

# Towards intergenerational graduation: unpacking children's trajectories in Burundi

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## Abstract

Graduation model programmes offer a comprehensive set of support, combining regular cash transfers, asset transfers, training and coaching to 'graduate' people out of poverty. Programmes have been found to positively impact household economic outcomes, but little is known about the extent to which and how children stand to benefit. Positive impacts at household level may not necessarily translate into beneficial outcomes for children; demands on economic resources and time from within the household as a result of programme participation can disadvantage children and thereby undermine a process of intergenerational graduation. This paper contributes to filling the knowledge gap by investigating children's and their families' trajectories during and after participation in Concern Worldwide's Graduation Model 'Terintambwe' programme in Burundi using a longitudinal mixed methods approach.

We find that the combination of economic strengthening, in-kind support and training and coaching greatly improves child wellbeing, particularly in contexts of extreme poverty. Positive effects are largely eroded as a result of large covariate shocks, although increased knowledge, skills and experience as well as prioritisation of children's needs contribute to harnessing some elements of improved child wellbeing, most notably diversity of diets and schooling. We don't find evidence for children's wellbeing being undermined by increased demands on economic resources and time. Gendered divisions of care responsibilities mean that children living with female programme recipients are more likely to have greater levels of wellbeing in times of affluence and adversity.

## 1. Introduction

Despite progress towards poverty alleviation in recent decades, child poverty remains a widespread problem. Sub-Saharan Africa represents the region where child poverty is most prevalent, with one in five children experiencing extreme poverty (UNICEF and World Bank, 2016) and two-thirds of all children living in multidimensional poverty (OPHI, 2017). Poverty is particularly prevalent among children in Burundi; 69 percent and 78 percent of children live in monetary and multidimensional poverty respectively (De Neubourg et al. 2018). This presents a challenge at present and into the future. Children are more susceptible to the negative effects of poverty and adverse consequences can have harmful and irreversible impacts into later life (Boyden and Cooper, 2009). The eradication of child poverty is vital for achieving Sustainable Development Goal 1 stipulating the eradication of all forms of poverty for everyone, and for breaking the transmission of intergenerational poverty.

Graduation model programmes have gained considerable momentum in recent years in the fight against poverty. Graduation model programmes offer a comprehensive set of support, often combining regular cash transfers, asset transfers, training and tailored coaching in a bid to 'graduate' people out of poverty in a sustainable way. An expanding evidence base points towards the programmes' powerful impacts on income generation, living conditions, food security, among others (Banerjee et al. 2015; Devereux et al. 2015). However, various knowledge gaps persist. Firstly, the majority of evidence reflects the situation of the household as a whole with limited consideration of

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how participation in graduation model programmes affects individual members, including children. Secondly, while an increasing number of impact evaluations consider the sustainability of effects after programmes have come to an end (see Banerjee et al. 2015; Pain et al. 2015), this is primarily studied from a quantitative perspective that allows for limited unpacking of post-programme graduation trajectories.

A lack of understanding of the extent to which and how children stand to benefit from graduation model programmes is particularly problematic as graduation out of poverty can only really be considered sustainable if it is intergenerational (Roelen, 2015). In other words, the success of graduation programmes should not only be measured against the extent to which households as a whole or its adult members are able to maintain positive outcomes in the years following programme end, but crucially also against outcomes for children and how these are sustained in the longer-term future. Positive impacts at household level may not necessarily translate into beneficial outcomes for children; demands on economic resources and time from within the household as a result of participation in graduation programmes can disadvantage children and thereby undermine a process of intergenerational graduation (Roelen, 2015).

This paper aims to contribute to filling the knowledge gap regarding intergenerational graduation by investigating children's and their families' trajectories during and after participation in Concern Worldwide's Graduation Model 'Terintambwe' programme in Burundi. It does so by adopting a longitudinal case study approach using a unique combination of quantitative and qualitative panel data, seeking to unpack dynamics and processes underlying graduation pathways.

