**Final Evaluation of the Terintambwe ‘Take a Step Forward’ Programme, Burundi**

**2012-2015 Irish Aid Programme Evaluation**

**3rd October 2015 – 9th October 2015**

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***Final Version - 04 December 2015***

**Programme Scores against DAC criteria**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Score  Highly satisfactory 4, Satisfactory 3, Acceptable but with some major reservations 2, Unsatisfactory 1** | |
| Relevance | 4 | |
| Efficiency | 3 | |
| Effectiveness | 3 | |
| Impact | 4 | |
| Sustainability | 3 | |
|  | |  | |

# Acknowledgements

The evaluation was undertaken by Jenny Swatton, Social Protection Advisor based in London and Rosaleen Martin, Desk Officer based at Concern Worldwide head office in Dublin, with the support and invaluable input of the Concern Burundi team. Including, but not limited to:

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The evaluation team would like to thank everyone who participated in the evaluation, including representatives from national partners (Biraturaba, FAWE, EMUSO) and government partners (MoH, MoE, CDFC, Social Protection Secretariat). Special thanks also go to Alphonse and Stanly our drivers and to colleagues who provided translation.

The team would also like to thank Chris Pain, Head of Technical Support for valuable peer review.

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**List of Acronyms and Abbreviations**

BBIN Burundi Business Incubator

BIF Burundian Francs (FBu)

BRC Burundi Red Cross

CA Contextual Analysis

CNDD-FDD National Council for the Defence of Democracy

CLSP II Cadre Strategique de Croissance et de Lutte Contre la Pauvrete (PRSP)

CMT Country Management Team

COSA Community Health Committees

CSP Country Strategic Plan

CWW Concern Worldwide

CRM Complaint Response Mechanism

CWB Concern Worldwide Burundi

DDG Digital Data Gathering (device)

DRC Democratic Republic of Congo

DRR Disaster Risk Reduction

EAC East African Community

EMUSO Entente Mutuelle et Solidarite

FHH Female Headed Household

GoB Government of Burundi

GBV Gender Based Violence

GDP Gross Domestic Product

GHI Global Hunger Index

FAWE Forum for African Women Educationalists

FGD Focus Group Discussion

HCUEP How Concern Understands Extreme Poverty

HDI Human Development Index

HH Household

IDS Institute of Development Studies, UK

IGA Income Generating Activities

INGO International Non-Government Organisation

KII Key Informant Interview

MoE Ministry of Education

MoH Ministry of Health

MoU Memorandum of Understanding

NGO Non-Government Organisation

NSPS National Social Protection Strategy

OECD-DAC Organisation for Economic Cooperation and Development – Development Assistance Committee

PEER Preparing for Effective Emergency Response (Plan)

PMT Programme Management Team

PRSP Poverty Reduction Strategy Paper

RCT Randomised Control Trial

SHI Sustainable Household Index

SILC Savings and Internal Lending Communities

SMC School Management Committees

SME Small and Medium Enterprises

SRGBV School Related Gender Based Violence

TRG 1 Treatment Group 1

TRG 2 Treatment Group 2

UN United Nations

UNDP United Nations Development Programme

UNICEF United Nations Children’s Fund

WB World Bank

# Executive Summary

Burundi is one of the most densely populated countries in the world [353.9 persons per km2][[1]](#footnote-1) and with rapid population growth (on average 3.2% between 2010 and 2015)[[2]](#footnote-2) suffers from unsustainable pressure on land. Burundi’s economy is dominated by subsistence agriculture and 90% of the population is dependent on crop production for food and income needs[[3]](#footnote-3) and is faced with the on-going problem of limited arable/cultivated land for production[[4]](#footnote-4).

Malnutrition is a major concern in Burundi with the average national stunting prevalence very high at 58% (average between 2010 and 2014)[[5]](#footnote-5). Burundi is also vulnerable to natural disasters. The future impact of climate change is predicted to lead to further changes in annual and seasonal rainfall which could negatively affect the agricultural sector in the future.

Concern has been operational in Burundi since 1997 and since that time has worked on health, agriculture, nutrition, food security, education and livelihood development. In 2014, a new strategic plan (covering the period of 2013 to 2017) was approved. The aim of this plan is a Burundi where ‘no-one lives in poverty, fear of oppression; where all have access to a decent standard of living and the opportunities and choices essential to a long, peaceful, healthy and creative life; a Burundi where everyone is treated with dignity and respect; where the extreme poor are empowered to build resilient and sustainable livelihoods’.[[6]](#footnote-6)

The Terintambwe programme is a graduation programme that has been implemented in Cibitoke and Kirundo provinces since October 2012. The progamme is designed to reach out to groups living in extreme poverty who to date, have either been excluded from conventional projects or for whom the projects have failed. The programme is based on Concern’s Model of graduation which is made up of 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 regular cash transfer to help participants meet their basic needs whilst they engage in expanding and diversifying their livelihood strategies;
3. **Provision of skills training and regular coaching** focusing on human capital and includes providing access to short, practical trainings as well as routine coaching visits;
4. **Facilitating access to savings facilitates** (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 reliable employment.

In September/October 2015, internal evaluators visited the programme to assess how well it contributed to the achievement of sustainable improvements in the lives of the extreme poor. In particular how well it improved their asset base and addressed the key causes and maintainers of extreme poverty; understood by Concern Worldwide (CWW) to be inequality, risk and vulnerability. The evaluation was one of seventeen being undertaken in 2015 for Irish Aid and used OCED-DAC criteria (Relevance, Efficiency, Effectiveness, Impact and Sustainability) to assess the degree to which programme outcomes have been achieved.

Overall, the programme has performed well against outcome indicators and in achieving results in each dimension of extreme poverty (based on HCUEP). As of the 21st October 2015 6 out of 11 targets which could be assessed have been achieved, 4 have been partially achieved and 1 was not (though the evaluation team have queried the indicator which is not showing as not being achieved). The programme has also been assessed as performing well against OCED-DAC criteria (Relevance, Efficiency, Effectiveness, Impact and Sustainability) which also assess how well the programme itself has been implemented.

#### Relevance

The programme is well aligned with the priorities of the Government of Burundi as set out in CSLP II, in particular who to target. This was echoed during meetings with Government officials (at both national and provincial levels) during the programme visit. CSLP II has a particular focus on strengthening social protection and learning from the programme is also informing discussions on the implementation of the National Social Protection Strategy (NSPS) including the design of a new national pilot programme which is to be funded by the World Bank. National-level engagement has also been instrumental in increasing political acceptability for programmes that provide income support. There is a need however, to advocate for the continued provision of social protection for households who are labour-constrained and increase recognition that the movement out of extreme poverty is not a linear trajectory; households may still experience shocks that return or keep them in extreme poverty and there needs to be safety nets in place to support households in these instances.

The programme was designed to address the causal factors of poverty in Burundi and was informed by the Contextual Analysis in 2011 and 2012. The programme is also well aligned with Concern Worldwide’s internal policies and guidelines, in particular How Concern Understands Extreme Poverty (HCUEP); Concern Worldwide’s Social Protection Policy and financial management guidelines.

#### Efficiency

The programme is considered to have performed well in terms of financial and human resource management. Overall, the majority of the budget (total €3.2 million between 2012 and 2014) has been utilised each year and any under or over-spend is within the 20% ceiling and has been clearly justified. The programme has a very strong coordination structure – with experienced Project Managers and Supervisors at provincial level, managing teams of Case Managers, who are employed directly by Concern Worldwide Burundi. Programme teams meet twice a month and plan together and there is a climate of learning and development to ensure effective coaching of participant households. Linking participants up to existing institutional structures/services where possible, rather than setting up parallel systems, has also increased efficiency and is more likely to be sustainable in the longer-term.

#### ***Effectiveness***

The programme has performed well in meeting its outcomes and achieving results in each dimension of extreme poverty (as based on HCUEP). Most significant is the increase in household income and asset levels. Participant households in both Cibitoke and Kirundo reported significant improvements having been seen in *housing conditions*, *average value of assets owned* and the *number of months of hunger per year* being reported by households.

Participant households also recorded increased access to health and education services; with an increase in the number of households accessing health service providers when sick. The programme has also continued to advocate for increased accountability of government to the extreme poor and at a national level has achieved success, with learning from the programme informing the design of a national-level pilot programme which will be funded by the World Bank.

#### ***Impact***

Significant changes have taken place beyond the programme as summarised in the table below:

|  |  |  |
| --- | --- | --- |
| Micro | Meso | Macro |
| Wider community replicating activities (kitchen gardens, latrines, tippy taps, utensil stands) | Injection of cash into the local economy (i.e. from participants purchasing iron sheets) | Influence on the implementation of the National Social Protection Strategy |
| Wider community involvement in savings activities through involvement in SILCs (not quantified) | Updating of commune level contingency plans (DRR) | Increased political acceptability for cash transfers within longer-term development programmes rather than just a humanitarian response. |
| Increased labour (opportunities) | Colline level actions for mitigation (DRR) | Increased political acceptability for, and use of electronic payment systems for the transfer of cash |
| Social impacts including social cohesion for non-participants within the community | Stakeholder coordination |  |
| Jealousy | The use of CRM within the community (participants and non-participants) allowing feedback to colline officials on other matters outside of the programme (and not related to Concern). |  |
|  | Increased accountability of provincial authorities; i.e. police responding to problems such as theft from SILC boxes or conflict amongst participants and non-participants.  . |  |

Particularly striking to the evaluation team was the spill-over effects that the programme had within communities; there was evidence that non-participants were replicating certain activities such as building kitchen gardens, latrines, tippy taps and utensil stands. The psychological or social impacts (self-esteem, motivation, confidence) also came across strongly however until now these have not been measured. The evaluation team proposes that these less-tangible impacts are likely to have a huge effect on outcomes (and the sustainability of outcomes) and would recommend assessment of these in the future.

#### Sustainability

The Graduation Model is designed to bring about sustainable changes to the livelihoods of participants and the evaluation team believe that programme outcomes will lead to sustained benefits beyond the life of the programme particularly at a micro level. Participants have shown an increase in asset ownership as well having diversified income streams which is allowing them to meet their basic needs and better cope with internal and external hazards. Sustained changes at micro level are also likely to lead to further changes at meso level particularly given spill-over and multiplier effects, however the needs of the population are great and any change at meso level is likely to require the strengthening of institutional structures. Finally, at a macro level, success of the programme in advocating for increased accountability of the national government to the extreme poor and CWB’s role in national-level discussions on social protection increases the likelihood that macro level changes will be sustainable however, the impact that the on-going political instability will have is uncertain.

# Introduction

Burundi is one of the most densely populated countries in the world [353.9 persons per km2][[7]](#footnote-7) and with rapid population growth (on average 3.2% between 2010 and 2015)[[8]](#footnote-8) suffers from unsustainable pressure on land. Burundi’s economy is dominated by subsistence agriculture and 90% of the population is dependent on crop production for food and income needs[[9]](#footnote-9) and is faced with the on-going problem of limited arable/cultivated land for production[[10]](#footnote-10).

Malnutrition is a major concern in Burundi with the average national stunting prevalence very high at 58% (average between 2010 and 2014)[[11]](#footnote-11). Burundi is also vulnerable to natural disasters. The future impact of climate change is predicted to lead to further changes in annual and seasonal rainfall, which could negatively affect the agriculture sector in the future.

Burundi’s GNI per capita (USD$270 in 2014)[[12]](#footnote-12) is also consistently among the lowest in the World and Burundi is towards the bottom of the UN Human Development Index (HDI) – ranked 180 out of 187 countries[[13]](#footnote-13). Poverty is widespread; the poverty headcount (according to the national poverty line) remains high at 66.9% in 2014[[14]](#footnote-14) and there is large urban/rural inequality.

Despite increasing stability in Burundi since the democratic elections in 2005 and 2010, the decision of the governing party - the National Council for the Defence of Democracy-Forces (CNDD-FDD) - to stand for parliament for a third term led to tensions with opposition parties, the media and civil society. Civil unrest surrounding the parliamentary and presidential elections in 2015 led to over 200,000 Burundians (as of the end of October 2015) fleeing to neighbouring countries and vulnerable populations within Burundi are finding their livelihoods increasingly under increased pressure.

Prior to civil unrest in 2015, Burundi was moving towards rebuilding the country and improving and maintaining security and stability within its borders; Burundi has become a sub-regional player in the Great Lakes Region and within the East African Community (EAC).

The current Poverty Reduction Strategy Paper (CSLP II) articulates Burundi’s development priorities from 2012-15. It aims to transform Burundi’s economy to achieve sustainable and job-creating growth. The strategy promotes environmental and land management to ensure the preservation of the country’s natural assets, constituting a further step in the shift from relief to rehabilitation to development. The CSLP II also has a particular focus on strengthening social protection. The National Social Protection Policy in Burundi was adopted in August 2011. Since then, Social Protection is one of the pillars of Burundi strategy of sustainable development. It is also included in the pillar no. 2 of the "Vision 2025" and is included in the Poverty Reduction Strategic Paper 2012-2016 (CSLP II).

# Programme Overview

Concern has been operational in Burundi since 1997 and since that time has worked on health, agriculture, nutrition, food security, education and livelihood development. In 2014, a new strategic plan (covering the period of 2013 to 2017) was approved. The aim of this plan is a Burundi where ‘no-one lives in poverty, fear of oppression; where all have access to a decent standard of living and the opportunities and choices essential to a long, peaceful, healthy and creative life; a Burundi where everyone is treated with dignity and respect; where the extreme poor are empowered to build resilient and sustainable livelihoods’.[[15]](#footnote-15)

Concern Worldwide currently works in two (out of eighteen) of Burundi’s Provinces – Cibitoke and Kirundo. See Annex One: Overview of Programme Areas. These provinces are isolated and have had little or no external intervention for several years due to their exposure to conflict. Kirundo Province is amongst the most densely populated [351 per km2][[16]](#footnote-16) resulting in high land fragmentation and many households surviving on less than 0.25 hectares of cultivated land[[17]](#footnote-17) whilst Cibitoke has the lowest rate of land ownership at 50.8%[[18]](#footnote-18) compared to nationally where 74.4% own a plot of land.[[19]](#footnote-19) Annex One: Overview of Programme Areas contains a provincial map highlighting the areas where Concern Worldwide Burundi (CWB) is operational.

Historically, CWB’s interventions have been developmental/long-term is nature, though the vulnerability of Burundi to external events has led the programme to strengthen work on Disaster Risk Reduction (DRR) and be able to identify and respond effectively to emergencies when they occur.

## Terintambwe ‘Take a Step Forward’ Programme

The Terintambwe programme is a graduation programme that has been implemented in Cibitoke and Kirundo provinces since October 2012. The programme is currently being implemented in 3 Communes in Cibitoke (Mugina, Mabayi and Bukinyana) and 2 Communes in Kirundo (Busoni and Bugabira) and targets 2,000 households (1,000 in each province); reaching approximately 9,400 direct beneficiaries[[20]](#footnote-20). See Annex One: Overview of Programme Areas.

The Terintambwe programme was designed based on Concern’s Graduation Model[[21]](#footnote-21); an integrated package of support designed to bring about improved returns on new and existing assets, address inequality and reduce risk and vulnerability. It can be encapsulated in the following theory of change: *By accurately targeting extremely poor households and delivering a comprehensive package of support including cash and asset transfers; facilitating access to savings and credit systems and delivering skills training and mentoring, beneficiaries will have diversified livelihood options and increased resilience[[22]](#footnote-22) to shocks and stresses.*

Concern’s Model of graduation is made up of 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 regular cash transfer to help participants meet their basic needs whilst they engage in expanding and diversifying their livelihood strategies;
3. **Provision of skills training and regular coaching** focusing on human capital and includes providing access to short, practical trainings as well as routine coaching visits;
4. **Facilitating access to savings facilitates** (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 reliable employment.

In Burundi, the Graduation Model has been tailored to contextual realities and the needs of the population. The programme has its own draft Theory of Change (see Annex Two: Programme Theory of Change) and has four specific objectives/intended outcomes:

1. Improved income and assets of extreme poor households through sustainable income generating activities and increased social capital;
2. Improved accountability of government to extreme poor households in the delivery of health and education services and through the implementation of pro-poor policies;
3. National curriculum and targeted schools are sensitive to Gender-Based Violence (GBV)
4. Through the improvement of government services, knowledge and awareness, the extreme poor’s ability to mitigate, prepare and respond to hazards has increased.

The programme is considered to be in line with Concern’s Understanding of Extreme Poverty with assets and return on assets being addressed under objective 1, inequalities being addressed under objectives 2 and 3, and risk and vulnerability to hazards being address under objective 4.

Activities are implemented through a mix of direct implementation by CWB staff and through partners. CWB has two different types of partner, the first being NGO partners – including Biraturaba, Forum for African Women Educationalists (FAWE), Burundi Business Incubator (BBIN) Emuso and the Burundi Red Cross (BRC). These partners are responsible for delivering on specific activities, most notably training, and have MoUs with CWB. The second are government partners – including the Ministry of Education (MoE), Ministry of Health (MoH) and Ministry of National Solidarity, Human Rights and Gender; the existing services of which programme participants are linked up with. CWB also has partnership with the UK’s Institute of Development Studies (IDS) who is leading on the operational research component in collaboration with Laterite (who provide enumeration and initial analysis of quantitative research data).

### Improved income and assets of extreme poor households through sustainable income generating activities and increased social capital

Following targeting and registration, participants received income support of 24,500 Burundian Francs (BIF), approximately US$16, each month for a maximum of 14 months. Transfers were made electronically using the ECONET mobile phone network (participants were provided with mobile phones at the beginning of the programme) and were able to withdraw transfers at post office branches in Colline centres.

Income support was intended to provide participants with the means to meet basic needs whilst engaging in economic activities. During this initial 14-month period, participants were advised to invest in small economic activities alongside purchasing food and other household’s needs to prepare them for receipt of the asset transfers.

Participants were supported to identify and select viable income generating activities (IGAs). Identification was informed by market assessments (April 2012 and 2013) which looked at a number of subsectors (vegetable, poultry, cassava, banana and solar power) before undertaking specific value chain analysis to identify IGAs. A final list of six activities was proposed to participants and selection was based on participant’s interest and capability. For the most part, these activities have focused on the development of small businesses such as trading in cassava products, banana juice and vegetables though participants have continued to engage in other small economic activities in order to diversify risk. (See Annex Eight: List of Livelihood Activities Supported).

Participants received an asset transfer of either or BIF 150,000 (approximately US$100) cash or a solar kit (comprising a chargeable battery with a solar panel and lamps)[[23]](#footnote-23) in 2014/15 to jump-start larger economic activities[[24]](#footnote-24). Participants also received business skills training by programme staff who received training (Training of Trainers) from Burundi Business Incubator (BBIN) an NGO that supports entrepreneurship. In addition, participants received regular coaching from Case Managers who visited the households regularly and worked with/sensitized households on a range of things: Setting priorities; problem solving; spending and savings plans; household decision making; household level DRR planning; nutrition; hygiene; HIV/AIDs family planning and how to use CRM.

### Improved accountability of government to extreme poor households in the delivery of health and education services and through the implementation of pro-poor policies

The Terintambwe progamme is designed to reach out to groups living in extreme poverty who to date, have either been excluded from conventional projects or for whom the projects have failed. Contextual Analysis undertaken in 2011 and 2012 found that a person’s ability (or inability) to develop and apply their knowledge and skills to productive ends keeps people in extreme poverty and illiteracy and innumeracy were identified as causal factors of this. The programme therefore explicitly set out to improve adult literacy and numeracy through linking participants up to existing services in Cibitoke (run by the MoE) and in Kirundo (provided by EMUSO).

The programme also set out to address the underlying causes of illiteracy and innumeracy including exclusion from education as a child as a result of poverty preventing payment for school costs or a lack of service provision in remote Collines at micro, meso and macro level. At micro level, during the first year of the programme, participant households with children of school-age were provided with school kits (books, materials and uniforms) and parents were actively encouraged to send their children to school. At meso level, the programme leveraged additional funds to improve the infrastructure provision. Whilst at macro level, the programme focused on addressing inequality in access by particular vulnerable groups and how to keep children from marginalized families and girls in school, by advocating for improvements in the learning environment (see objective 3).

Poor health and chronic illness, and the absence of preventative, affordable health services were also seen to affect people’s ability (or inability) to control and optimize resources therefore the programme aimed to increase participant’s access to health services in three ways:

1. Advocating for the recognition of the extreme poor and provision of health cards;
2. Facilitating late birth registration and the provision of birth certificates to ensure households are able to access free health care for children under five, and
3. Providing health insurance to all participants for the first year to i) ensure access to health services until their income level is sufficient enough to pay for these services themselves, and ii) promote the benefits of having health insurance and promote renewal of health insurance cards.

The programme supported households with accessing particular services such as family planning through partnerships with CDFC and the MoH. Health and education activities within Terintambwe intended to strengthen existing services, using institutional structures already in place, rather than setting up parallel systems.

