Coaching and support are a crucial component of graduation programmes – under the Terintambwe programme in Burundi, Community Development Agents (CDAs) play an indispensable role as front line workers.

Caseloads are important – under the Terintambwe programme in Burundi, CDAs struggled to visit participating households at least once per month.

Effective and strong coaching and support depends on confidence and capability – in Burundi, a reduction in the level of training or follow-up training has led to a lack of CDA confidence in delivery all aspects of the programme.

It is not possible to conclude whether a case management or CDA approach is preferable – in Burundi the findings clearly show that there are trade-offs between intensity of support and cost of implementation that need to be considered in conjunction with each other.

Concern Worldwide started implementing the Terintambwe graduation programme in Burundi in 2013 in two provinces in Burundi, namely Cibitoke (in the north-west) and Kirundo (in the north-east). A total of 2,000 households (1,000 in each province) were part of the first cohort of the programme, which was implemented over a period of roughly two years between early 2013 and May 2015.

Graduation model programmes represent a relatively new but well-established type of anti-poverty programming. A comprehensive and carefully sequenced package of material transfers, access to financial services and training and coaching has proven successful in reducing poverty, increasing consumption and asset holdings and improving food security, with many benefits being maintained at least in the first year after programme end.

The component of coaching and support is sometimes dubbed the 'X-factor' within graduation programming in reference to its unique contribution in affecting positive change over and above material support. Previous research on the Concern Worldwide Terintambwe programme in Burundi has found that the combination of economic support, training and coaching mutually

1 (Banerjee et al. 2015)
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reinforce their respective impacts and that this leads to greater overall change (Roelen and Devereux 2018). These findings fit wider literature on behaviour change strategies, including behaviour change communication (BCC).

This research aims to contribute to the general knowledge base and to provide practical insights regarding implementation of graduation programmes, seeking to offer input into the development of a feasible, affordable and effective model for coaching and support within such programmes. It does so on the basis of on an in-depth study of implementation of coaching and support services within Concern Worldwide’s Terintambwe Graduation Model programme in Burundi. This programme offers a particularly pertinent case study as the research takes place against the backdrop of a change in the coaching and support model. While such services within the first rounds of the programme were provided by Concern Worldwide case managers, it is now provided by government community workers (Community Development Agents – CDAs). CDAs have strong local presence as they are recruited from the communes that they work in but they receive lower pay and may have lower qualifications than Concern Worldwide case managers.

Fieldwork for the research was undertaken from March to April 2018. It included key informant interviews with Terintambwe staff, focus group discussions and case study activities with former Terintambwe participants. This data was complemented by quantitative and qualitative data that collected from 2013 through to 2015 as part of the Terintambwe programme evaluation.

The TERINTAMBWE Programme

The Terintambwe programme in Burundi provides an extensive package of sequenced support to carefully targeted programme participants including

- **income support**, consisting of 12 monthly cash transfers of approximately US$15;
- **asset transfer**, comprising of three lump-sum payments to support investments in selected income-generating activities;
- **access to savings facilities**, including support to join or establish a Savings and Internal Lending Community (SILC); and
- **skills training and coaching**, on livelihoods activities and individual coaching through home visits by dedicated case managers.

Findings from the impact evaluation held at the end of the programme in April 2015 pointed towards positive impacts on income, asset ownership, living conditions and saving and borrowing through SILCs as well as improved food security and diets, hygiene and sanitation practices and participation in social activities (see Devereux et al. 2015).

Implementation of coaching and support

At the time of fieldwork, CDAs are contracted and receive payment for four days per week, or 16 days per month at a salary of 120,000 BiF. The rationale for this allocation of days is that it allows CDAs to undertake their own (income-generating) activities during one day of the week. They are paid through the Ecocash mobile payment system directly by Concern (using the same system for payments as used in Terintambwe). CDAs are responsible for an average of 40 Terintambwe participants and are required to visit each participant’s household at least once per month. CDAs may also visit certain households more than once if their situation calls for additional support. CDAs support Terintambwe participants with several topics (such as agriculture, nutrition, business plan), for each of which they have documentation to underpin
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their messaging. They are not currently operating with a formal manual that includes all topics or areas in which they offer support (as opposed to the programme in Rwanda).