## **2. Literature review**

### *2.1. Graduation programming and child wellbeing*

Evaluations of graduation programmes showcase positive impacts on consumption, assets and food security, amongst others (Banerjee et al. 2015). These impacts are most prominent immediately at the end of the programme, but also often sustained one or two years afterwards (Banerjee et al. 2015; Pain et al. 2015). Greater availability of cash, both as a result of cash transfers and through income earned as a result of business activities, can directly reduce poverty. The reduction in poverty can subsequently reduce biological and psychosocial risk factors, including nutrition, maternal wellbeing, caregiver-child relationships and children's cognitive stimulation (Engle et al. 2007; Walker et al. 2007, 2011), and contribute to greater child wellbeing (Barrientos et al. 2014; Roelen et al, 2017). The training and coaching-related components of graduation components may also affect child development and wellbeing more directly as they often cover topics related to nutrition, hygiene and health.

However, participation in graduation programmes may also reinforce risk factors and undermine child wellbeing. The allocation of resources towards child development and wellbeing – notably material resources and time – may be at odds with investments in livelihoods and income generating activities as required through participation in the graduation programme (Roelen, 2015). The creation of business activities can lead to a gendered increase in the combined burden of paid and unpaid work for women, who are often the main caregivers. The drudgery of unpaid (care) work and the struggle for women to manage their many responsibilities is widely documented (ActionAid 2013; Chopra and Zambelli, 2017). Coping with associated physical and mental stress and strategies towards balancing paid and unpaid (care) work may undermine quality of care and parent-child relationships (Roelen et al. 2017). The additional time to be invested in work activities as a result of participating in graduation

programmes may also require children to get involved in productive activities (Roelen, 2015); this could have both positive and negative effects.

Finally, the overall absence of services present structural barriers that prevent child development and undermine child wellbeing despite economic strengthening at a household level. Graduation programmes often have limited means to address such structural constraints, thereby limiting their role in supporting intergenerational graduation.

## 2.2. Framing child wellbeing in light of intergenerational graduation

Many conceptualisations of child wellbeing exist, ranging from relatively abstract frameworks, such as the structural model of child wellbeing by Minkkinen (2013), to more measure-oriented approaches, including the approaches that were developed to measure child wellbeing in the US (Land 2005) and Europe (Bradshaw, Hoelscher et al. 2006). The 3-D wellbeing framework offers a conceptualisation for understanding wellbeing in development contexts (White 2010), and has also been deemed relevant for interrogating child wellbeing (Sumner 2010). An overview of domains and clusters adopted by these various approaches is presented in Table 1. Approaches that are developed for measurement purposes include more clusters, while the conceptual approaches are framed around a small set of domains. All approaches include a focus on the material, relational/ social and subjective/emotional. With the exception of the 3-D wellbeing framework, approaches also draw out the specific need for children to be physically well, encompassing health and nutrition. The frameworks underpinning the child wellbeing indices also give explicit heed to education.

Table 1 Overview of domains/ clusters of child wellbeing across approaches

<b>Structural model of child wellbeing (Minkkinen 2013)</b>	<b>3-D wellbeing (Sumner 2010)</b>	<b>Child Wellbeing Index – US (Land 2005)</b>	<b>Child Wellbeing Index – Europe (Bradshaw et al. 2006)</b>
Material wellbeing	Material wellbeing	Material wellbeing	Material situation
Physical wellbeing	Relational wellbeing	Social relationships	Housing
Mental wellbeing	Subjective wellbeing	Health	Health
Social wellbeing		Safety/ behavioural concerns	Subjective wellbeing
		Productive activity/ educational attainments	Education
		Place in community/ participation in activities	Children’s relationships
		Emotional/ spiritual wellbeing	Civic participation
			Risk and safety

Building on the approaches above and the available data, we adopt a framing of child wellbeing that serves the purpose of this paper. As we are not seeking to assess changes in child wellbeing using a quantitative measure, we focus on four inclusive domains of child wellbeing, namely:

- 1) Material wellbeing: housing and sanitation facilities;
- 2) Physical wellbeing: diet and health;
- 3) Educational and productive wellbeing: schooling and work;
- 4) Relational wellbeing: family relationships and dynamics.

We explore the role of *Terintambwe* in each of these domains, considering the programme’s economic and behavioural effects. Material wellbeing will primarily be considered at household level, premised on the understanding that children share housing and sanitation facilities with other members.

