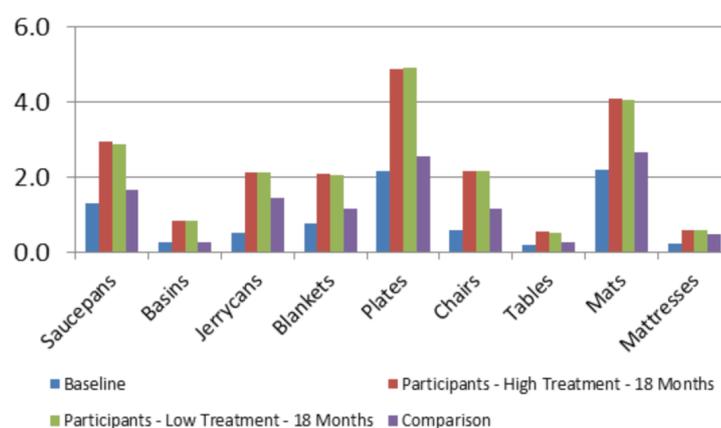
Physical assets⁴

Income support provided through the Terintambwe programme has been used by participants to accumulate several kinds of assets. We have seen a significant increase in participant ownership of eight out of nine **small domestic assets** on which data was collected, relative to that of comparison households. Figure 3 shows average ownership of individual assets at the start of the programme and then after a year and a half along the same axis. The blue column represents average ownership at the start of the programme whilst the red, green and purple columns represent average ownership after a year and a half. Ownership of plates, mats, blankets and saucepans saw the greatest increase.

► **Figure 3:**
Ownership of small domestic assets



► **Figure 4:**
Ownership of large domestic assets



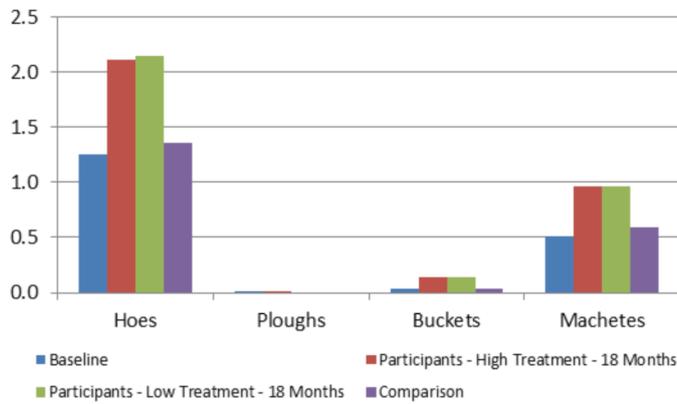
We have also seen an increase in participant ownership of mobile phones and radios (**large domestic assets**) relative to comparison group households, as shown in figure 4. The increased ownership of mobile phones was significant though unsurprising as participants received a mobile phone when they registered for the programme.

In terms of **farming assets** there are similar trends. We have seen increased participant ownership of hoes, buckets and machetes related to comparison groups households, as shown in figure 5. The increase in the ownership of buckets is higher amongst participants receiving high treatment in Cibitoke province and amongst participants receiving low treatment in Kirundo province.

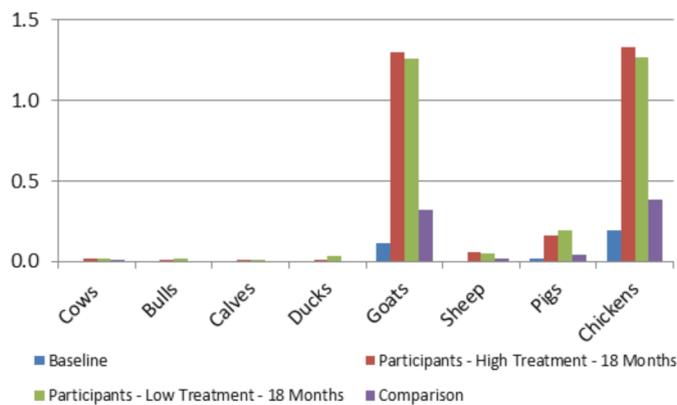
⁴ Information was collected on a number of assets including domestic (saucepans, basins, blankets etc.), farming (hoes, ploughs, buckets etc.) and livestock (cows, bulls, calves, ducks, goats, sheep, pigs and chickens). A number of other assets were included during the 18-month survey as these were identified as important for income generating activities however they are not reported here.

We have also seen an increase in participant ownership of **livestock assets**, relative to comparison households, as seen in figure 6, the most significant being in the ownership of goats, pigs and chickens.