**CDA profile, recruitment and training**

**Basic qualifications** for CDAs include a high school diploma or equivalent. Ideally, they also hold experience in agriculture, nursing or other relevant areas to assist their work in coaching and support. In order to ensure strong community linkages and presence, CDAs are ideally recruited from or close to the colline that they will work in however, in remote collines, where grades tend to be lower, CDAs may be recruited from elsewhere. **Recruitment** of CDAs was undertaken in collaboration with the local government at commune level, including representatives from departments on agriculture and livestock, education, and health and sanitation. CDAs received **training** before starting and in the early phases of their job. This focused on key areas in which they are to provide training and advice, including hygiene, nutrition and SILCs. Trainings were provided by regional staff and supervisors from Concern Worldwide. Such trainings also allowed for time to discuss how to undertake home visits and provide coaching support to Terintambwe participants. Nevertheless, senior programme staff voiced some concerns regarding the quality of support that CDAs can provide on the basis of that training and suggested that more ongoing training is needed. The length of training has reduced as the programme has evolved and the length of training, particularly for newer cohorts, was generally considered inadequate. There have also been reports of staff turnover, particularly in Bubanza province which was linked to relatively low wages and CDAs findings jobs elsewhere.

**CDA roles and responsibilities**

CDAs are the **frontline staff** who deliver the Terintambwe programme, thereby serving as the face and main contact of the programme. CDAs’ main tasks consist of delivering training and following up with individual programme participants through home visits. During such home visits, they check whether participants have followed advice, such as installing new pit latrines or keeping their house clean, and offer tailored advice on the development of business plans, issues within the household or community or other concerns. CDAs also provide support during SILC meetings and at farmer field schools. Trainings are provided to groups of participants and take place roughly every two weeks. They are based on a standard curriculum, and CDAs received training on the topics prior to delivering the training themselves (although there were problems with training for CDAs as discussed previously). While the messages that are delivered within trainings are mostly standardised, CDAs are also encouraged to provide more tailored advice and to develop innovative solutions: CDAs explained how they use a combination of standard messaging and responses to individual participants’ situations and progress during home visits. They may visit a participant with a certain plan in mind but may change their activities or messaging accordingly if they notice that certain actions were not undertaken or other issues are more pressing. Participants’ indications of the duration of home visits varied considerably, ranging from three minutes to an hour for each visit. The median ranges between 20 to 30 minutes. This was confirmed via observations of home visits where there appeared to be a marked difference between provinces. These differences could partly be explained by the fact that the programme was in different stages at the time of fieldwork.

CDAs are expected to have a caseload of roughly 40 Terintambwe participants and to undertake a home visit to each participant at last once per month. In practice, the number of households that CDAs are responsible for ranges between 45 and 51, with the maximum number being 65. All CDAs indicated that they find it difficult to manage this caseload, and to visit each household once per month as stipulated which often leads to catch up visits in the following months. Alongside high caseloads, other obstacles which are reported as having prevented CDA for managing their caseload include: participants not being at home during planned visit, the distance between households, a lack of special equipment and clothing (particularly during rainy weather) and the short working week (4 days). That said, participants confirm seeing their case managers roughly 3-4 times per month. This includes one training,
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one home visit or weekly SILC meetings. CDAs may also see participants when they have problems or for self-organised group work.

CDA confidence and motivation
CDAs perform their tasks with varying degrees of confidence. For example, one CDA indicated to find it easier to train on hygiene as these messages were more familiar before starting the job as CDA, but to find it difficult to convey messages in relation to SILCs. They related this to lack of training for CDAs and community members on the specific topic of SILCs: More generally, all CDAs indicated that they felt more confident to provide trainings on topics on which they received strong training themselves. Others noted that they prefer to do home visits and offer tailored support rather than deliver or follow up on standard training as tailored one-to-one support gives them more freedom to plan and think of solutions. CDAs reported varying levels of motivation. CDAs who were not previously employed by Concern and were not aware of the previous case manager model appeared happy with their job and expressed high levels of motivation. One CDA voiced his enthusiasm in relation to new knowledge about hygiene and how this helps to improve their own practices:

CDA or case manager?
The shift from a model working with case managers (as was in place during implementation of the first cohort of the Terintambwe programme) to one working with CDAs was deemed to offer greater embeddedness in local communities and stronger linkages to local government as well as to present a more cost-effective model for delivery of coaching support. However, experience offers a nuanced picture; case managers were better trained, better paid and had a stronger alliance to Concern and their work but CDAs are equally qualified and have closer linkages to the communities that they are serving (as they are generally recruited from those collines while this was not the case for case managers). Nevertheless, conversations with CDAs and Terintambwe participants suggest that the current employment arrangement with CDAs being employed through local government structures but paid and trained by Concern causes confusion and does not have the desired effect of embedding CDAs within local structures. As far as Terintambwe participants are concerned most believe CDAs are employed by Concern. The employment arrangement also has implications for task management as, due to CDAs not being employed by Concern, senior staff hold little leverage in order to address any issues that arise.