### National curriculum and targeted schools are sensitive to Gender-Based Violence (GBV)

The presence of GBV within society was highlighted as a hazard in CA therefore, the programme explicitly set out to address GBV at micro and macro level. At the micro level this was done through the school system by sensitizing teachers, parents and students and promoting positive behavior change. Whilst at the macro level the programme advocated for the inclusion of GBV protection in the national curriculum. Activities were led by FAWE – an NGO whose main remit is to empower women and girls and develop autonomy. FAWE works directly with government structures; in fact the majority of FAWE staff appear to be (or were) full-time employees within the MoE.

In 2014, CWB with FAWE held a meeting on school related gender based violence (SRGBV) as part of the advocacy activities for the inclusion of gender and GBV in the national curriculum, though with the arrival of a new Minister of Education and changes within the department of education there are plans to hold another meeting in 2015.

### Through the improvement of government services, knowledge and awareness, the extreme poor’s ability to mitigate, prepare and respond to hazards has increased

As highlighted in the introduction, Burundi is vulnerable to natural disasters and therefore to ensure the sustainability of programme outcomes and further reduce household’s vulnerability to hazards, the programme has been designed to support mitigation and preparedness. This has been done at the micro, meso and macro level. At a micro level, Case Managers have supported households to undertake specific risk and vulnerability assessments and develop individual action plans. At meso, CWB has assisted in the set-up of Commune and Provincial level DRR platforms in partnership with the Burundi Red Cross (BRC) - The BRC has a network of trained volunteers covering every Colline in the country, they also have the staff and capacity to play a key role at macro level. The partnership with BRC was not operational in 2015 due to limited capacity within BRC who have been responding to first aid needs resulting from election violence.

At macro level, CWB has been supporting the National DRR platform since 2008, when the platform was first set up. Subsequently, lessons learnt from Commune and Provincial level platforms have been documented and shared with the National DRR Platform to advocate for the roll-out of better DRR systems nationwide. However, due to limited resources at national level, CWB’s strategy has expanded to include continued support to the national platform through the BRC.

## Advocacy

Given, the focus of the Terintambwe programme on strengthening national systems (evident from objectives 2, 3 and 4) CWB has also prioritised the role of advocacy throughout the programme and has been very successful in informing national-level discussions and informing and influencing decisions (covered more under the Relevance section).

The former Minister of Labour and representatives from the Ministry of Solidarity, Social Protection Commission have both visited the programme in Kirundo, as have representatives of the World Bank who are supporting the design of, and are planning to fund a national social protection pilot programme.

Whilst in March 2014, Concern Worldwide, in collaboration with colleagues from the UK’s Institute of Development Studies (IDS), held a workshop to present the Terintambwe programme; the workshop was attended by relevant Government Ministries (Ministry of Labour and Ministry of Solidarity), UN agencies, INGOs and NGOs. During the workshop, IDS colleagues presented initial results from the programme based on baseline and midline surveys. The workshop also provided an opportunity to further influence national discussions on social protection in Burundi.

Subsequently, CWB was also invited to present the Terintambwe programme at a meeting of the National Social Protection Commission and invited to become a member of the Technical Working Group on Social Protection.

## Research, Monitoring and Evaluation

The Terintambwe programme has a dedicated and comprehensive research component attached to it[[25]](#footnote-25), led by a research team from IDS. Research, monitoring and evaluation were designed to assess whether the programme leads to sustainable improvements in the livelihoods and wellbeing of the extreme poor, with a specific question exploring the role of skills development and coaching; whether higher levels of support lead to greater outcomes.

In order to address this question, the programme was designed as a Randomised Control Trial (RCT) with two different treatment groups, Treatment Group 1 (TRG 1) who received three home visits from Case Managers each month and Treatment Group 2 (TRG 2) who received one home visit from Case Managers each month. Treatment Groups were then compared against a comparison group (control group) who have similar socio-economic characteristics but are not participants of the programme.

As a result of this research component, the degree to which the programme is meeting its intended outcomes has already gone through rigorous and continuous testing.

## Future plans

The initial timeframe for the Terintambwe programme was four years (2012-2015) however CWB has recently secured an extension for a further year and proposed a number of activities for the end of 2015 and during 2016. These plans include:

* Supporting the control group (around 600 HH) to help them to improve their socio-economic condition;
* To continue to work with the current programme participants until the end of 2016 to strengthen CWB’s exit strategy;
* To update the CA for Cibitoke and Kirundo to include the impact of the recent crisis, and
* To start the selection/identification of a new group of participants to start a new cycle of the programme in 2017 taking into account the learning from the current cycle.

Also noteworthy is the current plan to merge the Concern Worldwide’s (CWW) offices in Rwanda and Burundi during 2016. Moving forward the plan is that there will be one Country Management Team (CMT) based in Burundi managing both programmes, whilst a smaller representative office will be retained in Rwanda to be managed by a Country Manager.

# Methodology and challenges

Following agreement on the Terms of Reference (ToR) for the evaluation, the team began by reviewing the existing documentation available for the Terintambwe programme. Documentation reviewed is listed under Annex Three: List of Key Documentation Reviewed and includes baseline and endline data, and monitoring reports, upon which this report relies heavily.

With support from programme staff the evaluation team also drew up a list of stakeholders with whom to meet during the programme visit and developed a list of key questions based on the OECD-DAC criteria and findings from the secondary review.

Primary research methods used were Focus Group Discussions (FGDs) and Key Information Interviews (KIIs) and, although interview checklists were developed to facilitate discussions, the team used a semi-structured approach to allow for flexibility to pursue different lines of investigation.

Focus Group Discussions were conducted with:

* Programme participants in Mugina and Mabayi Communes (Cibitoke) and Busoni Commune (Kirundo)
* Control group participants in Bugabira Commune (Kirundo)
* Case Managers for Cibitoke and Kirundo
* Programme Management Team in Cibitoke and Kirundo
* Country Management Team

The selection of Collines within which FGDs with programme participants were conducted was influenced by the security situation at the time of the visit. However, to avoid bias the evaluation team randomly selected participants (at Colline level) to join discussions. In the majority of cases the team conducted FGDs with men and women separately, however chose to conduct one FGD with participants and the FGD with the control group as a mixed group. Where feasible the team also tried to get a balance of participants across both treatment groups.

KIIs were conducted with a range of stakeholders including representatives from Government departments, implementation partners and a key multilateral donor. A full list of stakeholders met by the team is presented in Annex Four: Schedule and Key Persons Met and sets of guiding questions are presented in Annex Five: Interview Checklists.

In presenting the findings, this report uses the OECD-DAC criteria as a structure. The report also concludes with some recommendations for how the design of the programme could be improved in the future.

## Challenges and limitations

Overall, despite the instability in Burundi surrounding the parliamentary and presidential elections in June and July 2015 the evaluation team faced few challenges in practically conducting the evaluation. However there are a few limitations to the findings, as listed below:

* The evaluation team were already familiar with the programme which could potentially lead to bias however were not involved in the design nor had they visited the programme before.
* The duration of the programme visit was reduced to one week which limited the opportunity for the evaluation team to reflect or follow up on specific findings coming out during the visit itself.
* The selection of programme areas to visit was influenced by the on-going security situation.
* Changes in government staff at meso and macro level. The new role holders had less awareness of the programme than their predecessors.
* There were delays in obtaining some secondary documentation, in particular the endline data and there was data missing. In addition, the evaluation team only had access to endline data and not the final report which will likely capture further analysis of the datasets (in particular of attribution versus contribution).
* There was a lot of secondary documentation however there were gaps in what was being recorded. For example, the evaluation team became aware of the role of BBIN during the feedback workshop, and there were also challenges in interpreting some of the information in particular, financial information.

# Findings and Discussion

The following section starts by looking at the performance of the project against key indicators set out in the Results Framework. It then goes on to assess the programme under each of the five OCED-DAC criteria: **Relevance**, **Efficiency**, **Effectiveness**, **Impact** and **Sustainability.** These criteria have then been used to rank the programme as being either:

* Highly Satisfactory – having exceeded expectations;
* Satisfactory – having met expectations;
* Acceptable – with some major reservations, and
* Unsatisfactory.

Scores were then assigned to each: 1 being unsatisfactory; 2 being acceptable, 3 being satisfactory and 4 being highly satisfactory. The final score is on the front page.

Where possible, the evaluation has also considered three different levels of intervention: Micro, Meso and Macro, which for the purpose of this evaluation refers to:

* Micro – household; immediate community
* Meso – Colline and commune level
* Macro – national level

We believe this distinction to be important due to the focus of the programme on strengthening national systems.

## Achievements to Date

There are 13 indicators set out in the Irish Aid Results Framework for the’ Terintambwe’ Graduation programme in Burundi, due for assessment in 2015. Following the endline survey in May 2015, we have values for 9 of these plus are able to make partial assessments on 2 more (11 in total)[[26]](#footnote-26). A simplified version of the Results Framework with baseline, midline and endline values are presented under Annex Six: Programme Results Framework.

As of the 21st October 2015 6 out of 11 targets have been achieved, 4 have been partially achieved and 1 was not.

Indicators were designed to show a reduction in extreme poverty, understood by Concern as being the result of a lack of assets (or return on assets), inequality and risk and vulnerability. Table One below provides an overview of all indicators, which dimension of extreme poverty they have been used to measure and whether they have been achieved or not at the time of the endline. It also highlights the level of intervention the indicators where measuring.

Table 1: Overview of indicators and achievements to date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Number of Indicators | Achieved | Partially achieved | Not achieved | No assessment possible |
| Assets | 5 | 4 | 0 | 1 | 0 |
| Inequality | 5 | 2 | 2 | 0 | 1 |
| Risk and Vulnerability | 3 | 0 | 2 | 0 | 1 |
| *Total* | ***13*** | ***6*** | ***4*** | ***1*** | ***2*** |
| Micro Level | 8 | 6 | 1 | 1 | 0 |
| Meso Level | 2 | 0 | 1 | 0 | 1 |
| Macro Level | 3 | 0 | 2 | 0 | 1 |
| *Total* | ***13*** | ***6*** | ***4*** | ***1*** | ***2*** |

#### Assets (and return on assets)

The programme aimed to bring about *improved income and assets of extreme poor households through sustainable income generating activities and increased social capital*. 5 indicators were used to measure progress towards achieving this.

Overall, the programme has performed well in enhancing participant’s assets particularly **financial assets** – the monetary value of all household assets has increased more than seven fold since baseline. In addition, the mean average of annual household income has more than doubled however this average is reduced when looking at the median average which suggests a considerable difference between participating households[[27]](#footnote-27). The programme has also performed well in terms of enhancing **human assets**, with significant reduction in the number of months in the year households are reporting hunger and **physical assets**, with significant improvements in housing conditions being reported.

The evaluation team also notes the significant **social impacts** (confidence, respect, motivation) that the programme had has on participating households. These are currently not being measured.

#### Inequality

In addressing inequality, the programmes aimed to *improve the accountability of the Government to extreme poor households in the delivery of services in health and education, and through the implementation of pro-poor policies*. 3 indicators were used to measure progress towards achieving this.

The programme has performed well in increasing the access of extreme poor households to health and education services. Improvements were recorded in the percentage of participating households attending formal health services when a member is sick and the percentage of school age children who have ever been to school has increased since baseline whilst there has also been a reduction in the average number of days missed (by children in the households attending school) in the previous two weeks – from on average 2 days at baseline to half a day at endline.

Aside from increased access it is less clear how well the programme has increased Government accountability to extreme poor households in the delivery of services at meso level. At macro level however, CWB is a key player in discussions around social protection and continues to advocate for the improved accountability of national Government to the extreme poor; learning from the programme has also influenced the design of a new national pilot programme.

The programmed also aimed to *sensitize the national curriculum and schools to gender-based violence* (GBV) and 2 indicators were used to measure progress towards achieving this.

Changes to the national curriculum have been postponed due to staffing changes at national level following the elections therefore, therefore progress towards the inclusion of gender and GBV protection has not been possible and therefore Indicator 3.1 (sensitization on GBV included in the national curriculum) was removed from the Results Framework following the midline. CWB and partners FAWE have continued to raise awareness within the MoE and plan to continue advocacy efforts next year. Improvements in knowledge, attitudes and practices regarding gender and GBV in the school community were seen at midline however the results at endline are not yet available.

#### Risk and vulnerability

Finally, the programme aimed to *increase the extreme poor’s ability to mitigate, prepare and respond to hazards through the improvement of government services, knowledge and awareness.* 3 indicators were used to measure progress towards achieving this.

Although, based on the information available, it is not possible to fully assess programme performance towards this outcome. There have been achievements including in the percentage of target households whose members have knowledge of HIV/AIDS and in household hygiene practices.

## Relevance

When assessing relevance, the evaluation team considered whether or not the outcomes and associated programme was relevant, appropriate and strategic to national goals, and Concerns policies and guidelines. The team also looked at whether the programme had been informed by an appropriate contextual analysis based on Concern’s Understanding of Extreme Poverty (HCUEP) and how appropriate the chosen intervention was to the situation different stakeholders at different levels, and considering different needs of men, women and others identified as vulnerable to hazards in the programme area. Finally, the team considered the level of participation, participants and wider community members had in the programme – including awareness of, and use of Complaint Response Mechanisms (CRM).

Table Two provides a summary of how the evaluation team assessed the relevance of the programme in terms of relevance overall and also at different levels of intervention.

Table 2: Overview of programme relevance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Unsatisfactory | Acceptable but with major reservations | Satisfactory | Highly Satisfactory |
| Overall |  |  |  | X |
| Micro |  |  |  | X |
| Meso |  |  | X |  |
| Macro |  |  |  | X |

### National priorities

The Terintambwe programme is well aligned with the priorities of the Government of Burundi as set out in CSLP II, in particular who to target. This was echoed during meetings with Government officials (at both national and provincial levels) during the programme visit. CSLP II has a particular focus on strengthening social protection and learning from the programme is also very much informing discussions on the implementation of the National Social Protection Strategy (NSPS) including the design of a new national pilot programme which is to be funded by the World Bank. Learning from the Terintambwe programme has also been instrumental in increasing political acceptability for programmes that provide income support (i.e. cash transfers).

The value of CWB’s contribution to national-level discussions is evident through the invitation received by CWB to present the Terintambwe programme to the National Social Protection Commission and the subsequent invitation to become a member of the Technical Working Group on Social Protection.

The evaluation team raise some caution however as the NSPS is not yet operational and implementation of the strategy is likely to be affected by weak institutional structures at meso level and on-going political instability. There is also a need to continue to advocate for the continued provision of social protection to support vulnerable households who are labour constrained and distinguish between sustainable graduation and programme exit.

### Concern policies and guidelines

The Terintambwe programme is also well aligned with CWW policies and guidelines, in particular Concern’s Social Protection Policy that states that ‘*Concern will work with host and donor governments to increase acceptance of people’s right to social protection….and to hold governments accountable for the implementation of their responsibilities*.’ The focus of the Terintambwe programme on strengthening national systems (health, education) and advocating for the continued provision of social protection for certain groups, strongly supports this vision.

Programme staff have also utilised internal guidelines in the design of particular components, for example in selecting the most appropriate delivery mechanism for cash transfers and in purchasing inputs (adherence to procurement policies).

### Contextual Analysis (CA)

The Terintambwe programme has been tailored to contextual realities in Burundi – as identified through CA in 2011 (Cibitoke) and 2012 (Kirundo). The programme addresses the causal factors of poverty and why the extreme poor remain poor – both from human and structural perspectives. It is for this reason that the programme aims to address adult literacy and GBV which were both prominent in the Contextual Analysis.

The CA undertaken in both provinces used HCUEP to structure the analysis and both had strong involvement of national programme staff; to ensure that the analysis takes into account local knowledge.

#### Targeting and location

Cibitoke and Kirundo Provinces were chosen based on an analysis of the level of poverty in the different Provinces of Burundi.[[28]](#footnote-28) Cibitoke had been very isolated, with little external interventions for several years due to the exposure to the conflict and its proximity to the Democratic Republic of Congo (DRC), whilst Kirundo suffers from late and poor rains which have on occasion almost completely wiped out harvests.

There are also overlaps with intervention areas from CWB’s health and nutrition programme (Busoni Commune in Kirundo and Mugina Commune in Cibitoke). Teams have started to work more closely together and share programme learning, in particular on kitchen gardens, SILCs (Terintambwe) and on Behaviour Change (BCC) approaches (Health and Nutrition) however there is the potential for greater integration of activities particularly with regards service delivery.

Eligible households were then identified through geographical and community-based targeting led by a targeting committee composed of community leaders, community representatives, BRC volunteers and the local government administration. Concern was not part of the committee selection but was strongly involved in the verification process. Households have to be functionally landless (have no land except for their homestead) but are able to work – as identified in the CA.

### Appropriateness to Different Stakeholders

The evaluation team found that the programme was **appropriate** to the needs of different stakeholders at micro, meso and macro level.

At a **micro** level, the programme was designed upon the findings from the CA, which identified several characteristics of the extreme poor including landlessness with a high dependency on non-regular income (known as Ntahonikora households) or, for those without labour capacity, dependent on external assistance (known as Aboro households). Batwa, widows, Orphan-Headed Households, returnees and the elderly were identified as particularly vulnerable.

The Terintambwe programme directly targets Ntahonikora households, supporting these households to engage in sustainable IGAs. Case Management also means that activities are tailored to the individual needs and capacity of the household. The programme also indirectly supports Aboro households through strengthening systems at a provincial and national level, in particular, increasing people’s access to health and education services. The programme also advocated for the continued support of Aboro households during quarterly stakeholder meetings.

At a **meso** level, quarterly stakeholder meetings has increased the scope for Colline, commune and provincial stakeholders to be involved in the design and implementation of the programme. The strengthening of health and education systems at a provincial level was also explicit in programme objectives, as was supporting provincial, commune and Colline level risk and hazard mapping and development of contingency plans. However, staff changes following recent presidential and parliamentary elections and weak institutional structures at meso level is a challenge for implementation.

Whilst at a **macro** level, as already reported, the programme is aligned with Government priorities; in fact learning from the programme is informing Government priorities. Poverty and vulnerability is widespread in Burundi and the message for the need for programmes such as Terintambwe to reach scale was very strong in discussion with government officials and donor partners. The programme is also explicitly addressing SRGBV at a national level, through advocating for protection from SRGBV to be included in school curriculum.

### Appropriateness of Chosen Interventions

#### Income generating activities

A key component of the Terintambwe programme is facilitating sustainable IGAs. These IGAs - primarily based on self-employment - were informed by market assessments (an initial scoping was undertaken in April 2012 and a full assessment in April 2013) and final selection based on participants’ interest and capability. Participants were provided with asset transfers to jump-start economic activities, and business skills training from programme staff (who were trained as trainers by Burundi Business Incubator (BBIN)) to support the set up and management of activities. The decision to link up with BBIN, who specialise in providing training to illiterate people, was based on learning from the colleagues in Bangladesh. The training materials are clear and designed to be practical, using a lot of examples to disseminate messages. The evaluation team noted the impact that business skills training had on participant households; participants were able to clearly communicate the messages received through training and how they apply them to their business activities.

Annex Eight: Livelihood activities supported contains a list of the IGAs participants households are engaged in – the two most popular being the production and sale of banana juice (48% engaged at endline) and production and sale of cassava flour (18% engaged at endline). During the visit, participants raised concerns about the seasonality of those IGAs and over-supply of both of these products in certain areas which is affecting the profitability of these activities. The evaluation team recommend, where possible, to conduct market assessment at the lowest level possible and also look at broadening the livelihood pathways considered, in particular considering possibilities to link participants to local labour markets.

#### System strengthening

Access to basic services and social protection is particularly important for Aboro households, without labour capacity due to age, sickness, disability for example. Programme activities designed to increase people’s access to health facilitates in particular, is appropriate in this respect. The programme is working with government health facilities and local authorities to improve access and ensure the extreme poor have entitlement to free treatment (through the allocation of indigent cards) whilst also providing health insurance cards (for one year) to Ntakonikora households who are not eligible for indigent cards as they have labour capacity. Sensitization on the importance of renewing health insurance cards is also covered in the coaching sessions.

The targeting of households with school-age children, with school-kits to facilitate children’s access to school is also appropriate and intended to lead to intergenerational improvements in socio-economic conditions. Whilst working with government education authorities and school management committees is intended to ensure children, specifically girls or children in marginalised groups, continue to attend school by reducing discrimination.

#### Mitigation and preparedness

Finally, programme activities intended to reduce household level vulnerabilities to risks are informed by risk mapping at household, Colline and commune level. This ensures the relevance of messaging by Case Managers and partners on how households and communities can best mitigate against certain hazards. The planting of trees to prevent wind damage to houses and terracing to reduce the impact of flooding were two of the main mitigation activities raised by participants in discussions with the evaluation team.

#### Adaptability

One area where potential adaptation was identified was in the level of coaching between households, based on some households progressing faster than others. Because of the strong operational component, which defined the level of coaching to be received by HHs, actual adaptation during the programme was limited. That said adaptations were made in the form of coaching to allow for increased peer-to-peer learning. In the beginning HHs in treatment group 1 were receiving 3 visits per month (one for monitoring with Digital Data Gathering – DDG devices and two coaching visits), following the midline survey the second coaching visit was changed to a group meeting so that participants could share experiences and learn from one another. In addition, a number of exchange visits were organised to increase the opportunity for participants to share their experiences, particularly relating to IGAs and SILCs. Groups were made up of a mix of households who may be progressing through the programme at different speeds.