▶ **Figure 5:**
Ownership of farming assets



▶ **Figure 6:**
Ownership of livestock assets



Land

We have seen an increase in the **size of the plot of land** in which participant houses are located, relative to that of comparison households. At the start of the programme, the median plot size was 300 Sq. m and after a year and a half this has increased to 700 Sq. m and 800 Sq. m for treatment groups 1 and 2 respectively, compared to a median plot size of the 360 Sq. m reported by comparison group households.

Participants not only purchased more land but invested in expanding land under production by renting additional plots for productive purposes.



Financial management

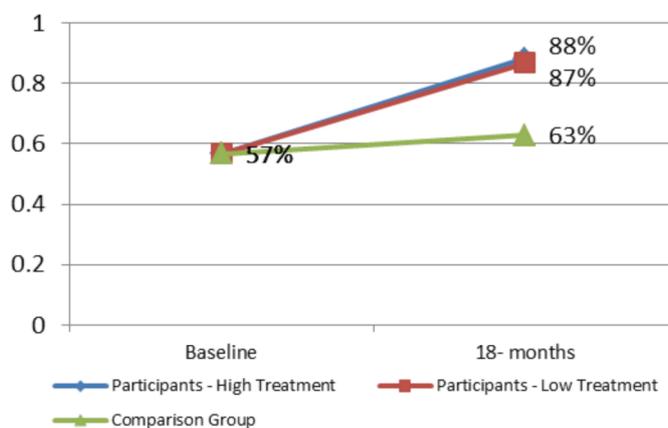
We have seen an increase in participants **saving**, with 84% of participants now saving at least once per month compared to 31% at the start of the programme. Comparison group households also reported increased savings activity, with 70% now saving once per month. We believe that the positive trends are the result of the Savings and Internal Lending Communities (SILCs) set up as part of the Terintambwe programme which are open to both participants and non-participants of the programme. 99% of participants and 65% of comparison group households now use SILCs for saving, and there has been a decline over the past year and a half in the use of other savings mechanisms including through friends and family, buying assets and the use of a cash box.

We also saw an increase in **borrowing** with 65% of participants having taken out a loan or credit in the previous 12 months compared to 30% at the start of the programme. This is significantly higher than the comparison households, of which only 15% reported borrowing in the previous 12 months. Although the frequency of borrowing has increased, the average amount being borrowed at any one time has decreased since the start of the programme, with participants taking out and repaying loans over a shorter time period (one month). This indicates that participants are increasingly able to take on, and have the capacity to repay, debt. We believe that this is due to the coaching received by participants on loan management, which includes making a plan on how the loan is going to be used and repaid.

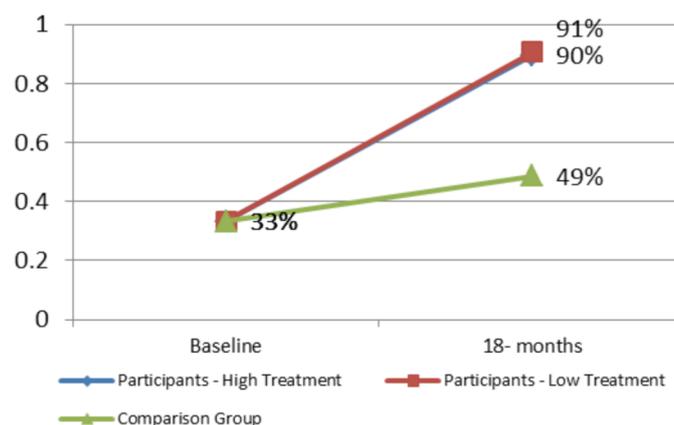
Health

We have seen significant improvements in access to health care provision by participants since the start of the programme. Participants reported a significant increase in **attending a formal health provider** (health centre, hospital or health worker) when a household member is sick relative to comparison households, as shown in figure 7, as well as an increase in their **ability to afford prescribed medicines**, as shown in figure 8. We believe that the issuing of health cards to programme participants played an important role in this increase in access to health care provision.

► **Figure 7:**
Use of formal
health providers



► **Figure 8:**
Able to pay for
all medication



During the survey participants were also asked a number of questions on knowledge of and attitude towards HIV and AIDS. Awareness of HIV/AIDS was already high at the start of the programme however, detailed knowledge about transmission was more varied. Since the start of the programme we have seen an improvement in participant knowledge about HIV and AIDS relative to comparison group households. We have also seen more positive attitudes towards people living with HIV and AIDS although this has been seen across both participant and comparison group households, therefore there is no relative difference. We believe this to be the result of spill-over effects from the programme (i.e. information being shared by participants with people outside of the programme).