Physical wellbeing encompasses food security, dietary diversity and caregivers' health-seeking behaviour for their children, and will be explored for all children within a household and at the level of the individual child. Educational and productive wellbeing considers the interface between education and work for individual children, recognising that work need not necessarily be a negative aspect in children's lives. Finally, relational wellbeing is studied primarily in relation to household dynamics, and the extent to which children remain in one household over time. Domains on mental or subjective wellbeing are not included as this research did not include children's own perspectives. We are also unable to adequately assess issues in relation to safety, behaviour and participation, and leave these out of consideration.

### **3. Case study**

#### *3.1. Terintambwe programme*

This research focuses on Concern Worldwide's Graduation Model programme in Burundi, locally referred to as the '*Terintambwe*' – *Take a Step Forward* – programme. The programme was launched in April 2013 in two provinces of Burundi, namely Cibitoke (in the north-west) and Kirundo (in the north-east). A total of 2,000 participants (1,000 in each province) participated in the programme for a period of roughly two years until May 2015, benefiting from an extensive package of sequenced support. Key programme components include: (i) income support, consisting of 14 monthly cash transfers of approximately 15 USD during the first year of programme implementation, (ii) asset transfer, comprising of three lump-sum payments based on funds required for investments in selected income-generating activities, (iii) access to savings facilities, encompassing training in financial literacy and support to join or establish a Savings and Internal Lendings Community (SILC), and (iv) skills training and coaching, including group-based training about livelihoods activities as well as nutrition and hygiene and individual coaching through home visits by case managers (Devereux et al. 2015).

The programme was evaluated using a mixed methods evaluation, combining quantitative data from evaluation and monitoring surveys with qualitative and participatory data (see Devereux et al. 2015). Findings indicated that *Terintambwe* had strong effects on household wealth in terms of income generation, savings, and asset holdings. The programme improved incomes, led to livelihood diversification and stimulated saving and borrowing through community-based savings and lendings associations (SILCs). *Terintambwe* participants significantly increased their asset ownership, particularly small assets such as hoes and machetes and small livestock such as chickens and goats. Positive effects were affected through the combination of cash transfers, lump-sum grants (e.g. asset transfers), group-level training on income-generating activities and tailored coaching in relation to individual business plans (Roelen and Devereux 2018). Evaluation findings also shed light on programme effects in relation to child wellbeing, which we will elaborate in the analysis below.

#### *3.2. Terintambwe programme*

This study took place in Kirundo province, in the north-east of the country. It is one of the poorest provinces in the country with 95 percent of children aged 0-17 suffering from multidimensional poverty in 2013-14 (de Neubourg et al. 2017). More generally, the province and northern region of the country are particularly prone to climate shocks, erosion and land degradation, making its population vulnerable to diseases (such as cholera and malaria) and food insecurity (World Bank 2016).

Kirundo has been greatly affected by two shocks in the period between programme end (mid-2015) and data collection for this study (early 2018). Firstly, as a result of El Niño, the province was badly hit

by drought in late 2015 and 2016 with widespread failure of harvests that caused food insecurity and hunger (World Bank 2016). The Global Acute Malnutrition rate increased by 40 percent in a timespan of only three months (WHO 2017). Secondly, socio-economic unrest that affected the country from mid-2015 onwards has caused a country-wide economic decline and a large reduction of state budget as a result of discontinuation of foreign support (UNICEF 2016). The unrest has led to migration and displacement of people, both temporary and longer-term, within the province and beyond (reinforcing existing patterns of migration, see World Bank 2016). It also made cross-border trade with Rwanda more difficult, severely affecting livelihoods of those living in the northern area of the province. As a result, this study represents an assessment of the sustainability of graduation in the context of widespread poverty, unfavourable ecological conditions and large covariate climate and socio-economic shocks.

#### 4. Data and analysis

This study takes a longitudinal and mixed-methods approach, combining newly collected qualitative data from 2018 with existing quantitative and qualitative data from the evaluation that took place between 2013 and 2015.