In addition, the programme team have also started to undertaken some analysis of households identified as being strong, medium and weak performers and now that the endline has been conducted are looking at ways in which they can better tailor support to households identified as medium or weak performers. The evaluation team recommends further analysis of this information, to tease out enabling and constraining factors, based on similar work undertaken by Concern Worldwide Rwanda on fast and slow movers in a similar Graduation programme.

The programme team has also developed a set of response options to cushion the negative impact of certain shocks/events that households may in the face during the lifecycle of the programme (please see Table Three). During the programme duration these responses were funded through underspend in the consumption support budget line. Having response options pre-determined is intended to ensure timely action in the event of such shocks/events. The programme also responded on a larger scale to participant households in Mabayi, Cibitoke following flooding and landslides in 2014. There are also plans to provide all participants with additional income support in response to civil unrest in Bujumbura this year following the presidential elections. The latter is feasible due to an extension of the contract until the end of 2016.

Table 3: Terintambwe shock-response options

|  |  |
| --- | --- |
| Shock | Response |
| Destruction of household (due to wind, rain, fire etc.) | Compensate for damaged assets through a cash transfer |
| Death of the recipient (with spouse and children) | Provide a lump sum of BIF 150,000 (equivalent to the amount of the asset transfer) |
| Death of the beneficiary who has no spouse but with children | Provide a lump sum of BIF 150,000 (equivalent to the amount of the asset transfer); if there is no adult child in the household, advocate for a tutor to reside in the household |
| Death of the recipient with a spouse but no children | Provide a lump sum of BIF 75,000 |
| Death of spouse or child of the recipient | Provide a lump sum of BIF 75,000 |
| During lean season in the area | Refer to CWB PEER plan |

### Participation

Beneficiaries and non-beneficiaries of the Terintambwe programme were active participants in the implementation of the programme. Prior to the programme being implemented, stakeholders were consulted as part of the CA, which informed the design of the programme. Community representatives were also involved in the selection and verification of final programme beneficiaries. Case Management and the existence of a Complaints Response Mechanism (CRM) facilitated feedback throughout the programme lifecycle; the feedback from the latter was discussed at quarterly stakeholder meetings at Communal level to discuss and agree on actions.

The CRM is set out in a formal strategy, setting out who can use it, how it can be used (boxes, phone, etc.), how investigations will be handled and the roles and responsibility of the complaint handling committee. All staff, partners and participants were trained on the CRM and this training was regularly updated; visual aids were also used to reduce any access issues due to illiteracy.

Finally, what came across very strongly to the evaluation team – upon meeting participants – was the strong sense of ownership that participants had for the programme and the activities they are engaged in, supporting the notion of active participation.

Overall, the evaluation team scored the programme a 4 (highly satisfactory) for relevance due to its strong alignment to national priorities and as a reflection of how well it meets the needs of the targeted population; informed by the Contextual Analysis and active participation of beneficiaries and non-beneficiaries in the implementation of the programme.

## Efficiency

When assessing efficiency, the evaluation team considered how well resources (i.e. financial, human) had been used, whether things could have been done differently and how. The team also assessed the monitoring and evaluation system and whether it is was strong enough to evaluate the efficiency of the programme, and was fit for purpose. Table Four provides a summary of how the evaluation team assessed the efficiency of the programme overall and also at different levels of intervention.

Table 4: Overview of programme efficiency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Unsatisfactory | Acceptable but with major reservations | Satisfactory | Highly Satisfactory |
| Overall |  |  | x |  |
| Micro |  | x |  |  |
| Meso |  |  | x |  |
| Macro |  |  | x |  |

### Financial Management[[29]](#footnote-29)

The original budget allocated to the programme for the three year period (2012-2014) was €3.3 million; 80% of which has been funded by Irish Aid (€2.7 million in total / €900,000 per year). Table Five contains an overview of the programme budget by province and in total, as well as highlighting the proportion being funded by Irish Aid. Additional funds were also leveraged from Electric Aid (2012), general donations in (2013 and 2014) and Bewley, CUS and Harambee (2014) to fund complementary education activities and to purchase solar lamps.

Table 5: Programme budget and expenditure variance (2012 – 2014)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2012** | | **2013** | | **2014** | |
| **Budget** | **Cibitoke** | **Kirundo** | **Cibitoke** | **Kirundo** | **Cibitoke** | **Kirundo** |
| **By Province** | €460,065 | €453,462 | €626,642 | €595,533 | €648,742 | €592,158 |
| **Total (By year)** | **€913,527** | | **€1,222,175** | | **€1,240,900** | |
| **IAPF Budget (By province)** | €446,538 | €453,462 | €449,862 | €450,139 | €450,000 | €450,000 |
| **IAPF Budget (By year)** | **€900,000** | | **€900,001** | | **€900,000** | |
| **IAFP Funding (%)** | **99%** | | **74%** | | **73%** | |

Overall, the majority of the budget has been utilised each year, including additional funds leveraged. Original budget figures and actual expenditure is shown in Table Six. There were considerable differences between what had originally been budgeted for Monitoring and Expenditure (expenditure was 77% higher than budgeted) and Direct Support Costs (51% higher than budgeted) however this was captured in budget revisions throughout the year.

Table 6: Programme budget and expenditure breakdown (2012 – 2014)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Expenditure** | **2012** | | **2013** | | **2014** | | **Overall** | | **Variance** |
| **Budget** | **Expenditure** | **Budget** | **Expenditure** | **Budget** | **Expenditure** | **Budget** | **Expenditure** |
| National staff | €138,458 | €105,093 | €196,453 | €195,074 | €195,939 | €198,388 | €530,850 | €498,554 | 6% |
| Direct project operating costs | €409,501 | €365,627 | €500,146 | €389,459 | €490,255 | €504,760 | €1,399,902 | €1,259,846 | 10% |
| Contracts to partners | €55,815 | €0 | €42,386 | €15,026 | €49,000 | €60,398 | €147,201 | €75,424 | 49% |
| Monitoring and evaluation | €46,000 | €164,860 | €23,000 | €37,966 | €85,500 | €71,135 | €154,500 | €273,961 | -77% |
| Direct support costs | €129,500 | €145,191 | €146,810 | €207,638 | €129,841 | €260,625 | €406,151 | €613,454 | -51% |
| **Total Direct Costs** | **€779,274** | **€780,770** | **€908,795** | **€845,163** | **€950,535** | **€1,095,306** | **€2,638,604** | **€2,721,239** | **-3%** |
| Indirect support costs | €120,726 | €130,402 | €118,858 | €193,675 | €116,594 | €171,194 | €356,178 | €495,270 | -39% |
| **Totals (Direct and Indirect)** | **€900,000** | **€911,172** | **€1,027,653** | **€1,038,837** | **€1,067,129** | **€1,266,500** | **€2,994,782** | **€3,216,510** | **-7%** |

Annex Nine: Expenditure breakdown by type and province (2012-2014) contains a more detailed breakdown of expenditure over the three years, by expenditure type and province. Over the three years the highest expenditure has been on direct supplies and equipment (34% of total expenditure), which includes the budget for income support and asset transfers which made up 30% of total direct supplies and equipment costs. Local staff costs were the next highest area of spending (15% of total expenditure) expenditure. There were no partner costs recorded in 2012 due to the selection of partners not having been finalised; contracts for partners were subsequently signed in 2013.

Expenditure on research, monitoring and evaluation was 9% of total expenditure (€273,961); the cost of the baseline, endline and evaluation (which includes the cost of research partners) was 72% (€198,327). As already highlighted, this was higher than originally envisaged due to the operational research component. Given the quality of data which the research has produced, and which has subsequently supported national advocacy, the evaluation team believe this to have been reasonable.

Over the three years (2012-2014), the programme has spent €3.2 million; reaching 2,000 HHs (approx. 9,400 direct beneficiaries) with income support, training, coaching, asset transfers and follow up support. This crudely equates to €340 per beneficiary over the space of 3 years; €113 a year or €0.30 a day. However, total expenditure also includes the cost of additional activities not original conceived under the programme design (and for which additional funds were leveraged) and a large operational research component which would not always be a feature if the programme were to be scaled up/replicated. Table Seven below shows how the total expenditure is broken down by funder.

Table 7: Programme expenditure (By funder)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2012** | | **2013** | | **2014** | |
| **Expenditure** | **Cibitoke** | **Kirundo** | **Cibitoke** | **Kirundo** | **Cibitoke** | **Kirundo** |
| **Expenditure Funded By** | | | | | | |
| **General Donations** |  |  | **€79,475** | **€59,362** | **€110,722** | **€89,853** |
| **Irish Aid-IAPF** | **€459,907** | **€437,738** | **€449,862** | **€450,138** | **€450,000** | **€450,000** |
| **Bewley** | **€0** | **€0** | **€0** | **€0** | **€5,608** | **€5,608** |
| **CUS** | **€0** | **€0** | **€0** | **€0** | **€51,811** | **€51,811** |
| **Harambee** | **€0** | **€0** | **€0** | **€0** | **€51,088** | **€0** |
| **Electric Aid** | **€13,527** | **€0** | **€0** | **€0** | **€0** | **€0** |
| **Expenditure Funded By Total (Province)** | **€473,434** | **€437,738** | **€529,337** | **€509,500** | **€669,229** | **€597,271** |
| **Expenditure Funded By Total (Year)** | **€911,172** | | **€1,038,837** | | **€1,266,500** | |

Overall, the evaluation team felt that there had been efficiency in the use of programme finances, with strong financial management systems in place though it was difficult to understand some of the data and also not possible to under a thorough cost effectiveness analysis.

#### Cash and Asset Transfers

The evaluation team specifically looked at how efficiently income was transferred to participant households. Transfers were made electronically using the ECONET mobile phone network (participants were provided with mobile phones at the beginning of the programme) and were able to withdraw transfers at post office branches in Colline centres. Using an electronic payment system increased the speed at which transfers could be made as well as the level of accountability. However, participants still experienced challenges in collecting the physical cash, often having to travel long distances to collect money from post office branches based in Colline centres. There have also been problems reported with the mobile phone network in some areas which means participants do not receive their transfer messages; without them they are unable to undertake the transaction. The scale of this problem is not clear to the evaluation team however it is recommended that the programme team regularly re-assess the appropriateness of delivery mechanisms including the cost borne by programme participants in collecting or receiving their transfers.

Following further discussions with the programme team, the evaluators now understand that ECONET has merged with LEO (another mobile phone provider) who has large network coverage; therefore problems of network coverage will hopefully not be a challenge in the future. ECONET is also looking for more partners at Colline level for the physical distribution of cash. The programme team met regularly with ECONET representatives during the cash transfer phase and provided feedback on services, in order to hopefully these in the future.

Finally, the evaluation team learned that there had been problems with faulty solar panels which had to be returned to, and replaced by, the supplier which led to delays in activities for some participants. There is little documentation on this and how it impacted implementation and how it was eventually resolved; therefore it is also difficult to know whether things could have been done differently and how. In future, the evaluation team recommends monitoring inputs, activities and outputs as well as outcomes to capture any lesson learning for future activities.

### Human resources

With regards human resources, the Terintambwe programme has a very strong coordination structure – with experienced Project Managers and Supervisors at provincial level, managing teams of Case Managers, who are employed directly by CWB. Programme teams also meet twice a month and plan together. Case Managers received extensive training to support them in their coaching activities with households and in general the feedback was positive. Case Managers also confirmed to the evaluation team that they felt well supported at Commune level by their designated Supervisor and always felt able to raise issues with them. One observation the evaluation team had was the connectedness and autonomy of the Case Managers which appeared stronger in Cibitoke than in Kirundo – Case Managers mentioned that if they had issues they would first discuss it and try to resolve it between them; only escalating it upwards if they were unable to find a solution. The reason for the greater autonomy of Case Managers in Cibitoke than in Kirundo is unclear however the evaluation team speculates that it may be due to fewer staff changes in Cibitoke and therefore more consistency.

The total number of households each Case Manager looks after ranges between 34 and 45 though the number of visits each household received varied depending on which treatment group (TRG) the household was in[[30]](#footnote-30). Providing two different levels of treatment, within the same locality, was challenging for Case Managers not only in terms of managing their schedule but in communicating the reason why they were providing some households with more support than others. In addition, not all households progress at the same pace and there is the need to tailor support to the needs of different households which Case Managers found more difficult given the inclusion of treatment groups. The number of households a Case Manager was able to visit a day also depended very much on the Colline – on average would be able to visit 3-4 households but could also be as low as 2. Much of the terrain is mountainous and Case Managers often have to walk long distances as the terrain is not suitable for push-bikes. The evaluation team recommends reviewing the resource requirements of those working in the field (Case Managers and Supervisors) to see if improvements can be made to efficiency.

#### Partners

Where possible, the Terintambwe programme is linking programme participants up to existing services rather than setting up parallel systems which has increased programme efficiency. CWB has worked in both Cibitoke and Kirundo Provinces previously and has established excellent links with the local administrative and community. However, the extent to which the programme is building the capacity of service providers (partners) was unclear to the evaluation team.

According to annual reports and as discussed with the programme team and partners, there were some communication challenges in particular in relation to reporting requirements. In one case this led to the partnership not being continued into 2015. The evaluation team thought there might be scope to review the reporting requirements of partners as part of the wider research, monitoring and evaluation activities.

### Research, Monitoring and Evaluation

The Terintambwe programme has a detailed monitoring and evaluation (M&E) plan (Annex Ten: Monitoring and Evaluation Plan) based on the programme’s result framework (please see Annex Six: Programme Results Framework). The plan sets out what information is to be collected, by whom, how and how often. The collection of monitoring data is mostly done at a household level, and collected by Case Managers on a month (during one of their household visits). This data tracks household’s progress against baseline information.

The baseline was conducted in November and December 2012 and gathered key information about households. The survey was developed in collaboration with research partners IDS and was intended to achieve two objectives, 1) to inform the indicators of the Results Framework and 2) form the basis of the operational research component. The survey was first developed in English and then translated in French and Kirundi to improve the understanding by Supervisors and Case Managers. The survey and subsequent monitoring visits were conducted using Digital Data Gathering (DDG) devices which although had a considerable cost initially (for the purchase of devices and training) has reduced the length of time taken for Case Managers to conduct surveys[[31]](#footnote-31) and also to allow research partners quick access to data for the purposes of analysis.

The use of DDGs for data collection represents a big innovation for CWB (and indeed CWW) and as such there have been some challenges to their use in the Terintambwe programme, in particular the poor mobile phone coverage in some areas which affected the synchronisation process. In addition, during the collection of the baseline, due to frequent power cuts and lack of power grids in some areas the devices often had to be collected and transported daily to a different area to recharge the battery. When addressing problems with the DDGs and their software, teams also faced challenges due to not having administrative rights on the devices themselves; any problems with the DDG devices have to be escalated to staff at HQ.

Once data has been collected, the information was sent to research partners for cleaning and analysis and programme staff often experienced delays in obtaining the findings. Given that data was intended to be used to inform on-going implementation and for advocacy, programme staff would have liked to have had access to the data and analysis sooner. The recruitment of a dedicated Monitoring and Evaluation Officer based in Bujumbura has gone some way to addressing this and programme teams are now able to undertaken on-going analysis. However there does appear to be some discrepancies between the values in different documents. The evaluation team recommends that the team cross-reference these.

An observation of the evaluation team was that although there is strong monitoring of programme outcomes, there seems to be less in the way of monitoring of activities and outputs (or this is not well documented) and the team felt that links between activities, outputs and outcomes could be stronger.

Overall, the evaluation team score the programme a 3 (satisfactory) for efficiency due to budget utilisation and the strong coordination structure. However, evaluators feel that improvements could be made in the implementation of specific activities, and would recommend that going forward the programme management team monitor inputs, activities and outputs (as well as outcomes) to ensure the efficiency (and quality) of component parts.

## Effectiveness[[32]](#footnote-32)

When assessing programme effectiveness, the evaluation team considered whether or not outputs and outcomes were achieved (and to what degree) and whether the programme logic has been well though through. The team also assessed how flexible the programme has been and whether there had been any redirection during implementation to improve effectiveness. The team also looked at what steps were taken to address inequality and ensure the interests of the most marginalised were taken on board, and whether the programme successfully achieved results in each dimensions of extreme poverty (based on HCUEP).

Table Eight provides a summary of how the evaluation team assessed the effectiveness of the programme overall and also at different levels of intervention.

Table 8: Overview of programme effectiveness

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Unsatisfactory | Acceptable but with major reservations | Satisfactory | Highly Satisfactory |
| Overall |  |  | x |  |
| Micro |  |  |  | x |
| Meso |  |  | x |  |
| Macro |  |  | x |  |

### Achievement of Objectives and Outcomes

Full results for the Results Framework with baseline values and targets can be seen in Annex Six: Programme Results Framework. But for ease of reference Table Nine below, provides a summary of the information.[[33]](#footnote-33)

Table 9: Summary of programme achievements (by results framework)

|  |  |  |  |
| --- | --- | --- | --- |
| Outcome |  | Indicators | Assessment *(achieved target)* |
| 1. Improved income and assets of extreme poor households through sustainable income generating activities and increased social capital | **1.1** | Average Sustainable Livelihoods Household Index Score (micro) | Achieved |
| **1.2** | % of target households who are members of community based groups (COSA, SMC and DRR) (micro)   * % attending COSA * % attending DRR * % attending SMC | Achieved |
| **1.3** | Household Asset Value (micro) | Achieved |
| **1.4** | % of women from target households report increased control over household income (micro)   * % of women make decisions on income earned by themselves * % of women participate in decisions on income earned by their husband | Achieved |
| **1.5** | Average annual income of targeted HH (micro) | Not achieved |
| 2. Improved accountability of government to extreme poor households in the delivery of health and education services and through the implementation of pro-poor policies | **2.1** | % of target households able to access health services (attend formal health providers when sick) (micro) | Achieved |
| **2.2** | School attendance rate (micro)   * % of school age children who have ever been to school * Average number of days of school missed by children in household who are attending school in the previous two weeks. | Achieved |
| **2.3** | Pro-poor interventions documented and shared with national-level and meso-level authorities to influence National Social Protection Policy (macro) | Partially achieved (achieved at midline, no information for endline) |
| 3. National curriculum and targeted schools are sensitive to GBV | **3.1** | Sensitization on GBV included in national curriculum (macro) | Partially achieved |
| **3.2** | Knowledge, Attitudes and Practices regarding gender and GBV in the school community (meso)   * % of children reporting incidents at school * % of teachers reporting that whipping, caning and excessive physical labour constitutes a violation to children’s rights * % of SMCs reporting that whipping, caning and excessive physical labour constitutes a violation to children’s rights * % of schools having grievance structures in place * % of SMCs that have student involvement * % of target schools have separate latrines for male and female pupils | Uncertain (some measurements were achieved at mideline but endline data is not yet available) |
| 4. Through the improvement of government services, knowledge and awareness, the extreme poor’s ability to mitigate, prepare and respond to hazards has increased | **4.1** | **4.1** Knowledge, Attitudes and Practice regarding HIV and AIDS, family planning and hygiene: (micro)   * Percentage of target households whose members have a positive attitude about HIV & AIDS * Percentage of target households whose members having correct knowledge about 3 possible ways of infection of HIV & AIDS * % Respondents reporting using any HIV preventative methods * Target families reporting using contraception for family planning purposes * % of households wash hands after toileting * % of the households that wash their hands after toileting wash with soap | Partially achieved |
| **4.2** | % of DRR Platforms within the target Communes which have completed a Hazard mapping exercise, action plan and have taken into account the priorities of the extreme poor (meso) | Partially achieved (achieved at midline, no information for endline)midline though |
| **4.3** | DRR interventions documented and lessons shared with national-level and meso-level authorities and National DRR strategy reflects these lessons[[34]](#footnote-34) (macro) | Uncertain |

One outcome indicator (3.1) was removed from the Results Framework following due to staffing changes at national level and the postponement of changes being made to the national curriculum, which meant that progress towards the inclusion of gender and GBV protection would not be possible. There is however information available on advocacy activities undertaken which have been included.

Overall, the programme has performed well in meeting its outcomes and in achieving results in each dimension of extreme poverty (as based on HCUEP).

#### Assets and Returns on Assets

* **Improved income and assets of extreme poor households through sustainable income generating activities and increased social capital**

In the Results Framework this was measured by a **sustainable household index** score which takes into account a range of variables (housing and living conditions, use of hygienic sanitation facilities, asset ownership and food security)[[35]](#footnote-35). Participant households in both Cibitoke and Kirundo reported an improvement since baseline (see Figure One) and met targets set for 2015. However, interestingly in Cibitoke the index is lower at endline in 2015 than it was in 2014 (despite having met its target). The programme team confirmed that this is a result of survey questions about latrines being mis-understood (in particular the interpretation of latrines with slabs) during the mid-line in 2014.