We have seen an increase in participants undertaking voluntary HIV tests as well as an increase in the use of methods to prevent transmission relative to comparison households. Participants reported an increase in the use of contraceptive methods, from 18% at the start of the programme to 38% and 36% of treatment groups 1 and 2 respectively, relative to comparison group households, with 28% of comparison group households reportedly using contraceptive methods after a year and a half.

Education

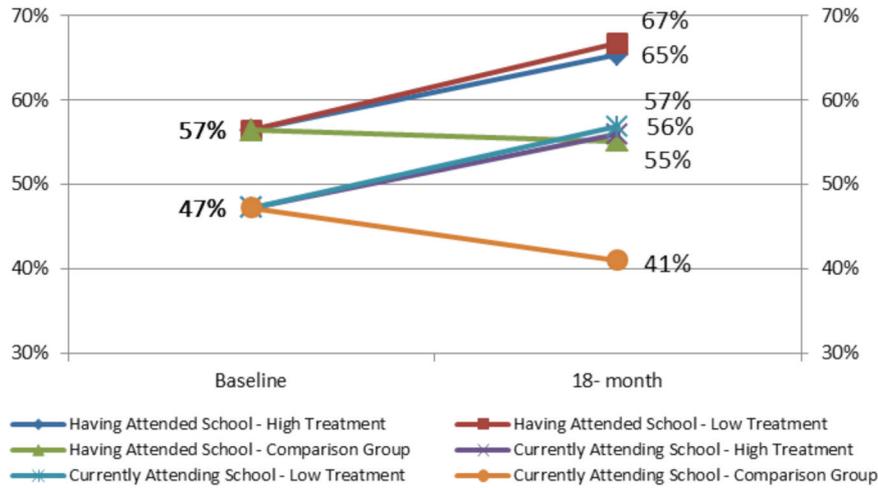
Survey respondents were asked a number of questions about children's education; i) **the proportion of children who have ever attended school**; ii) **the proportion of children currently attending school** and, iii) **the number of days children did not attend school** within the two weeks prior to the survey.

Since the start of the programme we have seen improvements in the number of children having ever attended school and also currently attending school, relative to comparison group households, as shown in figure 9. There was also a decline in the average number of school days missed by children who are attending school, from 2.8 days at the start of the programme to 0.74/0.72 for treatment groups 1 and 2 respectively, relative to the comparison households who reported that on average children missed 1.13 days of school within the two weeks prior to the survey.

We believe that this is due to participants having stabilised their income and that therefore they are less likely to withdraw children from school to work, and be able to afford school uniforms.