##### 4.1. Data collection

The primary source of data for this study was collected in April 2018 and includes qualitative data from household case studies and focus group discussions. Household case studies also include former *Terintambwe* participants that were part of the programme from 2013 to 2015, offering detailed understandings of post-programme trajectories for households as a whole and their children. These include important indicators for children in relation to food security, education, health and sanitation. Data collection activities life history and family mapping followed by semi-structured interviews to understand changes in wellbeing at household level but mostly at an individual and child level since the end of the programme. Focus group discussion also included former *Terintambwe* participants, allowing for insights into how participants have fared since the end of the project, and on enablers and constrainers to sustained graduation. Activities with focus groups included semi-structured conversations and participatory activities such as scoring of programme components, serving to offer context and insight into community-wide dynamics that may underpin children’s pathways.

Data collection study took place in areas that were also included in the impact evaluation in Kirundo province. Fieldwork was undertaken in four collines, namely Nyabikenke colline in Bugabira commune and Kagege, Kivo and Sigu collines in Busoni commune. A total of 12 case studies and seven focus group discussions were undertaken. A full overview of the sample is provided in Table 2.

Table 2 Overview of sample of new qualitative data, April 2018

Respondent group	Site			Total
	Bugabira commune - Nyabikenke colline	Busoni commune - Sigu colline	Busoni commune - Kivo/ Kagege collines	
Focus groups	1 male	1 male	1 male	3
	1 female	1 female	2 female	4
Case studies	1 male	2 male	4 male	7
	2 female	2 female	1 female	5

In order to facilitate a mixed methods approach, newly collected qualitative data is complemented with both qualitative and quantitative evaluation data that was collected from late 2012 to mid-2015.

Two rounds of qualitative data collection were undertaken as part of the evaluation: the first round took place in May–June 2013 after the first few months of programme implementation, and the second round was undertaken in February–April 2015 after the completion of all asset transfers and towards the end of the programme. Additional data collection took place as part of a separate study on child wellbeing in January–February 2015.

Quantitative data collection consisted of three rounds. The baseline survey was undertaken in November–December 2012, before the start of the programme; the midline survey took place in June 2014, after the cash transfers component ended and before the asset transfer component started; and the endline survey was administered in April 2015 after all asset transfers had been made and most training had been completed. The quantitative evaluation included 2600 households in Cibitoke and Kirundo provinces, which were pre-selected for potential participation in the Terintambwe programme and randomly assigned to a high treatment group (T1 = 1000), a low treatment group (T2 = 1000) or a control group (C = 600 households) with equal split across provinces. This design aimed to test differences in outcomes for different intensities in coaching; high treatment households received three home visits per month while low treatment households received only one. Quantitative programme effects are therefore reported for these groups separately, and include a significance test to consider differential impacts<sup>3</sup>.

#### 4.2. *Data analysis*

The combination of newly collected qualitative data and existing sets of qualitative and quantitative data were analysed in various ways, including thematic and case study analysis.

Thematic analysis was undertaken in two phases. For analysis of newly collected data, a coding scheme was developed on the basis of the main themes of interest for this study (e.g. graduation trajectories; household and children's outcomes; programme components and their contribution to trajectories) and new themes that emerged during the pilot testing of fieldwork tools and a first reading of transcripts (e.g. women's empowerment). NVivo was used for the coding of transcripts and analysis of trends and patterns across respondent groups. Findings were subsequently mapped against existing qualitative data to gain insight into longitudinal patterns. In particular, we draw on data collected through focus group discussions and case studies with former Terintambwe participants.

Case study analysis was undertaken on the basis of a case study compendium, which collated all case study materials across all rounds of data collection. This includes all available qualitative and quantitative data for case study households and its members, providing detailed and longitudinal narratives for each case. Changes over time at household level and for individual members were analysed per case study using all available materials. Table A1 in the annex provides an overview of all case studies included in this study and the various data points included for each case study.

Given the large volume of data and range of sources that are included in this study, we indicate the origin of any data reported and used in the analysis. This includes presentation of programme impacts based on the programme's quantitative evaluation.