Figure 1: Sustainable Household Index

Significant improvements were seen in the **housing conditions of households**, with a reduction in the number of households reporting to have a seriously leaking roof compared to the control group (67.4% at baseline, decreasing to 13.0% at endline); in the **average value of assets owned,** the value of assets recorded by participants at baseline was BIF 54,000 and BIF 37,000 in Cibitoke and Kirundo respectively, which increased to BIF 337,788 and BIF 338,063 in Cibitoke and Kirundo respectively at in 2015. Finally, significant improvements were also seen in the **number of months of hunger** in the year being reported by households, from 7.3 months at baseline to 1.6 at endline (with similar improvements seen across the two provinces).

Household’s also recorded **high membership of community based groups**, in particular Committee Health Committees (COSA), School Management Committees (SMCs) and Disaster Risk Reduction (DRR) Colline meetings. Unfortunately we do not have comparable baseline values, but at endline 80% and 77% of participants in Cibitoke and Kirundo respectively reported to be attending COSA meetings; 82% and 87% of participants in Cibitoke and Kirundo respectively reported to be attending DRR meetings whilst 84% and 78% of participants in Cibitoke and Kirundo respectively reported to be attending SMC regularly.

Finally, the percentage of women from participant households reporting **increased control over household income** since baseline has also improved, from 28.9% and 15.9% of women in Cibitoke and Kirundo respectively making decisions on the income they have earned at baseline to 67.8% and 80% in Cibitoke and Kirundo respectively at endline. There were also improvements seen in the percentage of women participating in decisions on how income earned by male household heads was spent – however this had declined slightly since the midline.

Figure 2 below, highlights the average (mean) annual income of participant households. This shows an increase in annual income in both Cibitoke and Kirundo since the start of the programme. However it also shows a significant increase in the annual income of the control group. The reason for this is unknown; at the time of writing the programme team are clarifying figures with research partners.

Figure 2: Total average (mean) annual income of participant households

Although it is not possible to attribute increases in annual income figures to specific activities, the evaluation team did observe the impact that business skills training had on participant households; participants were able to clearly communicate the messages received through training and how they apply them to their business activities.

Not specifically included in the Results Framework, but for which the programme has seen significant results is in the levels of saving and borrowing by participants which has been facilitated by the establishment of SILCs at Colline level.

At baseline, 2.1 % of participant households reported having savings. This increased to 91.6% of participating households at the endline. The frequency of saving as well as the amount households are saving has also increased – 95% of participating households are saving every week, whilst the average amount being saved by households every month had risen from BIF 5,000 at baseline to BIF 30,750 at endline. The majority of participating households are saving in SILCs (97.7%).

Borrowing behaviour of participant households has also changed, with a decrease in the percentage of participating households borrowing from friends, family or money lenders (from 97.8% at baseline to 0.9% at endline) and increased use of SILCs. The primary reason participating households report taking loans at endline is for investing in income generating activities (82.6%) compared to the baseline where the primary reason participating households reporting taking loans was for food (56.6%).

The impact that SILCs had on participating households, in particular participant’s enthusiasm and motivation came across very strongly to the evaluation team during the programme visit. Stakeholders repeatedly mentioned that the programme design could be improved by bringing forward the training on SILC.

#### Inequality

* **Improved accountability of government to extreme poor households in the delivery of services in health and education and through implementation of pro-poor policies**

In the Results Framework this was measured by the **proportion of households attending formal health providers** when sick as well as measuring school attendance rates; looking at both the percentage of school-age children who have ever been to school, as well as the average number of days of school being missed by children attending school in the previous two weeks.

In terms of the proportion of households **attending formal health care providers when sick**, this has increased significantly since baseline, with 97% and 91% of participants in Cibitoke and Kirundo respectively reporting attendance at health care providers when sick. The provision of health insurance cards to all programme participants during the first year is likely to have influenced this. The evaluation team however, noted that this figure does not capture intra-household differences in access, in particular the prioritization of service access for children or those with labour capacity which is something which came out in FGDs with participants.

Figure 3: Proportion of households attending formal health care providers when sick

Improvements were also seen in the proportion of children of school-age having attended school (ever), and in the average number of school days missed by school-aged children in the previous two weeks.

At baseline, 56% and 52% of boys and girls respectively had (ever) attended school in Cibitoke, compared with 62% and 55% of boys and girls respectively in Kirundo. In 2014, this has increased to 67.5% in Cibitoke and 64.5% in Kirundo and at the time of the endline in 2015 this had increased to 78.9% across both provinces. Where possible it would be advisable to continue to disaggregate figures by province and gender to identify any difference in the access of children to school either by location or gender.

There was also an improvement in the average number of days of school missed by children of school-age in the previous two weeks, with a decline recorded from 2.11 days and 2.09 days in Cibitoke and Kirundo respectively, to 0.46 and 0.73 in Cibitoke and Kirundo respectively in 2014, falling to 0.53 overall in 2015. Though again, where possible the evaluation team would recommend disaggregating these values, by province or gender as it may highlight differences in implementation. The evaluation team would also recommend reviewing indicators relating to education access and aligning them with CWW core indicators for education.

Although it is clear from monitoring data how the programme has led to increased access of participants to health and education services, it is less clear how well the programme has improved the accountability of government to extreme poor at meso level. At a macro level however, the success of the programme in advocating for increased accountability of the national government to the extreme poor is clear. Learning from the programme has informed the design of a new Government pilot programme (being funded by the World Bank) and CWB is a key player in national discussions on social protection. The evaluation team did not have endline information on advocacy activities undertaken over the past year but were able to make an assessment based on information provided at midline and through discussions with stakeholders whilst visiting the programme.

#### Risk and Vulnerability

* **Through the improvement of government services, knowledge and awareness of the extreme poor’s ability to mitigate, prepare and respond to hazards has increased**

In the Results Framework this was considered on two levels: 1) **Intra-household hazards**, measured by household’s knowledge, attitudes and practices regarding HIV and AIDs, family planning and hygiene and 2) **External hazards**, measured by the percentage of DRR platforms within the target communes which have completed a hazard mapping exercise and developed an action plan that takes into account the priorities of the extreme poor. It was measured by whether DRR interventions were being documented and lessons being shared with the provincial and national-level DRR platforms and informing national level DRR strategy.

At an **intra-household level**, unfortunately progress has been mixed. Despite, participant households having **increased awareness and knowledge of HIV/AIDs** (68.2% and 69.4% in Cibitoke and Kirundo respectively in 2015 compared with 25% and 6.3% in Cibitoke and Kirundo respectively at baseline) the reported use of HIV preventative methods is low and did not meet endline targets – 60% and 55% in Cibitoke and Kirundo respectively. See Figure Four.

Figure 4: Use of preventative HIV methods

Similarly the proportion of participant households reporting use of contraceptive methods for family planning purposes also did not meet the target set for it. With 20% of households in Cibitoke and 29.8% in Kirundo reporting use of contraceptive for family planning purposes compared to targets of 30% and 40% for Cibitoke and Kirundo respectively. There is some indication that access to contraceptive methods is constrained however this was not investigated during the evaluation.

There was however significant improvements in households reporting hand washing after toileting, with 97.5% of households in Cibitoke and 91% in Kirundo reporting hand washing with soap after toileting compared with 33.2% at baseline.

With regards **external hazards**, no information on indicators has been made available as of the 21st October 2015 however partial assessment can be made based on midline data which reports that 100% of Communes (and Collines) of intervention have undertaken hazard mapping and developed action plan to support mitigation and preparedness. It is unclear however whether these have been updated subsequently. In addition there have been challenges with influencing the national level DRR platform due to institutional weakness and its functionality having greatly reduced.

Given risks and specific vulnerabilities identified in the Contextual Analysis, the evaluation team felt that the focus of risk and vulnerability indicators was appropriate however, that the indicators themselves (and how progress was being measured) could be improved, i.e. evaluators were concerned that measurements such as % of households whose members have a positive attitude about HIV and AIDs could be misconstrued, whilst DRR indicators are pitched at output rather than outcome level.

### Programme Logic

The programme logic is generally regarded as having been well thought through, having been designed based on based on Concern’s Graduation Model, as highlighted already in the programme overview and relevance section. Concern’s Graduation Model, which was adapted on the original model developed by BRAC-CGAP, sets out clear and sequenced steps based on previous experience in Haiti. The model has been adapted well to the contextual realities of Burundi in particular addressing the factors that keep people in extreme poverty in Burundi. During the evaluation the sequencing of activities was raised as a potential area where the programme design could be improved, specifically bringing forward the training on and facilitation of SILCs.

The programme has a draft ToC document setting out inputs, activities, outputs and outcomes though the evaluation team are uncertain about the strength of some of these links and also the extent to which activities and outputs (as well as outcomes) are being monitored. Reflecting upon the Results Framework, it looks as if certain outcomes are using output level indicators to measure progress and therefore the evaluation team feel that the programme would benefit from having a more detailed log framework setting out inputs, activities, outputs and outcomes and having indicators of progress at each level.

Also, whilst it was clear that programme staff have a good understanding of what the programme sets out to achieve, this was less clear when speaking with partners and therefore having a visual version of the final ToC could be beneficial in communicating the overarching objective of the programme to partners.

#### Operational research

National-level engagement has been facilitated by having a strong operational research component as part of M&E activities and has led to the programme being able to develop a strong body of evidence which has been instrumental for the discussions CWB has had at national level. The partnership with IDS will also ensure that evidence built has a lasting contribution to the global debate on graduation and social protection. There have however been challenges to incorporating a scientific research approach (the use of a Randomised Control Trial) to the programme as confirmed in discussions with both the programme team and research partners. Key challenges were:

* There were disagreements between CWB and research partners in the beginning on how research should be designed to address the specific research question (role of Case Management). This was subsequently resolved.
* The use of a RCT adds weight to research findings by enabling research to isolate the impact of the programme however in this instance the timing of the baseline vis-a-vis identifying treatment and control groups raises certain ethical questions. All eligible households were captured in the baseline and subsequently randomly assigned to treatment and control groups but there is some suggestion that the fact that participants would receive different levels of support (or no support initially, in the case of the control group) was not clearly communicated at the beginning of the process nor expectations managed. However, this has not been verified.
* Treatment and control groups were located in the same geographical locations, which increased the potential for spill-over effects but also initially jealously was reported between households who did not understand why they were receiving less support (in the case of TRG 2 households) to others in the programme (TRG 1 households).

Despite, these challenges it is generally agreed that the positives of attaching operational research to the programme outweighs the negatives and will contribute significantly to the design of future programmes. Overall, the

Recommendations for future research activities include having clear lines of communication (role and responsibilities) between the CMT and representatives involved at HQ (Dublin) or in London; that the research angle is clearly communicated to local stakeholders so that expectations are clear (particularly where there is a comparison group) and that where different treatment groups are used that, where possible, these are assigned to different geographical locations to reduce the risk of spill-over effects which may affect research findings.

### Flexibility

Although, adaptation was constrained by the operational research component which defined the level of ‘treatment’ (in this instance, coaching) households received, the programme was flexible enough to make adaptations to programme delivery during implementation, as already highlighted in the programme overview and relevance sections. A specific example is increasing peer-to-peer learning by changing one household visit (for TRG 1 households) to a group meeting so that households can share experiences.

The programme team also developed response options to help cushion households facing specific events and responded on a larger scale to households affected by flooding and landslides in Mabayi, Cibitoke in 2014.

Collective planning by the Programme Management Team (PMT), Supervisors and Case Managers as well as quarterly stakeholder meetings at Communal level and biannual meetings at Provincial level were seen to facilitate the ability of the programme to adapt.

Overall, the evaluation team scored the programme 3 (satisfactory) for effectiveness. The high score reflects that ten out of thirteen targets had been achieved or partially achieved, with only one target not achieved – the team were uncertain about two indicators due to data not being available until December 2015. The evaluation team also deem that the programme has shown good performance in achieving results in each dimension of extreme poverty, most significantly in assets and return on assets. Advocacy for increased accountability of government to the extreme poor has also been successful at a national level, with learning from the programme informing the design of a national-level pilot programme which will be funded by the World Bank. However, the evaluation team is less certain about the impact at meso level.

## Impact

When assessing programme impact, the evaluation team considered whether there had been changes taking place beyond the programme – both positive and negative, including impact of the wider community. The team also considered how the programme impacted differently on men and women (and other vulnerable groups).

Table Ten provides a summary of how the evaluation team assessed the impact of the programme overall and at different levels of intervention, whilst Table Eleven provides an overview of the main impacts as noted by the evaluation team – those in red are considered to be negative and have been explored further in the narrative.

Table 10: Overview of programme impact

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Unsatisfactory | Acceptable but with major reservations | Satisfactory | Highly Satisfactory |
| Overall |  |  |  | **x** |
| Micro |  |  | **x** |  |
| Meso |  |  |  | **x** |
| Macro |  |  |  | **x** |

Table 11: Changes taking place beyond the programme

|  |  |  |
| --- | --- | --- |
| Micro | Meso | Macro |
| Wider community replicating activities (kitchen gardens, latrines, tippy taps, utensil stands) | Injection of cash into the local economy (i.e. from participants purchasing iron sheets) | Influence on the implementation of the National Social Protection Strategy |
| Wider community involvement in savings activities through involvement in SILCs (not quantified) | Updating of commune level contingency plans (DRR) | Increased political acceptability for cash transfers within longer-term development programmes rather than just a humanitarian response. |
| Increased labour (opportunities) | Colline level actions for mitigation (DRR) | Increased political acceptability for, and use of electronic payment systems for the transfer of cash |
| Social impacts including social cohesion for non-participants within the community | Stakeholder coordination |  |
| Jealousy | The use of CRM within the community (participants and non-participants) allowing feedback to colline officials on other matters outside of the programme (and not related to Concern). |  |
|  | Increased accountability of provincial authorities; i.e. police responding to problems such as theft from SILC boxes or conflict amongst participants and non-participants.  . |  |

Particularly striking to the evaluation team were the social impacts that the programme appeared to have on participants which were not captured within the results framework. Specific impacts that came out frequently in discussions were: self-esteem, motivation, confidence, social inclusion. These impacts cannot be underestimated and are likely to have huge implications for how sustainable programme outcomes are. The evaluation team would recommend considering social impacts as a future area of research.

What also came across strongly were the spill-over effects that the programme had within communities; there was evidence that non-participants (including members of the control group) were replicating certain activities such as building kitchen gardens, latrines, tippy taps and utensil stands. Participants also spoke of how they would share the information being given to them in trainings and through coaching with their neighbours.

There has been a rise in non-participants possessing health insurance cards and increasing the total monetary value of their household assets (as seen in data from the control group). Although it is likely that the Terintambwe programme has contributed to this, we are unable to attribute this to the programme alone. The attribution versus contribution of impacts seen within the wider community will be looked at in the final report however this has not yet available.

Although spill-over effects are positive they are challenging for the operational research component as it means that it is harder to isolate what improvements are attributable to the programme.

There was however, some uncertainty about how well the design of the programme (as a Randomised Control Trial - RCT) was communicated with potential participants during the programme inception. As understood by the evaluation team, the selection of participants (and subsequently the control group) was only decided upon after the baseline and was not communicated until after the selection had been made. This appears to have led to households having certain expectation which were then not met which raises certain ethical questions. Participants did mention there having been problems with jealousy at the beginning of the programme, though confirmed that this had improved as time went on due to non-participants also benefiting from the programme through the various spill-over effects. However, some participants mentioned having been singled out to pay additional taxes because they were considered to be better off although the evaluation team were unable to tease this out any further. How well issues of jealousy are managed through the programme is unclear and the evaluation team recommends that the programme team include the risk of jealousy in any future risk assessments.

Although the programme explicitly set out to improve household decision making it is less clear to the evaluation team how the programme has impacted differently on men and women. It also less clear how the programme has impacted differently on different vulnerable groups as identified in the Contextual Analysis (Batwa, widows, returnees and the elderly), aside from ensuring that the most vulnerable and marginalised were targeted in the first instance. In respect to marginalised groups (i.e. Batwa) there was a deliberate choice not to single out the impact that the programme has had because there is a strong opinion that disaggregating information according to this would in itself be a form of stigmatization. Subsequently the programme team focused on the capacity of households as they progress through the programme, i.e. through the identification of strong, medium and weaker households, to ensure that the programme better meets the needs of all participants.

Whilst at a meso level, CWB has supported the coordination of NGOs and GoB around certain activities (DRR) and certain discussions (Social Protection). The introduction of CRM has also helped to increase the accountability of Colline authorities to the population. Although use of CRM by programme participants has been mixed, use of the system by the community as a whole has been significant and stakeholder meetings have provided forums in which to agree upon actions. The evaluation team understands that the MoH is now interested in using CRM more widely however the team was unable to validate this during the evaluation.

Also significant, and as touched on in earlier sections, has been the impact of the Terintambwe programme at macro level in informing discussions with Government officials and other service providers (i.e. ECONET). Lessons from Terintambwe are informing the implementation of the National Social Protection Strategy (in particular the design of a new pilot programme) and led to increased political acceptability for cash transfers within longer-term development and via electronic payment systems. Whilst, following regular meetings between CWB and ECONET during the consumption/income support phase, and based on feedback received, the evaluation team understand that ECONET is making changes to their services.

Overall, the evaluation team score the programme a 4 (highly satisfactory) for impact due to significant positive changes having taken place beyond the programme at all levels (micro, meso and macro). Particularly striking to the evaluation team was the spill-over effects that the programme had within communities and the psychological or social impacts (self-esteem, motivation, confidence) which came across strongly. The evaluation team proposes that these less-tangible impacts are likely to have a huge effect on outcomes (and the sustainability of outcomes) and would recommend assessment of these in the future.

## Sustainability

Finally, the evaluation team assessed the sustainability of the intervention; whether outputs and outcomes will lead to benefits beyond the life of the programme and how the programme could be improved in the future – whether in Burundi or for other initiatives elsewhere.

Table Twelve provides a summary of how the evaluation team assessed the sustainability of the programme overall and at different levels of intervention.

Table 12: Overview of programme sustainability

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Unsatisfactory | Acceptable but with major reservations | Satisfactory | Highly Satisfactory |
| Overall |  |  | **x** |  |
| Micro |  |  |  | **x** |
| Meso |  | **x** |  |  |
| Macro |  | **x** |  |  |

The Graduation Model is designed to bring about sustainable changes to the livelihoods of participants and the evaluation team believe that the outcomes will lead to sustained benefits beyond the life of the programme at a micro level, particularly given the sense of ownership participants have for the programme and the changes they have experienced. In fact this has already been seen in the monitoring data which has shown sustained changes in indicator values even after participants have finished receiving income/consumption support. Though there is however, a need for follow up.

Participants have shown an increase in asset ownership as well as having diversified income streams which is allowing them to meet their basic needs and better cope with internal and external hazards. Whilst, engagement in SILCs is providing a safety net for households and the practice of taking out loans to invest in existing new or income generating activities is widespread. The evaluation team did note the importance of on-going access to health services in order to support the sustainability of outcomes, with sickness being reported as the biggest internal hazard facing households as it also affects labour capacity. Ongoing engagement at Communal and Provincial level provides a channel is for system strengthening whilst the provision of health insurance cards for all programme participants during the first year has not only increased people’s access to health services but raised awareness of the benefits to having health insurance – thereby increasing the likelihood of renewal.

Whilst, sustained changes at micro level are also likely to lead to further changes at meso level particularly given the spill-over and multiplier effect that the programme appears to have had, the needs of the population are great and any change at meso level is likely to require greater institutional strengthening in order to be sustained – the evaluation team are uncertain how strong institutional structures are, given the current political situation, and whether services (health/education) can support increased demand.

In order to increase the sustainability of programme outcomes there is a need for greater emphasis on increasing the programme flexibility to respond to shocks. This could include looking at ways of strengthening links with early warning systems; using information to improve mitigation and preparedness, but also there is a need for more flexible funding options to allow for response as necessary.

Similarly, moving forward in terms of sustainability of the programme it is unclear how sustainable the existing model (in particular Case Management) is without external funding. The GoB is interested in scaling up the programme (through the pilot with the World Bank) but see the coaching element as time-intensive and expensive. They are keen to move to a volunteer model but it is unclear how appropriate this is in the context of Burundi. Finally, at a macro level it is also likely that changes will be sustained beyond the lifespan of the programme given the nature of the influence that the programme has had on the government agenda and acceptability for particular modalities of support, for example income support targeted at the most vulnerable and the use of electronic payment systems, which were not supported previously. However there remains uncertainty around who is responsible for Social Protection at a national level – under which Ministry - this may still affect future implementation of the National Social Protection Strategy and space for engagement in the future. Given the multi-sectoral nature of Social Protection there is interest in activities (and the National Social Protection Commission) falling under the Office of the President however no decision has been made yet.