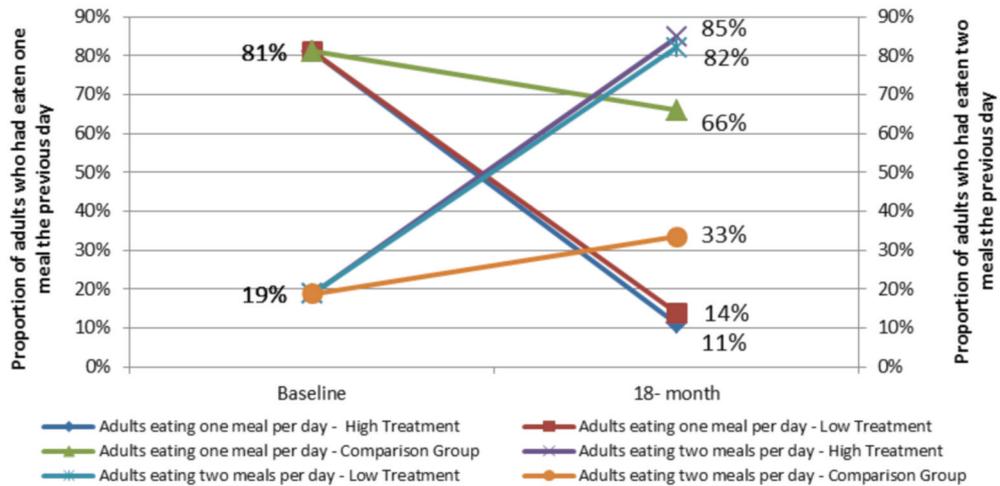
▶ **Figure 9:**
School attendance



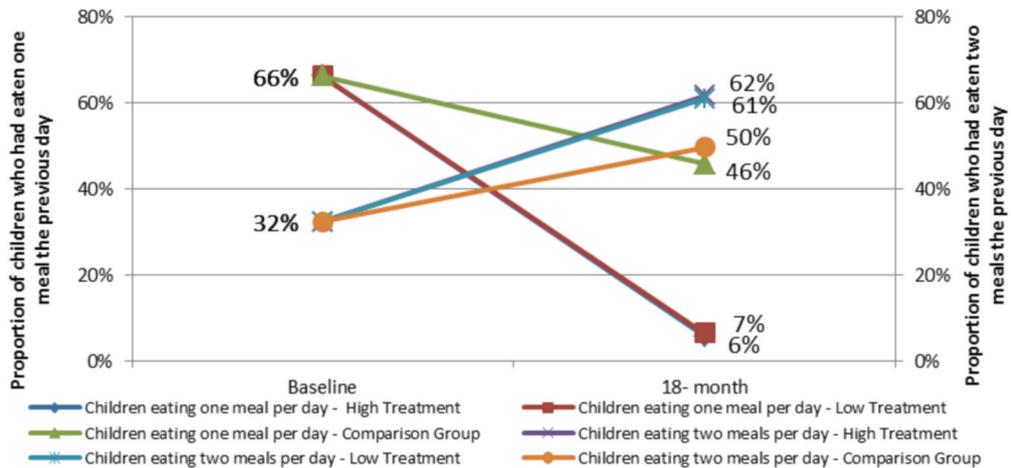
Food security

Surveys posed a number of questions to participants including: number of meals consumed per day; number of months of hunger in the past year, and dietary diversity. Since the start of the programme we have seen a significant improvement in the **number of meals** consumed by participants per day, relative to comparison group households. Figure 10 shows the decline in the proportion of adults who had only eaten one meal the previous day compared to the increase in the proportion of adults who had eaten two meals the previous day.

▶ **Figure 10:**
Number of meals eaten per day (adults)



▶ **Figure 11:**
Number of meals eaten per day (children)



A similar trend was seen in the number of meals consumed by children; with an improvement in the number of meals consumed by children per day, relative to children in comparison group households. Figure 11 shows the decline in the proportion of children who had only eaten one meal the previous day compared to the increase in the proportion of children who had eaten two meals the previous day.

Social impacts

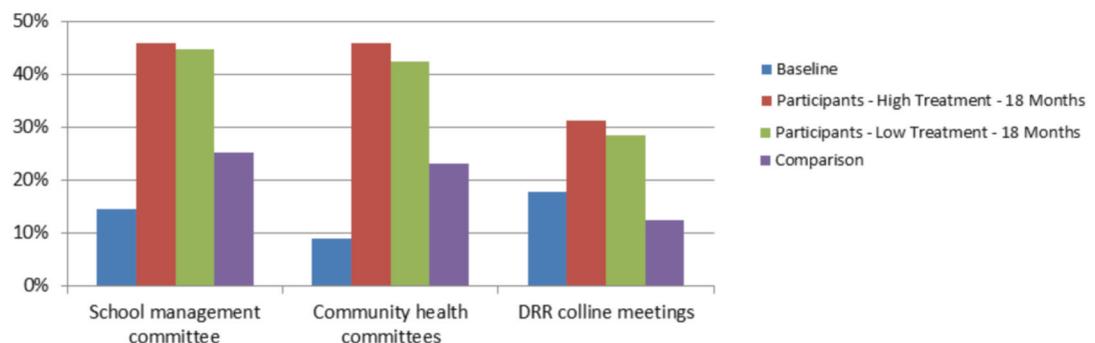
• Social inclusion

Poverty can reduce the time and money people have available for social activities and can also be associated with a feeling of shame, leading to poor and vulnerable groups withdrawing or being excluded from society. The graduation programme is expected to help individuals engage more in social activities and surveys collected information on the attendance of participants in social and community activities: school management committees; community health and disaster risk reduction (DRR) colline⁵ meetings.

Participants reported a significant increase in 'always' taking part in across three activities. Figure 12, shows the proportion of participants who 'always' attend in the three activities at the start of the programme and then after a year and a half along the same axis.

- i) **School management committees** - 15% at the start of the programme to 46% and 45% of treatment groups 1 and 2 respectively after a year and a half, relative to 25% of comparison group households;
- ii) **Community health committees** - 9% at the start of the programme to 46% and 43% of treatment groups 1 and 2 respectively, relative to 23% of comparison group households; and
- iii) **DRR colline meetings** - 18% at the start of the programme to 31% and 29% respectively after a year and a half, relative to 13% of comparison group households.