### **5. Children's trajectories**

We explore children's trajectories during and after programme implementation. In doing so we build on evidence from the programme's impact evaluation, including impact estimates that were reported

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<sup>3</sup> See Devereux et al. (2015) for more details about the methods for quantitative and qualitative data collection and analysis that underpinned the programme's impact evaluation.

elsewhere (Devereux et al. 2015) and drawing on the primary quantitative and qualitative evaluation data for individual case studies to obtain more detail. We also use primary qualitative data that was collected in April 2018 and holds retrospective reports by former *Terintambwe* participants and their spouses about the programme's impact on children and the extent to which these impacts were maintained after programme end.

### 5.1. Overall trajectories

We first explore children's overall trajectories in terms of their wellbeing. Data suggests that these trajectories closely follow overall household trajectories, in part because elements of child wellbeing are manifested at household level (such as housing conditions) but also because improvements or deteriorations in socioeconomic outcomes are shared by all household members. The most commonly observed trajectory across the pre-programme, programme and post-programme periods constitute a drop-improve-decline scenario.

Life history diagrams that were undertaken with *Terintambwe* programme participants and aimed to retrospectively track household wealth and wellbeing since its inception until the start of the programme revealed that many participants experienced considerable covariant and idiosyncratic shocks that led to a decline in wealth and wellbeing. Early life experiences were marred by the civil war in 1993, which led to people fleeing the country to Tanzania or Rwanda. Other shocks often pertained to illness (of the participant themselves or a family member), death of a family member and climatic shocks such as drought and floods. Roughly half of the children that are present in the case studies included in this study were born in the period before the programme.

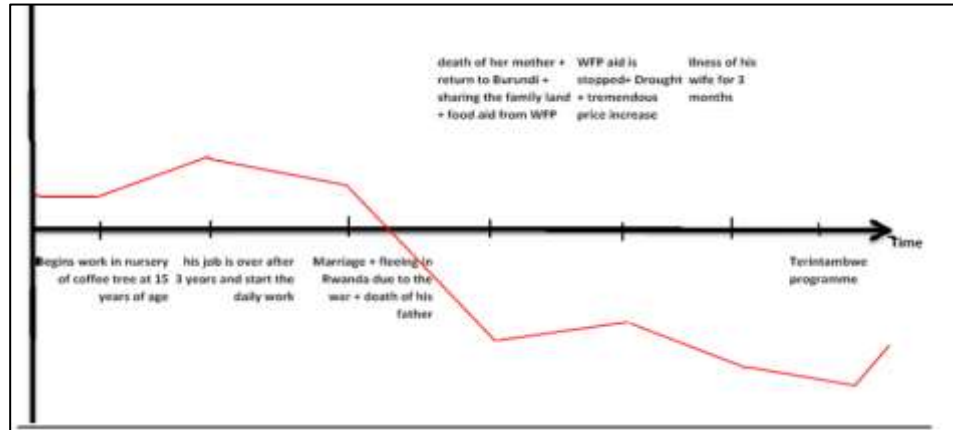
The programme period from early 2013 to mid-2015 led to an upwards trajectory for the large majority of *Terintambwe* participants, including all case study households included in this study. The distribution of cash and asset transfers alongside training and coaching, the ability to save and borrow through SILCs, the building of kitchen gardens, the investment into assets such as land and livestock, and the establishment and success of small businesses were all reflected in household diagrams that sought to track household wealth across the programme period. These upwards moves in wealth were also associated with greater food availability, less hunger and improved housing conditions for all household members.

In April 2018, post-programme trajectories were widely described as declining with former participants referring to deteriorating levels of household wealth and wellbeing. These declines were primarily attributed to two covariate shocks since the end of the programme, namely widespread drought and a political crisis. The drought caused harvests to fail and markets to collapse, making it difficult for participants to sustain their businesses and maintain their own food supply. The political crisis caused much uncertainty, with many inhabitants of Kirundo leaving their homes or feeling insecure about the future. A commonly adopted strategy for coping with either crisis was the sale of assets that were gained through the programme, such iron sheets and bicycles, in order to purchase food or prepare to move away. Case study respondents indicated that levels of food security had dropped, with fewer meals now being available.