Effectiveness of coaching and support

Importance of coaching and support
Programme staff stressed the importance of training, coaching and support and the role of CDAs in the delivery of Terintambwe. Responses unequivocally attested to the importance of this component in affecting positive change, with some respondents suggesting that messaging is the most important element of the gradation approach. Programme staff pointed out that training and coaching services are crucial for guiding participants’ decisions about how to use their resources wisely in pursuit of the goal of graduation. In addition, training and home visits were deemed to create ownership on behalf of participants. As such, the provision of material support in conjunction with training and coaching was considered to be an important combination.

Without them [CDAs], the programme will not have impacts. The programme’s effects depend on the involvement of beneficiaries, and it is the CDA who creates a sense of ownership of the programme among beneficiaries through trainings and household visits.

Programme Staff, Cibitoke
Participants themselves also highlighted the importance of coaching and support provided by CDAs. Participants underlined the importance of learning about nutrition, hygiene and safe and clean environments. This includes the establishment of kitchen gardens, the use of hand washing systems and reasons for building the shelf for dishes. Advice on how to manage cash transfers, invest wisely and establish IGAs was also frequently mentioned. Participants learned skills such as saving through SILCs and how to carry out IGAs. In addition, participants solicit CDAs’ advice in initiating group activities together with other community members that could help to boost IGAs.

A few Terintambwe participants also offered accounts of how CDAs intervened in household and community conflicts. Mediation by CDAs was particularly mentioned and appreciated by female participants, expressing gratitude for their careful interventions. Overall, participants indicated that they enjoy the sessions with their CDAs as they appreciate receiving useful advice and learning from each other. As such, meetings are widely considered to take place in a good atmosphere without being stressful or boring.

From knowledge to behaviour change
Greater knowledge does not necessarily translate into different practices, particularly in terms of nutrition, sanitation and health. However, female and male participants indicated that they changed their behaviour following CDAs’ advice. This pertains to income-generating activities, saving and lending, sanitation and hygiene as well as to avoiding misuse of funds, such as on alcohol. Several participants stressed that the knowledge that they obtained will stay with them forever, even after the programme, and that they tell others about how to change practices for the better. Various responses also pointed to having changed their behaviour in response to conflict or disputes, emphasising that – following the advice of CDAs – they stay calm.

Seeing positive change as a result of putting knowledge into practice may contribute to sustained behaviour change. In relation to SILCs, for example, many participants indicated that they did not know of them or their functioning before but that they had experiences benefits after a few months of participation. That said, not all messages are adopted in equal measure. CDAs reported that training and advice regarding practices that don’t require economic resources are more easily put into practice. Lack of financial means was a reason for other advice not to be followed, such as building latrines. Another barrier pertains to many participants not owning the house that they live in or land that they occupy; any significant changes to these structures – such as digging a garbage pit – is considered of long-term benefit to the landlord rather than to themselves. In other cases there may simply not be enough space on people’s plots. Home visit observations revealed how the inability to act upon advice due to circumstances out of participants’ control can lead to frustration and disengagement.

Social and relationship aspects of coaching and support
Being humble, honest, patient, hard-working, kind, smart and open-minded are some of the key characteristics mentioned when Terintambwe participants and programme staff were asked what makes someone a good CDA. Participants also noted that CDAs should take their time to talk with participants and to respond to questions, and to do so in an equal manner without favouring certain participants over others. The importance of offering constructive (as opposed to negative or less helpful advice) was also pointed out.

These qualities are mirrored in responses by CDAs themselves. They highlight the need for appropriate behaviour and attitudes, clearly conveying the importance for building respectful relations with programme participants and for modelling appropriate behaviour:
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“A good CDA is someone who listens to the beneficiaries’ ideas or questions and helps them to find solutions. It is someone who visits often beneficiaries, who discusses with them and motivates them…”

Community Development Agent, Bubanza

When asked how participants perceive their CDAs, many voiced positive opinions and referred to characteristics that belonged to good CDAs. Participants referred to CDAs as parents, chiefs and teachers, highlighting CDAs’ roles in providing new knowledge, giving advice and support and being available in case of need. Accounts of how CDAs conduct meetings and home visits gives insight into how they build and maintain relationships. Many Terintambwe participants noted how CDAs start their meetings or home visits with informal questions, aiming to build rapport however, these experiences are not universal.