In addition, it is unclear what impact the on-going civil unrest surrounding the parliamentary and presidential elections in 2015 will have for the country and the region. Already, over 200,000 Burundians (as of the end of October 2015) have sought refuge in neighbouring countries and vulnerable populations within Burundi are finding their livelihoods increasingly under increased pressure. Although the civil unrest does not appear to have had a significant impact on Terintambwe programme participants as yet, there is still a chance that it could do (thereby affecting the sustainability of micro-level changes). Participants in Cibitoke in particular, made reference to the decline in road traffic between Bujumbura and Cibitoke which has had an effect on the demand for certain products and services. The evaluation team recommend undertaking a further follow-up survey with programme participants (at the end of 2016) to explore the impact that political instability has on the sustainability of programme outcomes but also what impact the programme has on the intergenerational transmission of poverty.

Overall, the evaluation team scored the programme 3 (satisfactory) for sustainability due largely to the programme being designed to bring about sustainable changes to the livelihoods of participants and the belief of the evaluation team that programme outcomes will lead to sustained benefits beyond the life of the programme particularly at a micro level. Sustained changes at micro level are also likely to lead to further changes at meso level particularly given spill-over and multiplier effects, however the needs of the population are great and any change at meso level is likely to require the strengthening of institutional structures. Finally, at a macro level, success of the programme in advocating for increased accountability of the national government to the extreme poor and CWB’s role in national-level discussions on social protection increases the likelihood that macro level changes will be sustainable however, the impact that the on-going political instability will have is uncertain.

# Conclusions and Recommendations

In Conclusion, the Terintambwe programme has directly reached 2,000 households between 2012 -2015 and participating households have reported significant improvements in physical, financial, human and social assets. Since the inception of the programme, participant households have improved housing and living conditions, increased asset (consumption and productive) ownership and increased food security.

These changes are due (in part) to increased income levels, both directly as a result of the income/consumption support, but also through household engagement in (and diversification of) income generating activities; the most popular income generating activities being the production and sale of banana juice and cassava flour. Increases in income levels have also led to increases in household saving behaviour as well as household capacity to borrow and repay loans. Investment in income generating activities is cited as being the main reason why households borrow money. Changes are also the result of increased access to public services (health and education) which has improved the general well-being of participant households.

Aside from the changes seen by participating households, there have also been considerable impacts beyond the programme at micro, meso and macro levels therefore it is likely that the number of people indirectly reached by the programme is far higher (though cannot be quantified). These changes include the replication of activities at household level; wider spill over effects within the community and improved access of vulnerable and marginalise groups to public services. What also cannot be under-estimated is the role that lesson learning from the programme has played at a national level in informing the discussions on social protection.

National-level engagement has been facilitated by strong research, monitoring and evaluation activities which have led to the development of a body of evidence. The partnership with IDS will also ensure that evidence built has a lasting contribution to the global debate on graduation and social protection.

Programme results are a testament to the financial and human input since 2012.

In order to increase programme effectiveness and improve efficiency in the future, the evaluation team recommend the following:

1. **Develop an advocacy strategy** with clear messaging to guide engagement activities and support the development of tailored communication materials. Messaging should include advocacy for the continued support for labour-constrained households (direct support clients) and ensure consistency in terms of terminology and how graduation is being conceptualised – sustainable graduation being distinct from exit from a programme. The evaluation team acknowledge that CWB already produces some very good communications materials and this is intended to further expand that.

The team also recommend reviewing the communication activities that take place during programme inception to manage expectations and ensure, particular where participants may be receiving different levels of treatment that this is clearly explained prior to any assessment being undertaken.

With regards terminology, the evaluation team also recommend looking at the terminology used for programme steps, i.e. consumption support and asset transfers. It is clear from the Terintanbwe programme that initial transfers of cash are being used by participants to meet a broad range of objectives, including small business activities, therefore it may be better to refer to them as income support rather than consumption support which suggests income is to be spent on food. Similarly, the use of the term asset transfer suggests an in-kind transfer rather than a financial transfer for investment means; therefore it may be better to refer to them as an investment transfer. This is also something that should be discussed more broadly within Concern Worldwide.

1. **Refine Monitoring and Evaluation processes** based on a review of the log frame and ToC. Consider inputs, activities, outputs and outcomes and ensure progress monitoring of each. For example with regards activities, were all cash transfers delivered and/or how well were trainings delivered; what feedback was received? Clarifying indicators and measures at each level (input, activities, outputs and outcome) will streamline the Results Framework.

The team would also recommend including greater emphasis on monitoring social impacts (i.e. self-esteem, confidence, motivation) as defined by participant households themselves as well as the monitoring of the wider socio-economic impacts of the programme within the community.

In analysing the results, the team would also recommend undertaking more disaggregation (where appropriate) of results by gender and intra-household so that the programme can be clear that it is meeting the needs of people it is specifically targeting.

Finally, the team would recommend including greater follow up on participant households after the end of the programme to better assess the sustainability of outcomes. This includes on-going monitoring of the current control group who are being targeted with support in 2016.

1. **Further analyse the data collected on households identified as being strong, medium and weak performers.**  Learning from the work undertaken in Rwanda, look at the enabling and constraining factors to graduation including household characteristics, behaviours and the external environment and use learning to inform programme design moving forward.
2. **Review the design and timing of specific activities**. In particular with a review to bringing forward the training on SILCs and IGAs. Additionally, the extent to which participants are advised to use initial transfers for IGAs also needs to be reviewed as there is a risk that the extent to which these transfers can then support households to meet basic needs whilst engaging in economic activities will be diluted.
3. **Consider broader livelihood pathways (including linking people with labour markets).** As well as micro-enterprise development explore the potential for linking people up with labour markets. Although reducing people’s reliance on unreliable, ill-paid casual labour is an implicit goal of the programme where there are viable and secure labour market opportunities then it should be considered as a potential livelihood pathway as not everyone is an entrepreneur. As a first step, the recommendation would be to include a (current and future) labour market assessment as part of the regular market assessment for income generating activities.

The team would also recommend that market assessments are conducted at the local level where possible to ensure the appropriateness of income generating activities to specific areas of intervention.

1. **Review the resource requirements of the programme team** in particular transport options for Case Managers, IT equipment for Supervisors and DDG admin rights for Supervisors which came across as challenges to programme implementation.
2. **Explore the potential for further integration of CWB activities.**
3. **Look at ways of strengthening links with early warning systems and use information to improve mitigation and preparedness.** Given the seasonal nature and slow-onset of some of the hazards faced by Burundi, review contingency planning at a programme level including allocation of contingency funds to support hazards response. As an example, review Save The Children’s work on crisis modifiers.
4. **Review partnership coordination structures** **and clarify lines of communication** particularly where partners are also engaged with HQ (Dublin) or London.
5. **Where operational research is using control trials, ensure treatment and control groups (as much as possible) are in different geographical locations to avoid spill over affects and better isolate programme impacts.**

# Management Response to Key Recommendations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recommendation | Responsible Person | | | Response |
| 1. Develop an advocacy strategy with clear messaging to guide engagement activities and support the development of tailored communication materials | |  |  | |
| 1. Refine Monitoring and Evaluation processes based on a review of the log frame and ToC. Consider inputs, activities, outputs and outcomes and ensure progress monitoring of each | |  |  | |
| 1. Further analysis of the data collected on households identified as being strong, medium and weak performers | |  |  | |
| 1. Review the design and timing of specific activities (SILC/IGAs) | |  |  | |
| 1. Consider broader livelihood pathways (including linking people with labour markets) | |  |  | |
| 1. Review the resource requirements of the programme team | |  |  | |
| 1. Explore the potential for further integration of CWB activities. | |  |  | |
| 1. Look at ways of strengthening links with early warning systems and use information to improve mitigation and preparedness. | |  |  | |
| 1. Review partnership coordination structures and clarify lines of communication | |  |  | |
| 1. Where operational research is using control trials, ensure treatment and control groups (as much as possible) are in different geographical locations to avoid spill over affects and better isolate programme impacts | |  |  | |

# Annex One: Overview of Programme Areas

Figure 5: Provincial Map of Burundi showing areas of intervention



Source: OCHA (2015)

Figure 6: Map of Cibitoke Province showing areas of intervention



**BUKINANYANA COMMUNE**

10 collines

**MAYABI COMMUNE**

11 collines

**MUGINA COMMUNE**

10 collines

Source: OCHA (2004a)

Figure 7: Map of Kirundo Province showing areas of intervention

Source: OCHA (2004b)

**BUSONI COMMUNE**

20 collines

**BUGABIRA COMMUNE**

9 collines

# Annex Two: Programme Theory of Change

**Terintambwe Graduation Programme – Theory of Change (DRAFT)**

**1. Improved income and assets through sustainable IGA and social capital**

**Increased children attending primary school**

**Increased Dietary Diversity**

**Outcomes**

**2. Improved accountability of government to extreme poor households through delivery of services in health, education and implementation of pro-poor policies**

**Increased membership of community-based groups**

**Outputs**

**Activities/**

**Inputs**

**Goal/**

**Impact**

**Improved resilience and livelihoods of extremely poor households in Cibitoke and Kirundo**

**3. National curriculum and target schools environment are sensitive to GBV.**

**4. Through the improvement of government services, knowledge and awareness the extreme poor’s ability to mitigate, prepare and respond to hazards has increased**

**Business/financial skills Training**

**Distribution of health assistance cards**

**Increase of target schools dealing with complaints in relation to GBV.**

**DRR Action plan at colline level /**

**Implementation of Disaster Risk Reduction plans**

**Sensitization/training the teachers and School management teams on Gender based violence at school**

**HHs with profit margin from IGA**

**Increased HHs with health assistance cards**

**Literacy Training**

**Hazard mapping/action plans at community level**

**Introduction of Kitchen Garden**

**Trainings /Sensitization**

**Providing ID cards and certificates of birth**

# Annex Three: List of Key Documentation Reviewed

|  |  |
| --- | --- |
| Area | Documents |
| Contextual Analysis | Cibitoke Contextual Analysis Report, 2011 |
|  | Kirundo Contextual Analysis Report, 2011 |
| Programme design documents | Final PCN, 2012 |
|  | Theory of Change (draft) |
| *Targeting* | Poverty Score Card description, 2012 |
|  | Poverty Score Card household questionnaire, 2012 |
|  | Pathways out of poverty, PSC Household Questionnaire (16.10.12) |
|  | Selection Methodology |
|  | Selection committee members, Cibitoke and Kirundo |
| *Skills training and mentoring (participants)* | Revised training plan, 2013 and 2014 |
|  | Training guides: DRR, SILCs, SRGBV, Family Planning, business skills |
| *IGAs* | Microfinance Adviser, Field visit report (April, 2012) |
|  | Market study: Kirundo and Cibitoke Provinces (April, 2013) |
| *Case Managers* | Case Manager Guide |
|  | Case Manager staffing lists, Cibitoke and Kirundo |
| Advocacy | Briefing: Visit of GoB and UNICEF to Terintambwe in Kirundo, July 2014 |
|  | Rwanda and Burundi learning dissemination plan |
| Monitoring and Evaluation | Results Framework, 2014 (submitted 30.01.2015) |
|  | Monitoring and Evaluation Plan |
| *Complaints Response Mechanism* | CRM Policy in English |
|  | CRM Visual Aids |
| Annual Reports | APPR’s 2012, 2013 and 2014 |
| Operational Research | Baseline – final qualitative report, 2013 |
|  | Baseline – final quantitative report, 2013 |
|  | Mid-line results report, 2014 |
|  | End-line – Key Outcome Summary *(report forthcoming)* |
| Financial Information | Financial Reporting Package (2012, 2013, 2014 and 2015) |
| National strategy documents | Cadre Stratégique de Croissance et de Lutte contre la Pauvreté (CSLP II), January 2012 |
|  | National Social Protection Strategy, January 2015 |
|  | Concern Worldwide Burundi Country Strategic Plan 2013-2017 |
| Concern strategy documents | How Concern Understands Extreme Poverty (HCUEP) |
|  | Concern Worldwide Social Protection Strategy |
| Partner documents | Contracts (including ToRs) with IDS, |
| Organograms for field site | Terintambwe organogram |
|  | Staff organograms (Cibitoke and Kirundo) |

# Annex Four: Schedule and Key Persons Met

**3rd October – 12th October 2015**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Day Time** | **Location** | **Activity** | **Comment** |
| 03.10.15 | Sat | **Bujumbura** | 09:00 -10.30: Country Management Team: last update of agenda  10:30 Security briefing; in Buja office. | Karine Claver Aloys  Reka Claver  Accommodation: Martha Hotel: Buja |
| 04.10.15 | Sun | **Bujumbura** | Preparation | Accommodation: Martha hotel |
| 05.10.15 | Mon | **Bujumbura, Cibitoke** | 08:30 – 09:30: Meeting with partner Biraturaba  10:00–11:15: Meeting with partner Forum for African Women Educationalists (FAWE)  11:30 – 12:30: Meet technical direct social protection: Paul Claudel.  12:30 – 13:30: Meet World Bank (Alain Tribet)  13:30 – 14:30: Lunch  14:30 – 16:00: Travel from Bujumbura to Cibitoke (travel time 1.5 hours)  16:15 – 17:15: Meet with Concern Cibitoke Graduation team  17:30 – 18:15: FGD with Case Managers, Cibitoke | Concern office  Concern office  Secretariat office  WB office  Cibitoke office  Cibitoke office  Accommodation: Hotel green garden Cibitoke |
| 06.10.15 | Tues | **Cibitoke/Mabayi** | 08:00 - 09:00: Min of Health, literacy training  09:00 - 10:00: CDFC and family planning  10:00 – 11:00: Travel from Cibitoke to Mugina commune  11:00-13:00: FGD in Mugina commune (Gitumba Colline) – Treatment 1: Male and Female)  13:00 – 13:30: Lunch  13:30 – 15:00: Travel from Gitumba to Kirinzi Colline  15:00- 16:00: Household visits in Kirinzi Colline (Treatment 2: Male and Female)  16:00 – 16:30: Travel from Kirinzi to Mabayi | At their offices.  Theophile with Jenny  Pascal with Rosaleen  To go with pack lunches: (sandwiches, water/ fruits for Tuesday), and tins food/sardines/ fruits/ water/biscuits for Wednesday.  Accommodation in Mabayi; hotel “chez Thomas”. |
| 07.10.15 | Wed | **Cibitoke** | 08:00 - 10:00: FGD with Mabayi commune beneficiaries (Ruhoro Colline)  10:00 – 12:00 Travel from Mabayi to Bujumbura  Lunch  Travel from Bujumbura to Kirundo (around 3 hours). Latest departure time is 14:00  17:00: Arrive Kirundo | Joseph with Rosaleen et Theophile with Jenny  Jacques with Rosaleen and Théophile with Jenny  Claver plus Félicité to leave Buja to Kirundo  Night in Kirundo: Rama hotel |
| 08.10.15 | Thu | **Kirundo** | 08:30 - 09:30: Meet Technical advisor of Kirundo Governor  09:45 - 10:45: Meet Red Cross Kirundo: secretariat provincial  11:00 – 12:00: Meet local partner Emuso (local NGO) literacy  12:00 – 13:00: Lunch  13:00 – 13:30: Travel from Kirundo to Bugabira Commune  13:30 – 15:30: FGD Kigina Colline with control group (1 male, 1 female).  15:30 – 16:30: Travel from Kigina back to Kirundo  16:30 – 17:00: FGD in Kirundo with Case Managers (of Busoni) | Monsieur Macumi. Bureau gouvernorat  Monsieur Eric : bureau de la CRB.  Mme Muka Porona: Resp of literacy.  Remy de réserver le repas pour l’équipe à temps.  Claver with Jenny, Félicité with Rosaleen.  Fabien responsible to get FG ready.  At Concern’s office Kdo;  Accommodation: Rama hotel: Kirundo |
| 09.10.15 | Fri | **Kirundo** | 08:00 – 09:00 Meet with Concern Kirundo team  09:00 – 09:30: Travel from Kirundo to Busoni  09:30 – 10:00: Meet Busoni administrator (administration at communal level ‘admicom’).  10:00 – 10:30: Travel from Busoni to Kivo  10:30 – 12:30: FGD in Kivo Colline  12:30 - 13:00: Lunch (pack lunch)  13:00 – 14:00 Travel from Kivo to Kiravumba  14:00 – 16:00: Household Visits  16:00 – 17:00: Travel from Kiravumba back to Kirundo | Remy to prepare the pack lunch; sandwiches, fruit, water, biscuits…  Very short. Do not stay too long. It is just a diplomatic visit.  Fabrice: responsible to have the FG ready on time.  Claver and Félicité to leave to Buja; Fabrice and Fabien to stay with Ros/Jenny  Samuel: Resp to get the FG ready on time  Accommodation at Rama Hotel, Kirundo |
| 10.10.15 | Sat | **Bujumbura/Kigali** | 09:00 – 11:00 Return to Kigali (minimum 2 hours) | Accommodation: Alice’s house? |
| 11.10.15 | Sun | **Kigali** | Preparation | Burundi team to fly to Kigali for workshop |
| 12.10.15 | Mon | 08:00 – 17:00  10:30 – 11:00 | Debrief Rwanda & Burundi & Options for future programming  Travel to Airport  Fly out – Turkish Airlines | Prudence to arrange (lunch)/Conference Room Kigali |

# Annex Five: Interview Checklists

Concern Team

**County and Programme Management Team (KII)**

* Role in the implementation of the programme
* What is the programme theory of change?
* What involvement did the beneficiaries have in the design/evolution of the programme?
* What feedback was received through the CRM system?
* How flexible is the programme design – how much is support tailored to the needs of different households (slow/fast movers)
* What contingency planning is in place to ensure sustainability of programme results?
* How were IGAs selected? What training on IGAs did participants receive?
* On what were Case Managers sensitising/coaching households on?
* How were Case Managers recruited?
* How were activities budgeted for?
* Was there any underspend or overspend throughout the programme?
* What is your perspective on the programme’s relevance, efficiency, effectiveness, impact and sustainability?
* What is the process by which participants receive cash transfers? How was the delivery mechanism selected? Were there any challenges with implementation?
* How were staff allocated to particular roles – i.e. geographical location? And what contracts/ToRs were in place?
* How are activities planned?
* Have there been any management challenges?
* What contingency planning is undertaken at programme level?
* Have there been any external events which have affected the programme since its inception in 2012 – including impact of the current civil unrest?
* How flexible/adaptable is the programme to internal/external events?
* How would you improve the programme?

**Finance Manager (KII)**

* Confirm annual budgets (total and IAPF)
* Confirm annual expenditure (total and that apportioned to IAPF)
* Was there any reallocation of funds between programme sites (Kirundo/Cibitoke) if so, are reasons documented?
* Reasons behind underspend (2013) and overspend (2014)
* What costs are included under the ‘direct operating costs’ budget line?
* What was spent on cash transfers; asset transfers and on training each year?
* How much was spent on mobile phone and solar lamps?
* Why were there no partner costs in 2012?
* What partner costs are included each year?
* What impact has the civil unrest had on expenditure in 2015?

**M&E Officer (KII)**

* Is there an M&E plan in place? (Any documents available which provide an overview of all activities?)
* What monitoring took place? How is data collected?
* How regularly is monitoring taking place?
* What time is required of participants?
* How is the data being used?
* How

**Graduation Case Managers (FGD)**

* How were you recruited?
* What training did you receive?
* What does your role involve?
* How many households do you coach? Has this changed over time? If so, why?
* How many visits do you make to households per month? What is your proximity to households?
* What coaching do you provide to households?
* Do you use any tools / visual aids to support these activities?
* Do you tailor support to different households?
* What monitoring did you do with households?
* How was your relationship with households you were mentoring? Did you face any challenges? If so, how did you resolve these?
* What do you see as being the main benefits of the programme (for participants and the wide community)?
* Have there been any negative impacts?
* How do you think the programme can be improved?
* Did you well supported by Concern?

Partners

**Implementing Partners** (tailored to specific activities)

* What was your role in the Terintambwe programme?
* How did you go about addressing (theme) within the programme?
* What tools/resources did you use?
* What monitoring did you undertake?
* What achievements did you see?
* What challenges did you face?
* What was your impression of the approach of the Terintambwe programme?
* How do you think the programme could be improved?
* What role did you play in advocating for change at a national level (specific to SRGBV) – who did you lobby, how and what challenges do you face?
* How was your relationship with CWB?

**Government Partners**

* What are the Governments priorities (dependent on department)
* What institutional structures are in place for implementation?
* How does the Terintambwe programme fit in with existing activities / align with your priorities?
* Have there been any key policy changes (relevant to sector) since 2012
* What was the level of Government involvement in the programme (design/implementation)? What specific role have you played? Has this changed throughout the programme?
* Have you visited the Terintambwe programme areas?
* What impact do you think the programme has had on the beneficiaries / wider community?
* How sustainable do you think changes are?
* How do you think the programme could be improved?

*For those delivering services to which participants are being linked up to – similar questions were asked to those asked of implementing partners*

**IDS research team (KII)**

* How was the research component designed and who was involved?
* How well do you think the research has delivered in what it set out to answer?
* What do you see as the key findings from the research?
* Are there any areas you would like to explore further? And why?
* Were there any challenges to implementation?
* How was your relationship with CWB?
* How do you think the programme could be improved?