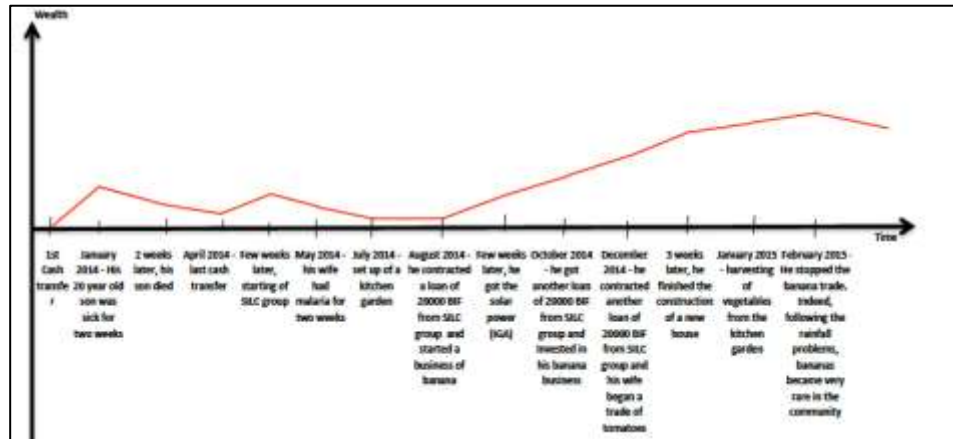
The selected case study of AM illustrates the drop-improve-decline scenario, highlighting the range of shocks that participants are exposed to and need to withstand to survive and harness positive impacts of a graduation programme.

Box 1 AM from Nyabikenke colline – case study of longitudinal trajectories

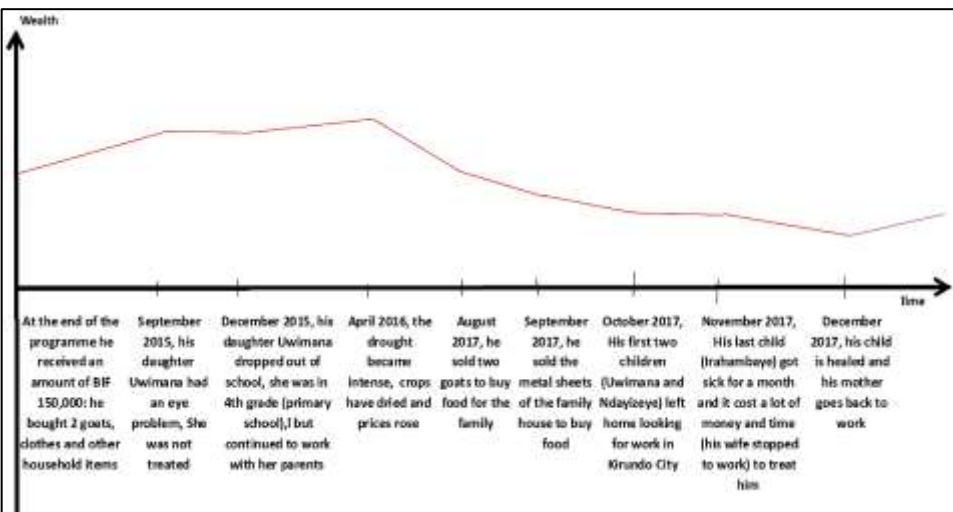
AM is a 48-year old male former Terintambwe participant, and currently lives his wife and three of their children in Nyabikenke colline. The life history diagram depicting his self-reported wealth and wellbeing over time until before the start of the programme shows that AM had to cope with some large shocks in his early life, including the death of his parents, the flight from war, drought and illness. The war period had a particularly devastating effect.



Participation in Terintambwe contributed to improvements in AM's wealth, and that of the entire household. The history diagram covering the programme period shows that wealth increased mostly after the first year of the programme. AM and his wife started many businesses, including selling solar power, a banana business and tomato trade, which were facilitated by and taking out loans from SILCs. The household also experienced shocks, including the death of their son, and illness of his wife. Both led to decreases in wealth and wellbeing.