CDAs indicated that it takes a time and effort to gain participants’ trust. Participants need to feel that CDAs are reliable, following up on their promises and offering the support that participants need. Terintambwe participants confirmed that positive experiences with CDAs contributed to them trusting CDAs. Senior programme staff noted that levels of trust may differ, depending on how CDAs work with participants. A harsh and impatient attitude was especially noted as undermining relationships with programme participants.

Working with different Terintambwe participants

CDAs aim to tailor their support to programme participants as much as possible, responding to participants’ individual situations and progress made. Intra-household tensions and conflict emerged as an issue that may hamper progress. One situation that gives rise to such tensions is when deciding how to spend money.

Generally, CDAs noted that it was easier to work with female participants as they are regarded as keen participants whereas challenging behaviour was noted for male participants, notably stubbornness and unwillingness to change their attitudes. Findings suggest that such gender dynamics work both ways, with female CDAs in particular finding it easier to work with female participants (even if they are not in female-headed households) compared to male participants. One female CDA reported mostly negative experiences with male participants and indicated that they did not take her seriously:

Literate participants were also considered to make better use of the opportunities that Terintambwe affords them.

Conclusions and programme implications

Coaching and support are crucial components within the Terintambwe programme. CDAs play an indispensable role as frontline workers in delivering training, home visits and tailored support services. Participation in SILCs, establishment of income-generating activities and improved sanitation, nutrition and health practices all hinge on transfer of knowledge and skills during group sessions, individual face-to-face meetings and on-demand advice to be provided alongside material support including cash transfers, asset transfers and other materials. Continued constructive messaging that is delivered in a clear, honest and reliable manner contributes to greater knowledge and behaviour change among participants.

CDAs perform their roles and responsibilities to the best of their abilities. They display attitudes and behaviours that characterise a good CDA (as expressed by participants, senior staff and CDAs), including being knowledgeable, reliable and honest. They meet the participants that they are responsible for at least a few times per month, seeking to follow-up on their individual
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progress and to offer tailored advice in response to barriers to progress. *Terintambwe* participants appreciate the support that they receive and speak highly of CDAs, referring to them as teachers and parents. Relationships are marked by respect and trust, with CDAs respecting agreements or appointments made, keeping confidential information to themselves and not taking bribes or stealing from participants being important aspects of such trust.

Notwithstanding CDAs’ performance in delivery of training and support, there are shortfalls in implementation. CDAs often struggle to manage their caseload and to visit all participants at least once per month. In some cases, home visits are very brief and are limited to strict monitoring rather than providing tailored advice. CDAs also did not feel confident in delivering all aspects of the programme. A range of challenges hamper effective and strong delivery of coaching and support services. Lack of sufficient training or follow-up training, difficulties in reaching participants in remote areas, relatively low payment which serves to undermine their motivation for the job. The most challenging aspect, however, appears to be the employment arrangement whereby CDAs are employed by local government but effectively implementing an NGO-run programme. This arrangement and unclear lines of accountability causes confusion and frustration on all sides with CDAs being unable to raise any directly with Concern, Concern supervisors no longer holding any leverage over CDAs and programme participants not having correct information about who CDAs work for.

We do observe small differences between CDAs different provinces. We found more examples of mediation to resolve intra-household tensions and tailored support with group activities having been reported in Cibitoke. This could be due to this cohort already being in a later stage of implementation and participants therefore having had more exposure to CDAs, or to a longer history of the programme at large in Cibitoke with some programme staff feeling more confident in offering more tailored and alternative support. We also found some gendered effects with one female CDA finding it more difficult to build rapport with and to be taken seriously by male programme participants. It should be noted that these observations are based on a small sample and that we cannot draw definite conclusions on this basis.

Finally, when considering the current model of implementing coaching and support through CDAs with the previous model that worked with case managers, the available evidence does not allow for concluding which model is preferable. Findings clearly evidence that there are trade-offs between intensity of support and cost of implementation that need to be considered in conjunction with each other.

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