Programme participants

**Participants (FGD)**

* What income generating activities are you engaged in? What did you start through the assistance provided through the programme? How is it going? Are activities the same now as they were at the beginning of the programme?
* How did you select these activities?
* How well are these activities allowing you to meet your family’s basic needs (food, access to health and education)?
* Have you experienced any major events within or outside the household since the start of the programme (examples: sickness; loss of livestock; drought)? How did you cope? Do you feel better able to cope with these types of events since being involved in the programme?
* Did you receive any formal training? In what? Did you get the chance to feedback on this training?
* What coaching did you receive by Case Managers?
* What was your relationship like with your Case Manager? Did you experience any problems and if so, were these resolved?
* How many visits do you receive from Case Managers?
* What training / coaching have you found most useful?
* Is there anything you didn’t receive that you would have liked to?
* Were you able to provide feedback during the programme?Were you aware of the CRM process? Did you use it? If yes, did you receive a response?
* What are the best things about being a participant in the programme?
* Do you think the programme has impacted upon the wider community?
* Is there anything you would change?
* Are you eligible for other government or NGO programmes?

**Control Group**

* How did you become involved in the programme (despite not being direct participants)?
* What is clear from the beginning what your role would be?
* What activities have you been involved in?
* What was your experience of these? How long did they take? Was it clear what was being asked of you?
* Did you receive any reimbursement for being involved in these activities?
* Did your involvement affect you in any other ways (positive/negative)?
* Are you recipients of any other programmes?

# Annex Six: Programme Results Framework

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Programme Outcome** | **Indicators** | **Baseline value and source** |  | **2013** | **2014** | **2015** | **Assessment *(achieved target)*** |
| **1. Improved income and assets of extreme poor households through sustainable income generating activities and increased social capital** | **1.1**  Average Sustainable Livelihoods Household Index Score | Cibitoke: 13.64  Kirundo: 13.2  *Source: Programme M&E*  *Maximum score =33* | **Target** | Cibitoke: 19  Kirundo: 14.5 | Cibitoke: 16.5  Kirundo: 16 | Cibitoke: 20.5  Kirundo: 19.5 | Achieved |
| **Actual** | Cibitoke:21.63  Kirundo: 17.21  *Source: Annual HH Survey* | Cibitoke: 23.5  Kirundo: 22.5  *Source: Midline Survey 2014* | Cibitoke: 21.8  Kirundo: 22.6  *Source: Programme M&E* |
| **1.2**  % of target households who are members of community based groups (COSA, SMC and DRR) (social capital)  Progress made in 2014 | **% attendance COSA meetings**  Cibitoke: 32%  Kirundo: 42.8%  **% attendance DRR meetings**  Cibitoke: 61.6%  Kirundo: 58.9%  **% SMC**  Cibitoke: 44.1%  Kirundo: 48%  *Source: Programme M&E* | **Target** | **% attendance COSA meetings**  Cibitoke: 40%  Kirundo: 45%  **% attendance DRR meetings**  Cibitoke: 71%  Kirundo: 69%  **% attendance SMC**  Cibitoke: 50%  Kirundo: 53% |  | **% attendance COSA meetings**  Cibitoke: 58%  Kirundo: 62%  **% attendance DRR meetings**  Cibitoke: 81%  Kirundo: 79%  **% attendance SMC**  Cibitoke: 70%  Kirundo: 70% | Achieved |
| **Actual** | 58.2% COSA  *Source:* |  | **% attendance COSA meetings**  Cibitoke: 80%  Kirundo: 77%  **% attendance DRR**  Cibitoke: 82%  Kirundo:87%  **% attendance SMC**  Cibitoke: 84%  Kirundo: 78%  *Source: Programme M&E* |
| **1.3** Household Asset Value | Cibitoke:  BIF 54,000  Kirundo:  BIF 37,000  *Source: Programme M&E* | **Target** | Cibitoke:  BIF 75,600  Kirundo:  BIF 55,000 |  | Cibitoke:  BIF 175,000  Kirundo:  BIF 140,000 | Achieved |
| **Actual** | Cibitoke:  BIF 301,750  Kirundo:  BIF 304,412  *Source: Annual HH Survey* |  | Cibitoke:  BIF 333,788  Kirundo:  BIF 338,063  *Source: Programme M&E* |
| **1.4**  % of women from target households report increased control over household income | **% of women make decisions on income earned by themselves**  In Cibitoke:  28.9%  In Kirundo:  15.9%  **% of women participate in decisions on income earned by their husband**  In Cibitoke:  20.8%  In Kirundo:  8.9%  *Source: Programme M&E* | **Target** | **% of women make decisions on income earned by themselves**  In Cibitoke:  28.9%  In Kirundo:  15.9%  **% of women participate in decisions on income earned by their husband**  In Cibitoke:  20.8%  In Kirundo:  8.9% | **% of women make decisions on income earned by themselves**  In Cibitoke:  35%  In Kirundo:  25%  **% of women participate in decisions on income earned by their husband**  In Cibitoke:  42%  In Kirundo:  32% | **% of women make decisions on income earned by themselves**  In Cibitoke:  50%  In Kirundo:  50%  **% of women participate in decisions on income earned by their husband**  In Cibitoke:  50%  In Kirundo:  50% | Achieved |
| **Actual** | **% of women make decisions on income earned by themselves**  Cibitoke:33.1%  Kirundo:31.21%  **% of women participate in decisions on income earned by their husband**  Cibitoke:42.13%  Kirundo:31.21%  *Source:* | **% of women make decisions on income earned by themselves**  Cibitoke:67.20%  Kirundo:71.35%  **% of women participate in decisions on income earned by their husband**  Cibitoke:71.80%  Kirundo:74.65%  *Source: Midline Survey 2014* | **% of women make decisions on income earned by themselves**  Cibitoke: 67.86%  Kirundo: 80.06%    **% of women participate in decisions on income earned by their husband**  Cibitoke: 60.20%  Kirundo: 73.70%  *Source:* |
| **1.5**  Average annual income of targeted HH | Median income in target households :  Cibitoke  BIF 633,600  Kirundo  BIF 528,000  *Source: Programme M&E* | **Target** | **Median income in target households**  Cibitoke:  BIF 887,000  Kirundo:  BIF 739,000 | **Median income in target households**  Cibitoke:  BIF 925,000  Kirundo:  BIF 800,000 | **Median income in target households**  Cibitoke:  BIF 700,000  Kirundo:  BIF 650,000 | Not achieved |
| **Actual** | **Median income in target households**  Cibitoke:  BIF 438,000  Kirundo:  BIF 438,000  *Source:* | **Median income in target households**  Cibitoke:  BIF 554,256  Kirundo:  BIF 490,500  *Source:* | **Median income in target households**  Cibitoke:  BIF 335,094  Kirundo:  BIF 271, 698  *Source: Endline survey results* |
| **2. Improved accountability of government to extreme poor households in the delivery of health and education services and through the implementation of pro-poor policies** | **2.1**  % of target households able to access health services | 66% of target households in Cibitoke and  48% of target households in Kirundo attend formal health providers when sick  *Source: Programme M&E* | **Target** | 80% of target households able to access health services through the delivery of health assistance cards | 80% of target households able to access health services through the delivery of health assistance cards | 90% of target households mantain capacity to access health services through the purchase of health assistance cards | Achieved |
| **Actual** | 78.4% target households  *Annual HH Survey* | 88.05% of target households in Cibitoke  92.60% of target households in Kirundo  *Source: Midline survey 2014, Programme M&E* | Cibitoke: 97.2%  Kirundo: 90.9%  *Source:* |
| **2.2**  School attendance rate | % of school age children who have ever been to school:  Boys in Cibitoke – 56%  Girls in Cibitoke – 52%  Boys in Kirundo – 62%  Girls in Kirundo – 55%  Average number of days of school missed by children in household who are attending school in the previous two weeks.  Baseline value is  In Cibitoke:2.11  In Kirundo:2.09  Source:  Programme M&E | **Target** | **% of school age children who have ever been to school**  in Cibitoke:  Boys = 62%  Girls = 57%  In Kirundo:  Boys = 68%  Girls = 60% | **% of school age children who have ever been to school**  in Cibitoke:  Boys = 65%  Girls = 60%  In Kirundo:  Boys = 70%  Girls = 65%  **Average number of days of school missed by children in household who are attending school in the previous two weeks.**  Baseline value is  In Cibitoke:1.5  In Kirundo:1.5 | **% of school age children who have ever been to school**  in Cibitoke:  Boys = 73%  Girls = 68%  In Kirundo:  Boys = 81%  Girls = 71%  **Average number of days of school missed by children in household who are attending school in the previous two weeks.**  Baseline value is  In Cibitoke: 0.40  In Kirundo: 0.55 | Achieved |
| **Actual** | The number of children from target HHs enrolled in school increased:  At baseline 2,160 children from target HHs attended primary school  At Nov 2013 3,236 children (1,693M+1,543F) from targeted HHS were attending primary schools  The attendance rate will be calculated this year because we have purchased registers for all primary schools (schools didn’t have enough financial resources to buy them) and they started using it | **% of school age children who have ever been to school**  In Cibitoke:  Boys & girls : 67.5%  In kirundo  Boys & girls : 64.50%  **Average number of days of school missed by children in household who are attending school in the previous two weeks**  In Cibitoke:0.46  In Kirundo:0.73  *Source: Midline Survey 2014* | **% of school age children who have ever been to school**  Global: 78.96%  **Average number of days of school missed by children in household who are attending school in the previous two weeks**  Global: 0.53  *Source* |
| **2.3**  Pro-poor interventions documented and shared with national-level and meso-level authorities to influence National Social Protection Policy | Not currently shared | **Target** | Programme learning (reports, M+E) shared and discussed with government authorities responsible for roll-out of National Social Protection policies. | Evidence base exists that can be used to influence government policy.  Programme presents findings at national and /or international events on social protection (at least two) and Concern has a key role in national events and technical commission developing national social protection programmes. | The National Social protection policy which takes into account the learning from the programme is rolled out and implemented | Partially achieved (achieved at midline, no information for endline) |
| **Actual** | Continuing collaboration with relevant departments on the development of national social protection programme | Evidence base exists and was presented at conference.  Continuing and increasing collaboration with the newly created National Social Protection Commission, the Ministry of Public Works and Public Functionaries and the UN agencies leading on social protection (UNICEF) and the World Bank.  Concern is the only NGO member of the social protection cluster and has participated in all meetings and workshops influencing and shaping the elaboration of the national social protection strategy (to be finalised by December 2014) | **Please add** |
| **3. National curriculum and targeted schools are sensitive to GBV** | **3.1** Sensitization on GBV included in national curriculum | Not currently in the national curriculum | **Target** | Support provided to Government on curriculum development and piloting.  Source: Meeting minutes, MoE Curriculum | Support provided to Government on curriculum development and piloting.  Source: Meeting minutes, MoE Curriculum | At least 2 meetings on advocacy for inclusion of SRGBV at central level  At least 2 meetings on advocacy for inclusion of SRGBV in the curriculum at the BEPEB (technical service in charge of curriculum development) | Partially achieved |
| **Actual** | Concern Burundi signed a MoU with FAWE Burundi (Forum for African Women Educationalists in October 2013) and the work on influencing National Policy on SRGBV is planned for 2014.  This is one of the main areas of focus of FAWE, which has a MoU with the Ministry of Education to provide advice and support on SRGBV. | FAWE, with support from Concern, has a Memorandum of Understanding (MOU) with the Ministry of Education to provide advice and support on SRGBV.  *Source : Meeting minutes* | A workshop held in 2014 and one planned for 2015.  The main challenge is the instability of decision makers at macro level. FAWE continuing to advocate from positions within MoE.  *Source* |
| **3.2** Knowledge, Attitudes and Practices regarding gender and GBV in the school community | 3% of children reporting incidents at school  Cibitoke 4%  Kirundo 2%  Source: KAP survey | **Target** | **% of children reporting incidents at school**  Cibitoke 4%  Kirundo 2% | **% of children reporting incidents at school**  Cibitoke 6%  Kirundo 4% | **% of children reporting incidents at school**  Cibitoke 50%  Kirundo 80% | Unsure – KAP survey will not be available until December 2015 |
| **Actual** | Figures expected to be the same as baseline | **% of children reporting incidents at school**  Cibitoke 38%  Kirundo 93%  *Source : Programme M&E - Data collection in the target schools* |  |
| 75% of teachers reporting that whipping, caning and excessive physical labour constitutes a violation to Children’s rights  Cibitoke 75%  Kirundo 74%  Source: KAP survey | **Target** | **% of teachers reporting that whipping, caning and excessive physical labour constitutes a violation to Children’s rights**  Cibitoke 75%  Kirundo 74% | **% of teachers reporting that whipping, caning and excessive physical labour constitutes a violation to Children’s rights**  Cibitoke 80%  Kirundo 80% | **% of teachers reporting that whipping, caning and excessive physical labour constitutes a violation to Children’s rights**  Cibitoke 85%  Kirundo 85% | Unsure – KAP survey will not be available until December 2015 |
| **Actual** | Figures expected to be the same as baseline | 76% of teachers reporting that whipping, caning and excessive physical labour constitutes a violation to Children’s rights  Cibitoke 76%  Kirundo 75%  *Source : Programme M&E - Data collection in the target schools* |  |
| % of SMCs reporting that whipping, caning and excessive physical labour constitutes a violation to Children’s rights  Cibitoke 77%  Kirundo 63%  Source: KAP survey | **Target** | **% of SMCs reporting that whipping, caning and excessive physical labour constitutes a violation to Children’s rights**  Cibitoke 77%  Kirundo 63% | **% of SMCs reporting that whipping, caning and excessive physical labour constitutes a violation to Children’s rights**  Cibitoke 80%  Kirundo 75% | **% of SMCs reporting that whipping, caning and excessive physical labour constitutes a violation to Children’s rights**  Cibitoke 80%  Kirundo70% | Unsure – KAP survey will not be available until December 2015 |
| **Actual** | Figures expected to be the same as baseline | % of SMCs reporting that whipping, caning and excessive physical labour constitutes a violation to Children’s rights  Cibitoke 71%  Kirundo 62%  *Source : Programme M&E - Data collection in the target schools* |  |
| % of schools having grievance structures in place  Cibitoke 52%  Kirundo 56%  Source: KAP survey | **Target** | **% of schools having grievance structures in place**  Cibitoke 52%  Kirundo 56% | **% of schools having grievance structures in place**  Cibitoke 60%  Kirundo 63% | **% of schools having grievance structures in place**  Cibitoke 50%  Kirundo 75% | Unsure – KAP survey will not be available until December 2015 |
| **Actual** | Figures expected to be the same as baseline | **% of schools having grievance structures in place**  Cibitoke 38%  Kirundo 69%  *Source : Programme M&E - Data collection in the target schools* |  |
| % of SMC have student involvement  Cibitoke 69%  Kirundo 67%  Source: KAP survey | **Target** | **% of SMC have student involvement**  Cibitoke 75%  Kirundo 75% | **% of SMC have student involvement**  Cibitoke 80%  Kirundo 80% | **% of SMC have student involvement**  Cibitoke 85%  Kirundo 95% | Unsure – KAP survey will not be available until December 2015 |
| **Actual** | Figures expected to be the same as baseline | **% of SMC have student involvement**  Cibitoke 79%  Kirundo 97%  *Source : Programme M&E - Data collection in the target schools* |  |
| 25% of target schools in Cibitoke have separate latrines for male and female pupils  60% of target schools in Kirundo have separate latrines for male and female pupils  Source: KAP survey | **Target** | 25% of target schools in Cibitoke have separate latrines for male and female pupils  60% of target schools in Kirundo have separate latrines for male and female pupils | 30% of target schools in Cibitoke have separate latrines for male and female pupils  62% of target schools in Kirundo have separate latrines for male and female pupils | 60% of target schools in Cibitoke have separate latrines for male and female pupils  70% of target schools in Kirundo have separate latrines for male and female pupils | Unsure – KAP survey will not be available until December 2015 |
| **Actual** | Figures expected to be the same as baseline | 58% of target schools in Cibitoke have separate latrines for male and female pupils  69% of target schools in Kirundo have separate latrines for male and female pupils  *Source : Programme M&E - Data collection in the target schools* |  |
| **4. Through the improvement of government services, knowledge and awareness, the extreme poor’s ability to mitigate, prepare and respond to hazards has increased** | **4.1** Knowledge, Attitudes and Practice regarding HIV and AIDS, family planning and hygiene:  Percentage of target households whose members have a positive attitude about HIV & AIDS  Percentage of target households whose members having correct knowledge about 3 possible ways of infection of HIV & AIDS  % Respondents reporting using any HIV preventative methods  Target families reporting using contraception for family planning purposes  % of households wash hands after toileting  % of the households that wash their hands after toileting wash with soap | **% of target households whose members have a positive attitude about HIV & AIDS:**  Cibitoke: 22.2%  Kirundo: 8.3%  Source: Programme M&E | **Target** | **% of target households whose members have a positive attitude about HIV and AIDS**  Cibitoke: 24%  Kirundo: 10% | **% of target households whose members have a positive attitude about HIV and AIDS**  Cibitoke: 45%  Kirundo: 45% | **% of target households whose members have a positive attitude about HIV and AIDS**  Cibitoke: 15%  Kirundo: 20% | Not achieved |
| **Actual** | **% of target households whose members have a positive attitude about HIV and AIDS**  Cibitoke:53.1%  Kirundo:59.9%  *Source: Programme M&E* | **% of target households whose members have a positive attitude about HIV and AIDS**  Cibitoke:10.85%  Kirundo:18%  *Source: Mid line Survey* | **% of target households whose members have a positive attitude about HIV and AIDS**  Cibitoke: 7.35%  Kirundo: 19.19%  *Source:* |
| **% of target households whose members have knowledge of HIV & AIDS:**  Cibitoke: 25%  Kirundo: 6.3%  Source: Programme M&E | **Target** | **% of target households whose members have knowledge of HIV/AIDS**  Cibitoke: 27%  Kirundo: 8% | **% of target households whose members have knowledge of HIV/AIDS**  Cibitoke: 30%  Kirundo: 12% | **% of target households whose members have knowledge of HIV/AIDS**  Cibitoke: 55%  Kirundo: 60% | Achieved |
| **Actual** | **% of target households whose members have knowledge of HIV/AIDS**  Cibitoke:9.14%  Kirundo:7.14%  *Source: Programme M&E* | **% of target households whose members have knowledge of HIV/AIDS**  Cibitoke:54.5%  Kirundo:58.95%  *Source: Mid line Survey* | **% of target households whose members have knowledge of HIV/AIDS**  Cibitoke:68.17%  Kirundo:69.41%  *Source:* |
| **% Respondents reporting using any HIV preventative methods**  Cibitoke:19.8%  Kirundo: 34.2%  *Source: Programme M&E* | **Target** | **% Respondents reporting using any HIV preventative methods**  Cibitoke:20%  Kirundo: 35% | **% Respondents reporting using any HIV preventative methods**  Cibitoke:25%  Kirundo: 37% | **% Respondents reporting using any HIV preventative methods**  Cibitoke:60%  Kirundo: 55% | Not achieved |
| **Actual** | **% Respondents reporting using any HIV preventative methods**  Cibitoke:43%  Kirundo:40.1%  *Source: Programme M&E* | **% Respondents reporting using any HIV preventative methods**  Cibitoke:56.05%  Kirundo:50.25%  *Source: Mid line Survey* | **% Respondents reporting using any HIV preventative methods**  Cibitoke:57.63%  Kirundo:48.65%  *Source:* |
| **Target families reporting using contraception for family planning purposes**  Cibitoke: 12.4%  Kirundo: 24.3%  *Source: Programme M&E* | **Target** | **Target families reporting using contraception for family planning purposes**  Cibitoke: 15%  Kirundo: 25% | **Target families reporting using contraception for family planning purposes**  Cibitoke: 20%  Kirundo: 30% | **Target families reporting using contraception for family planning purposes**  Cibitoke: 30%  Kirundo: 40% | Not achieved |
| **Actual** | **Target families reporting using contraception for family planning purposes**  Cibitoke:15.4%  Kirundo:30.8%  *Source: Programme M&E* | **Target families reporting using contraception for family planning purposes**  Cibitoke:25%  Kirundo:35%  *Source: Mid line Survey* | **Target families reporting using contraception for family planning purposes**  Cibitoke:20.09%  Kirundo:29.82%  *Source:* |
| **50% of households wash hands after toileting**  *Source: Programme M&E* | **Target** | 60% of households wash hands after toileting | 75% of households wash hands after toileting | 90% of households wash hands after toileting | Partially achieved |
| **Actual** | 90.5% of households wash hands after toileting  *Source: Programme M&E* | 90% of households wash hands after toileting  *Source: Mid line Survey* | % of households wash hands after toileting  Cibitoke:97.84%  Kirundo:88.68%  *Source:* |
| 33.2% of the households that wash their hands after toileting wash with soap  *Source: Programme M&E* | **Target** | 40% of the households that wash their hands after toileting wash with soap | 60% of the households that wash their hands after toileting wash with soap | 80% of the households that wash their hands after toileting wash with soap | Achieved |
| **Actual** | 79.2% of the households that wash their hands after toileting wash with soap  *Source: Programme M&E* | 80% of the households that wash their hands after toileting wash with soap  *Source: Mid line Survey* | **% of the households that wash their hands after toileting wash with soap**  Cibitoke:97.48%  Kirundo:90.83%  *Source:* |
| **4.2**  % of DRR Platforms within the target Communes which have completed a Hazard mapping exercise, action plan and have taken into account the priorities of the extreme poor | Cibitoke: 0%  Kirundo: 100% Provincial,  40% Commune (Bugabira and Busoni)  25% Colline DRR Platform  Source: Programme M&E | **Target** | Cibitoke: 10% Colline level  Kirundo: 100% Provincial,  40% Commune (Bugabira and Busoni)  25% Colline DRR Platform | Cibitoke: 100% Colline level  Kirundo: 100% Provincial,  100% Commune (Bugabira and Busoni)  100% Colline DRR Platform | Cibitoke and Kirundo  100% of commune level and 100% of Colline level hazard mapping and action plan are revised and updated | Partially achieved (achieved at midline, no information for endline) |
| **Actual** | 100% for Cibitoke and Kirundo at commune and Colline level  DRR mapping exercises conducted in Cibitoke and Kirundo. Trainings in household DRR held in both provinces with Red Cross.  *Source:* | 100% for Cibitoke and Kirundo at commune and Colline level  *Source:* | Refresher training received by participants by Case Managers who received training by BRC.  *Source:* |
| **4.3**  DRR interventions documented and lessons shared with national-level and meso-level authorities and National DRR strategy reflects these lessons[[36]](#footnote-36) | No lessons have currently been shared with authorities | **Target** | Lessons learned and good practices documented for commune and Colline DRR platforms and shared at National level DRR meetings.  Source: meetings minutes, National DRR stratgy documents. | Evidence base exists that can be used to influence government implementation of DRR activities and development of any new strategy | Different national level programmes, among which the main one will be the National Multisectoral plan against malnutrition take into account and integrate DRR related learning from the programme | Unsure – there is no information on whether there are plans are different levels that integrate learning |
| **Actual** | Concern worldwide Burundi has participated at a national level in the validation of the Governments DRR plan. | The level of functionality of the National DRR Platform has greatly reduced in the past year. As a result we have adjusted our implementation strategy and the programme is focusing more on DRR actions at Colline, communal and provincial level, who are more involved in emergency and DRR type interventions. | Participant households have at least one kitchen garden and there has been replication amongst wider community members.  *Source:* |