After the programme had come to an end, AM and his household initially managed to keep wealth and wellbeing fairly stable. His daughter dropping out of school contributed towards economic wellbeing as she was able to contribute to household work. The effects of the drought in mid-2016 had devastating effects on the harvest, and reduced crops coincided with higher prices on the market. Ultimately AM had to resort to selling assets including goats and iron sheets. Two of his sons decided to move to Kirundo city in search of work. The household situation is slowly improving again, particularly as their son is no longer ill and AM's wife can go back to work.





Findings from the newly collected qualitative data indicate often respondents considered the effects of the *Terintambwe* programme to be similar for both adults and children. These respondents stressed that all members of the household, including children, had the same number of meals per day or slept in the same room. In terms of trajectories, these participants considered that all members of the household would be equally affected by shocks and stresses or equally benefitted from positive events that could improve the entire household's living conditions.

Nevertheless, other participants felt that children benefited more from *Terintambwe*, as they were eating more meals than before, and parents could feed them healthier food. Parents also stressed that the programme enabled them to send their children to school or to avoid having to drop them out. At the same time the case study of AM in Box 1 reveals that children may be particularly disadvantaged if they have to drop out of school, for example.

We continue to assess longitudinal trajectories for children in particular by exploring changes over time in relation to four areas of wellbeing.

## 5.2. *Material wellbeing*

Results from the quantitative impact evaluation (see Table 3) indicate that the programme led to improvements in living conditions, especially in terms of housing. The proportion of programme participants with better quality roofs grew significantly relative to the control group. Participants also managed to increase the sizes of the plots on which the house were located, which would commonly include areas for cultivation and kitchen gardens.

Programme effects are less significant in relation to wall materials, and no effects are observed in relation to access to improved sanitation and safe drinking water. It should be noted that the lack of impact is due to control group members also having substantially improved outcomes in these areas, largely as a result of spillover effects (Devereux et al. 2015; Roelen and Devereux, 2018). Despite effect estimates being insignificant, considerable achievements were observed among programme participants in Kirundo. With respect to access to safe drinking water, for example, the use of unsafe sources decreased from 62 percent at baseline to 26 percent at endline.

Table 3 Programme effects in Kirundo - material wellbeing

	<i>Baseline-Endline</i>		
	<i>T1 vs Control</i>	<i>T2 vs Control</i>	<i>significance test T1 vs T2</i>
<i>Area of the house</i>	3.512*	4.230***	ns
<i>Proportion of households whose house wall materials are trees and mud</i>	-0.079*	-0.045	ns
<i>Proportion of households whose house roof materials are trees and grass</i>	-0.200***	-0.146***	ns
<i>Proportion of households with a seriously leaking roof</i>	-0.414***	-0.331***	ns
<i>Proportion of households who have hygienic toilet facilities</i>	-0.008	-0.045	ns
<i>Proportion of households with access to safe drinking water</i>	0.039	-0.002	ns
<i>Proportion of households using firewood or coal as cooking fuel</i>	0.030	0.025	ns

Source: compiled from Devereux et al. (2015)

Qualitative data from 2015 indicates that household-level improvements in housing conditions, sanitation facilities and access to water translated into greater material wellbeing for children. Caregivers of children reported that the increase in income through Terintambwe was used for improving living conditions and that training activities conveyed the importance of sanitary practices. One female participant said: *“Both cash and asset transfers enabled us [...] to build better houses that our children live in today. We have also implemented the different lessons we learned from the programme including maintaining hygiene which contributed to enhancing the lives of our children”* [FGD-F-Nya, 2015].

Newly collected qualitative data suggests that these positive effects were partly sustained. Respondents indicated that the improvements in housing conditions, and roofing in particular, was maintained after the programme ended: *“Now my daughter sleeps in a house that keeps the rain out”* [NB, 2018]. Terintambwe participants were strongly advised participants to purchase iron sheets at the time of programme implementation, and children living in houses with such roofs clearly benefit from this for their wellbeing: *“[Our daughter] sleeps with us. She sleeps in good conditions as the house is well roofed.”* [NE, 2018] and *“[Terintambwe] has allowed me to build a metal sheeting house, and my kids sleep in better conditions.”* [FGD-M-Bug, 2018].