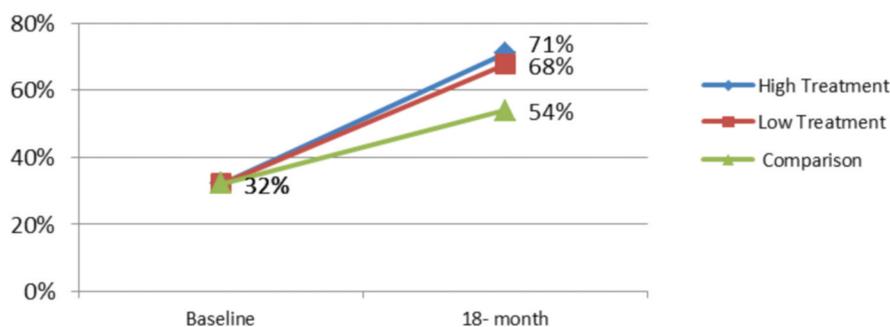
► **Figure 12:**
Attendance at community meetings



• Household decision making

Participants were asked about household decision making over income. Participants reported a **significant increase in joint decision making on income** earned by the male adult in the household. There was also a significant increase in joint decision making on income earned by women, again relative to comparison group households.

► **Figure 13:**
Joint decision making on income earned by the male adult in the household



⁵ A colline is an administrative level in Burundi, where administrative power resides and government services are organised.

CONCLUSION

Participants report several significant improvements in human and social indicators, as well as income- and asset-based indicators, a year and a half since the start of the Terintambwe programme, relative to households in the comparison group. What the data does not yet show us is whether the impacts will be sustained over time although this will be analysed following two further surveys planned for the end of the programme (end line) and a year and a half after the end of the programme (follow-up) and will aim to isolate the impact of activities that have taken place since the consumption/income support phase including skills development and regular coaching, asset transfers and economic activity. Further qualitative research will also help us explore certain findings in more depth.

Indicators where we see the most significant differences between programme participants and the comparison group households are:

- Increased use of iron sheets for roofing
- Drop in leaking roofs
- Use of hygienic sanitation facilities (pit latrines with slabs)
- Upgrade in the main source of lighting (battery power lamps)
- Ownership of small domestic assets (saucepans, basins, jerry cans, blankets, plates, chairs, tables and mats)
- Ownership of large domestic assets (mobile phones and radios)
- Ownership of farming assets (hoes, buckets, machetes)
- Ownership of livestock assets (goats, pigs and chickens)
- Increased size of the plot of land in which house is located
- Purchase of land and renting additional plots for productive purposes
- Increased savings and frequency of savings (once a month)
- Increased borrowing
- Increased attendance to formal health care provider (health centre, hospital or health worker)
- Ability to afford prescribed medicines
- Improved hand washing practices
- Increased awareness and knowledge of HIV/AIDs
- Increased use of contraceptive methods
- Increased school attendance
- Proportion of adults and children consuming two or more meals per day
- Increased joint decision making on income
- Increased participation in social activities

For a number of indicators the relative difference between participant and comparison households was small or insignificant, this was due to either no improvements being seen (e.g. ownership of ploughs) or relative improvements also being seen for comparison households (e.g. quality of housing). Through discussions with participants we know that information provided through training and coaching is shared by participants with non-participants and therefore we believe that relative improvements seen by comparison households are likely the result of spill-over effects from the programme. We extend to explore these findings further to capture spill-over effects or external activities which might be affecting our findings, including national policies that impact all households.

As mentioned previously, coaching is often seen as the 'x-factor' that makes the difference between success and failure of graduation programmes. Findings from the mid-line survey show little difference between treatment groups and where relative differences were seen they were specific to one province. The only indicator where we did see a significant difference was in household ownership, which was highest amongst the high treatment group (*Cibitoke only*). This is perhaps unsurprising given the point in time when the survey was undertaken – 4 months following the end of the consumption/income smoothing phase, when we would expect all participants to be recording improvements in income- and asset-based indicators. We also know that there have been spill-over effects from the programme and it may be that the difference in level of support received by the two treatment groups was not big enough. The end-line survey, which will isolate the impact of activities undertaken since the end of the consumption/income smoothing phase, may help to clarify this.

Although we did not set out to analyse differences in impact between provinces, where relative contrasts have been seen, this might reflect variants in programme implementation or external conditions (e.g. market access) that have affected outcomes. For a number of indicators showing a relative difference between provinces (e.g. attending formal health care providers) this is due to comparison groups also recording similar increases or improvements in one of the provinces which might also be the result of spill-over effects from the programme or external activities such as government awareness campaigns. Where relative differences have been reported (i.e. use of pit latrines with slabs) we intend to explore this further to be sure whether improvements in livelihoods and wellbeing can be attributed to the Terintambwe programme.



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