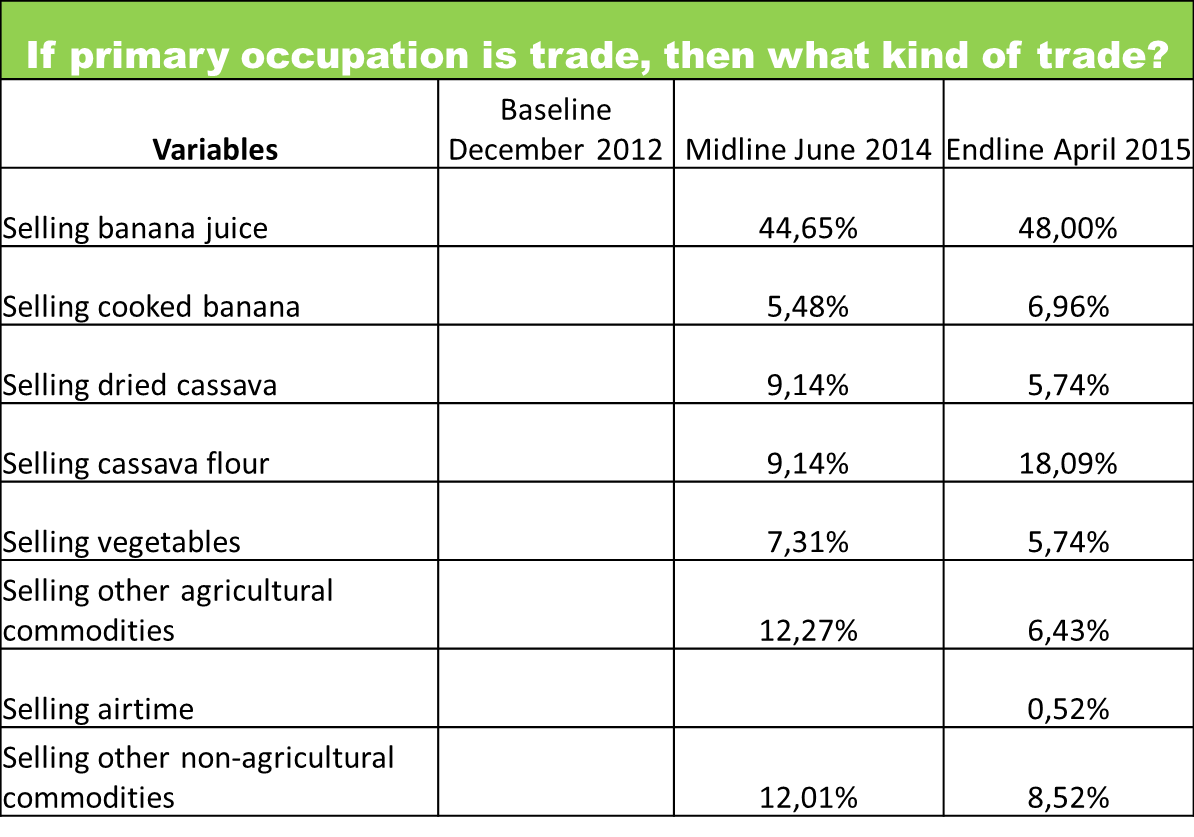
# Annex Seven: Key Outcome Indicators (Summary Table)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **Participants** | | | | | | **Control group** | | |
| **Cibitoke** | | **Kirundo** | | **Total** | |
| **Housing conditions** | | | | | | | | | |
| **Fall in percentage of participating households with a seriously leaking roof** | | | | | | | | | |
| Baseline | 54.4% | | 80.3% | | 67.4% | | 66.2% | | |
| Endline | 8.5% | | 17.6% | | 13.0% | | 54.7% | | |
| **Living conditions** | | | | | | | | | |
| **Increase in percentage of participating households with hygienic sanitation facility (WHO standard)** | | | | | | | | | |
| Baseline | 27.8% | | 29.9% | | 28.9% | | 28.6% | | |
| Endline | 76.4% | | 32.2% | | 54.6% | | 55.0% | | |
| **Increase in percentage of participating households with a safe source of drinking water  (WHO standards)** | | | | | | | | | |
| Baseline | 49.9% | | 58.8% | | 54.4% | | 54.1% | | |
| Endline | 65.5% | | 72.0% | | 68.7% | | 63.0% | | |
| **Income** | | | | | | | | | |
| **Increase in total annual income of participating households (mean) (FBu)** | | | | | | | | | |
| Baseline | 514,372 | | 469,534 | | 491,605 | | 499,665 | | |
| Endline | 1,051,027 | | 765,400 | | 918,130 | | 1,293,851 | | |
| **Increase in total annual income of participating households (median)** | | | | | | | | | |
| Baseline | 348,600 | | 248,550 | | 288,000 | | 313,200 | | |
| Endline | 335,094 | | 271,698 | | 297,170 | | 271,698 | | |
| **Assets** | | | | | | | | | |
| **Increase in total monetary value of all household assets (FBu) (median)** | | | | | | | | | |
| Baseline | 54,075 | | 36,875 | | 46,813 | | 48,788 | | |
| Endline | 333,788 | | 338,063 | | 335,625 | | 140,500 | | |
| **Land** | | | | | | | | | |
| **Number of plots used but not owned** | | | | | | | | | |
| Baseline | 0.56 | | 0.44 | | 0.50 | | 0.51 | | |
| Endline | 1.68 | | 1.58 | | 1.63 | | 0.95 | | |
| **Number of plots used or rented out** | | | | | | | | | |
| Baseline | 0.28 | | 0.20 | | 0.24 | | 0.23 | | |
| Endline | 1.57 | | 1.08 | | 1.33 | | 0.53 | | |
| **Farming** | | | | | | | | | |
| **Increase in average share of total food crop production that is sold rather than consumed (mean)** | | | | | | | | | |
| Baseline | 33.5% | | 12.8% | | 21.8% | | 22.9% | | |
| Endline | 19.6% | | 15.3% | | 17.5% | | 14.2% | | |
| **Savings** | | | | | | | | | |
| **Increase in percentage of participating households with savings** | | | | | | | | | |
| Baseline | | | 2.8% | | 1.4% | | 2.1% | | 2.0% |
| Endline | | | 95.9% | | 87.2% | | 91.6% | | 10.4% |
| **Increase in average amount saved per household that saves (FBu) (median)** | | | | | | | | | |
| Baseline | | | 5,000 | | 6,000 | | 5,000 | | 3,000 |
| Endline | | | 38,000 | | 25,000 | | 30,750 | | 14,750 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Borrowing** | | | | | |
| **Decrease in percent of participating households borrowing from friends, family or money lenders** | | | | | |
| Baseline | | 97.8% | 97.9% | 97.8% | 96.0% |
| Endline | | 0.9% | 0.4% | 0.9% | 63.9% |
| **Education** | | | | | |
| **Increase in percentage of school-age boys (5-18) in participating households who have ever attended school** | | | | | |
| Baseline | | 55.8% | 62.7% | 59.3% | 58.8% |
| Endline | | 74.0% | 67.3% | 70.8% | 57.2% |
| **Increase in percentage of school-age girls (5-18) in participating households who have ever attended school** | | | | | |
| Baseline | | 51.7% | 54.8% | 53.4% | 54.0% |
| Endline | | 69.3% | 68.1% | 68.7% | 51.2% |
| **Decrease in percentage of school-age children in participating households who attend school but missed at least one day in the last two weeks** | | | | | |
| Baseline | | 42.3% | 32.8% | 37.1% | 33.7% |
| Endline | | 15.4% | 24.1% | 19.3% | 37.4% |
| **Health** | | | | | |
| **Increase in percentage of participating households attending formal health services when a member is sick** | | | | | |
| Baseline | | 65.4% | 47.7% | 56.5% | 58.3% |
| Endline | | 97.2% | 90.9% | 94.1% | 68.6% |
| **Hygiene** | | | | | |
| **Increase in percentage of participating households whose members usually wash their hands after toileting** | | | | | |
| Baseline | 52.2% | 48.5% | 50.3% | 48.3% | |
| Endline | 97.8% | 88.7% | 93.3% | 59.2% | |
| **Increase in percentage of participating households whose members usually wash their hands with soap after toilet** | | | | | |
| Baseline | 17.2% | 15.5% | 16.3% | 17.3% | |
| Endline | 95.4% | 80.6% | 88.1% | 35.9% | |
| **HIV and AIDS** | | | | | |
| **Increase in percentage of participating households whose members have a positive attitude about HIV/AIDS** | | | | | |
| Baseline | 6.3% | 7.2% | 6.7% | 7.2% | |
| Endline | 7.4% | 19.2% | 13.2% | 13.1% | |
| **Increase in percentage of participating households whose members have knowledge of HIV/AIDS** | | | | | |
| Baseline | 10.9% | 24.0% | 17.8% | 19.9% | |
| Endline | 68.2% | 69.4% | 68.8% | 30.5% | |
| **Increase in percentage of participating households whose members use preventive measures** | | | | | |
| Baseline | 19.2% | 34.5% | 27.2% | 28.0% | |
| Endline | 57.6% | 48.7% | 53.2% | 40.2% | |
| **Increase in percentage of participating households whose members currently use contraception** | | | | | |
| Baseline | 12.3% | 25.1% | 18.8% | 17.0% | |
| Endline | 20.1% | 29.8% | 24.9% | 21.0% | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Food security** | | | | |
| **Increase in Household Dietary Diversity Index (maximum=12)** | | | | |
| Baseline | 2.7 | 1.9 | 2.3 | 2.3 |
| Endline | 5.5 | 4.5 | 5.1 | 3.1 |
| **Increase in Child Dietary Diversity Index (maximum=8)** | | | | |
| Baseline | 1.9 | 1.6 | 1.7 | 1.7 |
| Endline | 3.6 | 3.1 | 3.4 | 2.5 |
| **Reduced number of months of hunger in the year (median)** | | | | |
| Baseline | 7.8 | 6.8 | 7.3 | 7.3 |
| Endline | 1.2 | 2.1 | 1.6 | 6.1 |
| **Gender** | | | | |
| **Increase in percentage of women from participating households who report an increased control over women’s income** | | | | |
| Baseline | 28.4% | 15.7% | 23.0% | 24.1% |
| Endline | 25.8% | 12.7% | 19.7% | 25.1% |
| **Increase in percentage of women from participating households who report an increased control over men’s income** | | | | |
| Baseline | 19.9% | 6.8% | 14.4% | 19.6% |
| Endline | 2.3% | 2.3% | 2.3% | 4.6% |
| **Social capital** | | | | |
| **Increase in percentage of participating households whose members are involved in school management committees (SMC)** | | | | |
| Baseline | 47.3% | 55.6% | 51.3% | 48.6% |
| Endline | 80.5% | 77.4% | 79.0% | 59.5 |
| **Increase in percentage of participating households whose members are involved in community health committees (COSA)** | | | | |
| Baseline | 32.0% | 42.8% | 37.4% | 36.7% |
| Endline | 84.3% | 78.4% | 81.4% | 55.8% |
| **Increase in percentage of participating households whose members are involved in disaster risk reduction Colline meetings (DRR)** | | | | |
| Baseline | 61.6% | 58.8% | 60.2% | 57.7% |
| Endline | 82.2% | 87.3% | 84.7% | 35.3% |
| **Increase in percentage of participating households whose members are involved in community-based groups** | | | | |
| Baseline | 72.4% | 72.9% | 72.7% | 71.5% |
| Endline | 95.7% | 95.0% | 95.4% | 74.9% |
| **Increase in percentage of participating households whose members are in an association or cooperative** | | | | |
| Baseline | 7.1% | 20.0% | 13.6% | 13.3% |
| Endline | 79.0% | 83.4% | 81.2% | 16.2% |

# Annex Eight: Livelihood activities supported



# Annex Nine: Expenditure breakdown by type and province (2012-2014)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2012** | | **2013** | | **2014** | |
| **Expenditure** | **Cibitoke** | **Kirundo** | **Cibitoke** | **Kirundo** | **Cibitoke** | **Kirundo** |
| **Direct Expenditure** |  |  |  |  |  |  |
| Direct Local Staff Costs | €61,343 | €43,750 | €96,863 | €98,210 | €101,183 | €97,205 |
| Direct Staff Training | -€143 | €143 | €0 | €0 | €8,480 | €4,718 |
| Direct Support Costs | €219 | €0 | €0 | €0 | €0 | €0 |
| Programme Training | €10,953 | €16,418 | €37,629 | €26,545 | €41,289 | €34,394 |
| Direct Supplies and Equipment | €180,740 | €157,298 | €167,533 | €157,752 | €229,574 | €186,305 |
| Contracts to Partners | €0 | €0 | €7,557 | €7,469 | €34,875 | €25,523 |
| Monitoring and Evaluation | €78,554 | €86,306 | €23,566 | €14,401 | €38,773 | €32,362 |
| Administration Costs | €0 | €0 | €0 | €0 | €0 | €0 |
| **Direct Expenditure Total** | **€331,665** | **€303,915** | **€333,148** | **€304,377** | **€454,175** | **€380,506** |
| **Direct Support Costs** |  |  |  |  |  |  |
| Direct Transport Allocation | € 14,060 | € 8,966 | € 20,493 | € 12,644 | € 18,536 | € 28,432 |
| Direct Intl Staff Allocation | € 52,581 | € 49,407 | € 60,854 | € 62,416 | € 89,436 | € 86,548 |
| Direct Admin Allocation | € 10,576 | € 9,602 | € 20,629 | € 30,603 | € 18,210 | € 19,463 |
| **Direct Support Cost Total** | **€ 77,217** | **€ 67,974** | **€ 101,975** | **€ 105,662** | **€ 126,182** | **€ 134,443** |
| **Indirect Support Costs** |  |  |  |  |  |  |
| Indirect Transport Allocation | €6,499 | €6,994 | €8,699 | €8,579 | €4,519 | €4,139 |
| Indirect Intl Staff Allocation | €30,850 | €31,193 | €41,525 | €41,122 | €25,934 | €23,732 |
| Indirect Admin Allocation | €27,204 | €27,662 | €43,990 | €49,759 | €58,418 | €54,451 |
| **Indirect Support Cost Total** | **€64,553** | **€65,849** | **€94,214** | **€99,461** | **€88,871** | **€82,322** |
| **Expenditure Total (By Province)** | **€473,434** | **€437,738** | **€529,337** | **€509,500** | **€669,229** | **€597,271** |
| **Expenditure Total (By Year)** | **€911,172** | | **€1,038,837** | | **€1,266,500** | |
| *Variance* | *€2,355* | | *€183,337* | | *-€25,600* | |

# Annex Ten: Monitoring and Evaluation Plan

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome1** | **KEY QUESTIONS and**  **INDICATORS** | **HOW WILL THE INFO BE USED?** | **DATA COLLECTION** | | | | **DATA ANALYSIS** | | | |
| **Who will you collect the information from? (disaggregate)** | **How will you collect the information? (tools & methods** | **How often will the information be collected?** | **Who is responsible for collecting the information?** | **Who is involved in analysing the information and how?** | **How often will it be analysed?** | **Who is responsible for ensuring the analysis happens?** | **Who gets the Analysis? (feedback)** |
| **Outcome1: Improved income and assets of target households through sustainable income generating activities and social capital** | 1. Household Assets Index | Baseline For selection of beneficiaries Measuring progress;  Improving project implementation | Targeted extremely poor households (1300 in Kirundo and 1300 in Cibitoke) | Survey: At household level, using DDG devices | Monthly during monitoring survey | Case managers  Supervisors M&E officer PM | IDS/DDG System | Monthly | ACD-P CD PC | ACD-P CD |
| 2. % of target households who are members of community based groups (COSA, SMC and DRR) / social capital | Baseline; Measuring progress;  Sensitisation of HH;  Annual report | Targeted Households ; COSA,SMC and DRR committees | Household visit; Through report from case managers; DDG survey | Quarterly | Case managers  Supervisors M&E officer PM | M&E officer/Through M&E report IDS/DDG system | Quarterly | ACD-P CD PC | ACD-P CD |
| 3. Household Assets | Baseline For selection of beneficiaries; Measuring progress; | Target Households | Survey: At household level, using DDG devices | Monthly | Case managers  Supervisors M&E officer PM | IDS/DDG system | Monthly | ACD-P CD PC | ACD-P CD |
| 4. % of women from target households report increased control over household income | Baseline Measuring progress;  Sensitisation of HH | Target Households | Survey: At household level, using DDG devices | Monthly | Case managers  Supervisors M&E officer PM | IDS/DDG system | Monthly | ACD-P CD PC | ACD-P CD |
| 5. % increase in total annual household income of target household | Baseline Measuring progress  Improving project implementation | Target Households | Survey: At household level, using DDG devices | Monthly | Case managers  Supervisors M&E officer  PM | IDS/DDG system | Monthly | ACD-P CD  PC | ACD-P CD |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome2** | **KEY QUESTIONS and**  **INDICATORS** | **HOW WILL THE INFO BE USED?** | **DATA COLLECTION** | | | | **DATA ANALYSIS** | | | |
| **Who will you collect the information from? (disaggregate)** | **How will you collect the information? (tools & methods** | **How often will the information be collected?** | **Who is responsible for collecting the information?** | **Who is involved in analysing the information and how?** | **How often will it be analysed?** | **Who is responsible for ensuring the analysis happens?** | **Who gets the Analysis? (feedback)** |
| **Outcome 2. Improved accountability of government to extreme poor households through delivery of services in health, education and implementation of pro-poor policies** | 1. % of target households able to access health services | Baseline For selection of beneficiaries Measuring progress  Improving project implementation and health care for beneficiaries | Target Households | Survey: At household level, using DDG devices | Monthly | Case managers  Supervisors M&E officer PM | IDS/DDG system | Monthly | ACD-P CD PC | ACD-P CD |
| 2. School attendance rate of target households children | Baseline Measuring progress | Target Households Schools | Survey: At household level, using DDG devices Survey in school | Quarterly | Case managers  Supervisors M&E officer PM | IDS/DDG system Excel analysis by M&E officer | Quarterly | ACD-P CD PC | ACD-P CD |
| 3. Pro-poor interventions documented and shared with national-level and meso-level authorities to influence National Social Protection Policy | Measuring progress  Sharing information during with stakeholders during evaluation meetings | Target Households Programme staff | Activity report | Quarterly | Case managers  Supervisors M&E officer PM | M&E officer/Through M&E report | Quarterly | ACD-P CD PC | ACD-P CD |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome3** | **KEY QUESTIONS and**  **INDICATORS** | **HOW WILL THE INFO BE USED?** | **DATA COLLECTION** | | | | **DATA ANALYSIS** | | | |
| **Who will you collect the information from? (disaggregate)** | **How will you collect the information? (tools & methods** | **How often will the information be collected?** | **Who is responsible for collecting the information?** | **Who is involved in analysing the information and how?** | **How often will it be analysed?** | **Who is responsible for ensuring the analysis happens?** | **Who gets the Analysis? (feedback)** |
| **Outcome3. National curriculum and target schools environment are sensitive to GBV.** | 1. Sensitization on GBV included in national curriculum | Baseline Measuring progress | Ministry of education School rolls out the GBV module | School visits Report of meeting with MOE staff | Quarterly | M&E officer PM PC | M&E officer/through M&E report | Quarterly | ACD-P CD PC | ACD-P CD |
| [2. Knowledge, Attitudes and Practices regarding gender and GBV in the school community have improved](file:///C:/Users/Libere.Karenzo/Desktop/New%20Microsoft%20Excel%20Worksheet.xlsx#RANGE!_ftn1) | Baseline Measuring progress | Students Teachers SMC | KAP survey in school | School year | Case managers  Supervisors M&E officer PM | M&E officer by advanced Excel | School year | ACD-P CD PC | ACD-P CD |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome4** | **KEY QUESTIONS and**  **INDICATORS** | **HOW WILL THE INFO BE USED?** | **DATA COLLECTION** | | | | **DATA ANALYSIS** | | | |
| **Who will you collect the information from? (disaggregate)** | **How will you collect the information? (tools & methods** | **How often will the information be collected?** | **Who is responsible for collecting the information?** | **Who is involved in analysing the information and how?** | **How often will it be analysed?** | **Who is responsible for ensuring the analysis happens?** | **Who gets the Analysis? (feedback)** |
| **Outcome 4. Through the improvement of government services, knowledge and awareness the extreme poor’s ability to mitigate, prepare and respond to hazards has increased** | 1. Knowledge, Attitudes and Practice regarding HIV and AIDS, family planning and hygiene at target household level have improved | Baseline; Measuring progress;  Improving project implementation | Target Households | Survey at household level, using DDG devices | Monthly | Case managers  Supervisors M&E officer PM | IDS/DDG system | Monthly | ACD-P CD PC | ACD-P CD |
| 2. % of DRR Platforms within the target Communes which have completed a Hazard mapping exercise, action plan and have taken into account the priorities of the extreme poor | Baseline; Measuring progress;  Hazard mitigation | Communal DRR platforms  Partners | Meeting of evaluation M&E report Visit field | Quarterly | Supervisors M&E officer PM PC | M&E officer/through M&E report | Quarterly | ACD-P CD PC | ACD-P CD |
| 3. DRR interventions documented and lessons shared with national-level and meso-level authorities and National DRR strategy reflects these lessons | Baseline Measuring progress | Communal DRR platforms | Meeting of evaluation M&E report Visit field Activity report | Quarterly | M&E officer PM PC | M&E officer/through M&E report | Quarterly | ACD-P CD PC | ACD-P CD |

# Annex Eleven: Terms of Reference for the Evaluation of the Irish Aid-funded ‘Terintambwe’ Graduation Programme, Burundi

1. ***Purpose of the evaluation.***

The purpose of the evaluation is to assess the programme’s contribution to the achievement of sustainable improvements in the lives of extremely poor people through improving their asset base and addressing the key causes and maintainers of extreme poverty, namely inequality, risk and vulnerability. Specifically the evaluation will assess the degree to which the programme has achieved its intended outcomes. This will be assessed by looking at programme relevance, efficiency, effectiveness, impact and sustainability and other criteria as determined relevant. This programme evaluation is part of and will feed into the overall Irish Aid Programme Evaluation. The results of the evaluation will be shared internally for lesson learning to inform future programming in Graduation in both Rwanda and Burundi. The evaluation results will also be shared externally, with key stakeholders in Burundi.

It is very important to note that Concern Burundi and Concern Rwanda are in a process of transition, where by 2017, the two country programmes will be fully integrated as one country operation, with joint programming. As it stands, both countries have graduation programmes. The idea being that in the future, this programme will become one, adapting and borrowing best practices from each of the programmes, which are applicable/possible in each setting. Given this move, a de-briefing workshop will bring together the findings from the two evaluations, enhancing joint learning and potential future approaches.

1. ***Description of the social, economic and political context.***

Burundi is the second poorest country in the world, ranking bottom of the Global Hunger Index for the last three years running. Burundi is a resource-poor, low-income, food deficit country facing food security and nutrition challenges. The 2014 UNDP Human Development Report ranks Burundi extremely low at 180 out of 187 countries. Poverty is widespread, with 90-95% of the population living on less than USD$2 per day, particularly in rural areas. There is a high pressure on land due to population density, which is among the highest in Africa due to rapid population growth. In addition, as a result of the civil unrest surrounding the parliamentary and presidential elections in May/June 2015, over 100,000 Burundians as of the end of June had fled to neighbouring countries and vulnerable populations within Burundi are finding their livelihoods under increased pressure. There are also major concerns about the deteriorating economic situation.

Malnutrition is a major concern in Burundi with the average national stunting prevalence very high at 58%, and most provinces in the north and east of the country with even higher rates ranging between 50% and 60%. Agriculture, the backbone of the economy accounting for approximately 35% of GDP and 90% of the population’s income, is dominated by subsistence farmers who depend heavily on their crop production to meet their food and income needs. The poorest and most vulnerable communities generally depend on marginal lands. These communities lack the capacity to cope with more severe climatic shocks such as floods and droughts which often claim lives and undermine livelihoods.

The current Poverty Reduction Strategy Paper (CSLP II) articulates Burundi’s development priorities from 2012-15. It aims to transform Burundi’s economy to achieve sustainable and job-creating growth. The strategy promotes environmental and land management to ensure the preservation of the country’s natural assets, constituting a further step in the shift from relief to rehabilitation to development. The CSLP II also has a particular focus on strengthening social protection. The National Social Protection Policy in Burundi was adopted in August 2011. Since then, Social Protection is one of the pillars of Burundi strategy of sustainable development. It is also included in the pillar no. 2 of the "Vision 2025" and is included in the Poverty Reduction Strategic Paper 2012-2016 (CSLP II). However, the MDGs regarding social protection are not being achieved mainly due to lower than expected financial resources. However recent political unrest and insecurity surrounding the outcome of the presidential elections in July 2015, is also highly likely to have had a negative impact on previous achievements.

In March 2014, Concern Worldwide in collaboration with Institute of Development Studies (IDS) organised a presentation attended by concerned Government Ministries, UN agencies, main INGOs and LNGOs involved in Social Protection to present the Graduation Model Programme (TERINTAMBWE) implemented by Concern in Burundi (2012-2015). The event was an occasion to show case Concern programme and present the baseline data and initial results and provided an opportunity to play a key role in the definition of the national social protection scheme and in so doing ensuring that the extreme poor are at the centre of it. Concern made a presentation on the Graduation Programme to a Technical meeting of the National Social Protection Commission (Minister of Public Service, Labour and Social Security).

1. ***Description of the subject of the evaluation.***

‘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 beneficiaries. 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.

1. ***Evaluation objectives and scope.***

This programme has a dedicated and comprehensive research attached to it. As a result, the degree to which the programme is meeting its intended outcomes has already gone through a rigorous and continuous testing, compared with a control group. In addition, as coaching is often seen as the ‘x-factor’ that makes the difference between success and failure of graduation programmes, the research 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.

The programme is subject to annual surveys, comparing the improvement for beneficiaries (treatment) vis-à-vis a non-beneficiaries (control group) from a similar poverty profile. This is complemented by a qualitative research, which explores in more detail, some of the key findings arising out of the quantitative research.

The research is specifically looking at

1. Identifying different pathways to graduation for different participating households;
2. Identifying human and social indicators of graduation as well as income- or asset-based indicators;
3. Identifying indicators of resilience and sustainability over time that go beyond reaching benchmarks or crossing thresholds at one point in time;
4. Identifying the enablers and constraints to graduation beyond the household or programme level, including markets, infrastructure, policies, complementary programmes and services.
5. Examination of the design and implementation of the programme/Limitations of the current approach/Lessons for future programming
6. Placing current research findings in the context of the emerging literature around graduation internationally and in the discussions around social protection in Burundi

The endline report is expected to be available to inform the evaluation planned in this ToR.

Given the level of investment in monitoring the impact of the programme, the evaluation will already have significant secondary data to make an educated and informed analysis of the impact of the programme. As such, it is expected that there would be room for some more detailed assessment of the some of the programme approaches, not covered under the research/studies. In particularly, looking at how the programme evolved, and how we can make improvements going forward, for future programmes.

**Objectives:**

* To assess if the programme has targeted the extreme poor and vulnerable effectively as per Concern’s understanding of extreme poverty
* To assess the degree to which the programme outcomes have been achieved as indicated in the results framework.
* To assess how outcomes have been achieved, including the quality of components and how well they have been implemented.
* To validate the achievements made as stated by programme data (including baseline, annual surveys, end line, monitoring and secondary data)
* To capture any lessons learned and make practical targeted recommendations to guide any future programming

**Scope:**

***Relevance***

* Were the outcomes and associated programme relevant, appropriate and strategic to national goals and Concern policies and guidelines?
* Was there an appropriate contextual analysis carried out to inform programme design, which was based on Concerns Understanding of Extreme Poverty?
* How appropriate were the chosen interventions and programme design to the situation of different stakeholders at different levels (micro meso and macro, and considering the needs of men, women and others identified as vulnerable to hazards in the programme area)?
* What was the level of participation of programme beneficiaries and non-beneficiaries of the programme? Was there awareness and active use of the CRM guidelines?

***Efficiency***

* Were resources used well? Could things have been done differently and how?
* Was the programme M&E system strong enough to evaluate the efficiency of the programme, and was it fit for purpose?

***Effectiveness***

* Were the outputs and outcomes achieved and to what degree (assessed through a baseline/end line indicator data comparison against results framework/logical framework targets, monitoring data, and data collected in the evaluation)?
* Was the programme logic well thought through and did the activities lead to the desired outcomes?
* Was the programme flexible enough to allow redirection during the programme delivery to improve effectiveness?
* What steps were taken to address issues of inequality and ensure the interests of the most marginalised were taken on board during programme planning, implementation and monitoring? How effective was this?
* Did the programme successfully achieve results in each dimension of extreme poverty and what are the potential implications of this?

***Impact***

* What indications are there of significant changes taking place beyond the programme - both positive and negative?
* Can we identify impacts on the community of the beneficiaries? Was the scope of the programme designed to also have an impact on the wider community?
* How have the programme interventions impacted differently on men and women (and other vulnerable groups as identified) in the programme area?

***Sustainability***

* Are the results sustainable? Will the outputs and outcomes lead to benefits beyond the life of the existing programme?
* How might we do things better in the future? Which findings may have relevance for future programming or for other similar initiatives elsewhere?
* Where interventions are coming to a conclusion the evaluation should review any exit strategy and the appropriateness of this.

Specifically an examination of:

* The flexibility of the programme to evolve and respond to internal/external shocks and influences.
* The ability (and success) of the programme to link beneficiaries with existing government or other NGO programmes and other service providers.
* How outcomes/impact has been achieved including the quality of components and how well they have been implemented. Components including: IGA training; training and guidance provided to Case Managers; CRM processes.
* The role of Case Management in facilitating the achievement of programme outcomes.
* The strength of local NGO partner implementation vis-à-vis direct implementation with the local government
* Contextual analysis including the role of national policies on programme implementation and impact.
* The appropriateness of the team composition vis-à-vis future direction of the programme (more technical and integrated)
* Any constraints induced by the research protocol that brought a “negative” impact of this programme.
* The appropriateness and engagement of the programme for influencing at decentralised and national level, and future opportunities
* \*Prioritisation of the above bullet points will be made prior to the evaluation and based on further discussions with the country team.

***Methodology.***

As elaborated in the introduction to this section, there is already significant secondary data attached to this programme which will provide a clear picture of how the programme has progressed. As such, this should allow more time and focus on an examination of the design and implementation of the programme, limitations of the current approach and identification of key lessons for future programming.

The team will be required to read through and absorb all of the various quantitative and qualitative reports, to assess the impact of the programme. Following this, the expectation is that a plan will be drawn up for them to interview key stakeholders, to qualify findings and seek clarification about how the programme was implemented and how it could be improved, amongst them: Concern programme staff; local partner implementers; beneficiaries; case managers; other community members; local government; key donors and national government stakeholders.

As part of this assessment, the evaluators will be required to review internal monitoring and partner monitoring and review how case managers have been trained/supported/capacity built. The assessment team will also be required to assess and review the quality of programme activities, including training provide to the beneficiaries and how this can be improved for future programming.

Key priorities for interviews with those at government at district and national level will be to identify the quality of our communications/promotion of the programme, and our involvement of them in its implementation. It will also be important to assess future advocacy opportunities and where the direction of the GoB is going with the Graduation programme. Given the instability in Burundi surrounding the parliamentary and presidential elections in June, July 2015, interviewing government officials may be challenging. The methodology will be further elaborated prior to the evaluation taking place at the end of September 2015.

***Expected products***

* A final report with a stand-alone Executive Summary (3-5 pages) The report should be a maximum of 25 pages in length (excluding annexes). (A template will be provided for the report, which will be quality checked against a set criteria, to be provided to teams ahead of the process).
* Recommendations from the evaluation which will be responded to by management before report finalisation
* Main findings for a simple/readable but useful advocacy leaflet of the main strong points of the Burundian’s programme which can be shared with the government and other stakeholders.
* A one day workshop bringing together the Rwanda and Burundi programme teams, to review the findings/recommendations and key direction for the elaboration of a future multi-country joint graduation programme
* Recommendations on future research topics and approaches to better integrate research and project delivery
* Recommendations on future advocacy and communication strategies.

***Evaluation plan and timelines***

It is expected that the evaluation team will visit Rwanda prior to carrying out the assessment in Burundi.

|  |  |  |
| --- | --- | --- |
| **What** | **When** | **Duration** |
| Literature Review Burundi and Rwanda | September | 2 days |
| Arrive Burundi | 3 October | 7 days |
| Field Work Burundi | 5 Oct – 9 Oct | 5 days |
| Debriefing Workshop Rwanda & Burundi in Huye | 13 October | 1 day |
| DRAFT Evaluation Report | 20th October |  |
| Final Evaluation Report | 31st October |  |

The field work component will concentrate in Cibitoke and Kirundo Provinces, access permitting. The programme currently reaches over 11,000 direct beneficiaries in 2,600 households over the four districts.

***Required Reading for the Evaluators (to be further elaborated)***

* Burundi Strategic Plan 2013-2017
* Contextual Analysis
* Programme Proposal
* Research Terms of Reference(s)
* Qualitative Research Reports
* Quantitative Research Reports
* Endline Results
* Government of Burundi (GoB) Social Protection Strategy
* CSLP II: Social Protection Section
* Documents related to GoB Graduation Strategy

***Annexes***

* Programme Participant Protection Policy(P4)
* Final programme results framework and full logical framework
* Format for Evaluation Report (TBA)
* Quality review criteria for evaluation report (TBA)

*Approved 3rd September 2015*

1. UN Data (UD) Available from <http://data.un.org/CountryProfile.aspx?crName=burundi#Summary>

   [Accessed] 21/10/2015 [↑](#footnote-ref-1)
2. Ibid [↑](#footnote-ref-2)
3. UNDP (2014) Human Development Report 2014: Sustaining Human Progress: Reducing Vulnerability and Building Resilience [↑](#footnote-ref-3)
4. Ibid [↑](#footnote-ref-4)
5. Global Hunger Index (2015) Armed Conflict and the Challenge of Hunger [Available from: <https://www.concern.net/en/resources/global-hunger-index-2015>] [↑](#footnote-ref-5)
6. Concern Worldwide Burundi (2014) Country Strategic Plan 2013-2017 [↑](#footnote-ref-6)
7. UN Data (UD) Available from <http://data.un.org/CountryProfile.aspx?crName=burundi#Summary>

   [Accessed] 21/10/2015 [↑](#footnote-ref-7)
8. Ibid [↑](#footnote-ref-8)
9. UNDP (2014) Human Development Report 2014: Sustaining Human Progress: Reducing Vulnerability and Building Resilience [↑](#footnote-ref-9)
10. Ibid [↑](#footnote-ref-10)
11. Global Hunger Index (2015) Armed Conflict and the Challenge of Hunger [Available from: <https://www.concern.net/en/resources/global-hunger-index-2015>] [↑](#footnote-ref-11)
12. World Bank <http://data.worldbank.org/country/burundi#cp_wdi> [↑](#footnote-ref-12)
13. UNDP (2014) Human Development Report 2014: Sustaining Human Progress: Reducing Vulnerability and Building Resilience [↑](#footnote-ref-13)
14. World Bank <http://data.worldbank.org/country/burundi#cp_wdi> [↑](#footnote-ref-14)
15. Concern Worldwide Burundi (2014) Country Strategic Plan 2013-2017 [↑](#footnote-ref-15)
16. Recensement Général de la Population et de l'Habitat 2008 [↑](#footnote-ref-16)
17. World Food Programme (2008) Comprehensive Food Security and Vulnerability Analysis Burundi. December, 2008. [↑](#footnote-ref-17)
18. Ibid [↑](#footnote-ref-18)
19. Ibid [↑](#footnote-ref-19)
20. Based on an average household size of 4.7 persons [↑](#footnote-ref-20)
21. The Graduation Model, originally developed by BRAC in Bangladesh, has been adapted and promoted by CGAP-Ford Foundation in an effort to understand how safety nets, livelihoods and access to finance can be sequenced to create sustainable pathways out of extreme and chronic poverty. The model has been further adapted and refined by Concern Worldwide for application in Concern country programmes. Concern is currently implementing programmes in Burundi, Rwanda, Zambia and Haiti. [↑](#footnote-ref-21)
22. Concern defines resilience as ‘the ability of a country, community or household to anticipate, respond to, cope with, and recover from the effects of shocks, and to adapt to stresses in a timely and effective manner without compromising their long-term prospects of moving out of poverty.’ [↑](#footnote-ref-22)
23. To note, there have been problems with faulty solar panels which have had to be returned to, and replaced by the supplier which had led to delays in activities for some participants. [↑](#footnote-ref-23)
24. Asset transfers were delivered in three tranches (July 2014, Oct/Nov 2014 and January 2015) and the value transferred depended on the recipients readiness for economic activities; therefore not all participants received the same amount each tranche though in total all tranches added up to BIF 150,000. [↑](#footnote-ref-24)
25. The programme has been implemented as a Randomised Control Trial (RCT) capturing the progress of 2,600 HHs in total – 2,000 households were direct beneficiaries whilst 600 households made up the comparison group. [↑](#footnote-ref-25)
26. Please note that values for indicators 2.3, 3.2, 4.2 and 4.3 were not collected in the endline, and will not be available until the end of the calendar year. We have however, been able to make a partial assessment on 2.3 and 4.2 based on midline data. [↑](#footnote-ref-26)
27. Please note that there is some discrepancy between the values included in the Results Framework (Annex Six) and values reported by the research partner IDS in their endline summary table (Annex Seven). The evaluation team assumes that this is due to values being taken from different sources – monthly monitoring vis-à-vis annual surveys but would recommend the team cross-reference these. [↑](#footnote-ref-27)
28. CWB developed a Poverty and Vulnerability Index for Burundi disaggregated by Province, along the line of the country level PVI used in CWW strategic planning. [↑](#footnote-ref-28)
29. Please note that the evaluation team found it challenging to interpret financial information and have only been able to assess financial management over three years (2012-14) due to activities, and therefore expenditure, in 2015 having been affected by the civil unrest. In 2015, the total budget (as set out in the FRP 1) was €533,554 in Cibitoke and €799,456 in Kirundo - €1.3 million in total, of which €900,000 was being funded by Irish Aid. Up to the end of April 2015, total expenditure was at 19% (€249,858) across both provinces. [↑](#footnote-ref-29)
30. As set out in the programme overview, TRG 1 received three household visits whilst TRG 2 received one household visit per month. [↑](#footnote-ref-30)
31. During the baseline, 2,567 households were surveyed over a space of 3 weeks. [↑](#footnote-ref-31)
32. During the programme visit, some participants reported receiving support from WFP over the lifespan of the programme. The evaluation team is not sure what the scale of this support was but it may have implications for isolating the attribution of the programme. [↑](#footnote-ref-32)
33. As mentioned previously, the evaluation team also received a summary of key outcome indicators from IDS (Annex Seven) and there are some discrepancies in the endline figures recorded by this and the values in the results framework. Although, upon review, the difference is small and does not affect the achievement of targets, it is recommended that the team cross-reference these values and develop a definitive list for communication purposes. [↑](#footnote-ref-33)
34. Please note that although influencing on strategy change can be on-going, incorporation of lessons into national strategy will be dependent on the timing of strategy review. [↑](#footnote-ref-34)
35. The maximum index score is 33 [↑](#footnote-ref-35)
36. Please note that although influencing on strategy change can be on-going, incorporation of lessons into national strategy will be dependent on the timing of strategy review. [↑](#footnote-ref-36)