Nevertheless, the quality of housing conditions for many children appears to have deteriorated. Many former participants sold their iron sheets in response to the drought and crisis: *“I had a nice house with metal roof sheeting but now I sold the sheets covering the area where I was keeping goats. I am obliged to sleep in the same room with goats. Terintambwe helped me to stay alive during hard times. I sold the metal roof sheets in order to live”* [MP, 2018]. In a few cases, children had moved house entirely, leading to an overall decline in housing conditions.

Changes were also observed in terms of conditions inside the house. While children were reported to have been sleeping on beds at the end of the programme period, they are now sleeping on the floor: *“We were sharing a bed with my sister but the bed is broken now. Currently we sleep on a traditional mat on the floor.”* [18-year old daughter, MG, 2018] and: *“When the program ended, we had bed sheets but now we use a fabric. We don’t have a bed, we sleep on the floor and the house can’t keep the rain out.”* [ML, 2018]

The data holds relatively little information about sanitation, and the extent to which latrines have been maintained or access to clean drinking water is available. Reports of the widespread adverse consequences of the drought suggest that the ability for former Terintambwe participants to have sustained the programmes’ positive changes in these outcome areas will have been mixed.

### 5.3. Physical wellbeing

Impact evaluation results (see Table 4) show that Terintambwe greatly improved food security, reduced hunger and improved diets of children. The programme increased the number of meals eaten by children, reduced the number of months per year that the households that they lived in experience hunger and improved diversity of the types of food that they were eating. Qualitative data from 2015 confirm these findings, with caregivers widely reporting that they are better able to feed their children regularly and more healthily as a result of improved and more diverse cultivation of own produce and the ability to buy foods on the market. A male Terintambwe participant indicated: *“Cash transfers played an important role as they have enabled us to provide for our families and purchase more food for the children who now eat twice a day”* [FGD-M-Sig, 2015] and a female participant said: *“the kitchen garden is very useful: when my children come from school they harvest vegetables and prepare the meal”* [CS-F-Nya, 2015].

The programme also improved health-seeking behaviour, the ability to afford medication and sanitary practices. Qualitative data from 2015 and 2018 highlights how a combination of cash, health insurance cards and training facilitated these positive effects. Female participants indicated: “*The health card I received was very useful because I used not to take my children to hospital but now I do; I lost a child because I could not afford healthcare fees*” [CS-F-Nya, 2015] and “*we had coaching sessions that taught us how to care for our children in maintaining hygiene for them*” [FGD-F-Sig, 2015].

Table 4 Programme effects in Kirundo - physical wellbeing

	Treatment effects from baseline (2013) to endline (2015)		
	T1 vs Control	T2 vs Control	significance test T1 vs T2
Number of meals eaten by children	0.731***	0.722***	ns
Number of months of hunger	-3.918***	-3.291***	**
Household Dietary Diversity Index (HDDI)	1.500***	1.304***	*
Child Dietary Diversity Index (CDDI) - age 6-24 months	0.839**	0.695**	ns
Proportion of households attending formal health provider for sick member	0.314***	0.408***	**
Proportion of households being able to afford medicine for sick member	0.225***	0.243***	ns
Proportion of households with respondents usually washing hands with soap and water after toileting	0.363***	0.299***	ns

Source: compiled from Devereux et al. (2015)

Qualitative data from 2018 show that former *Terintambwe* participants struggled to maintain food security and dietary diversity after the end of the programme. Most respondents reported to have experienced hunger during the drought period, failing to secure basic food levels of food intake. Overall, respondents described reducing the number of meals in the household, including those of children, and their inability to afford certain types of food such as meat. Many former participants did continue to grow vegetables, albeit in their own plot rather than in the kitchen garden, suggesting a lower variety and quality. One male respondent described changes in his son’s diet: “*He was eating 3 times a day because I was keeping some food left over to use in the morning. He was eating beans, fish, sweet potatoes, and cassava flour. Now he eats twice a day but the left over used in the morning is not enough. He eats the same dish as before mostly vegetables which are much cheaper*” [NN, 2018].

Health problems appear widespread among children of former *Terintambwe* participants. Malaria was mentioned most frequently, and children were also reported to suffer from eye infections, respiratory problems and fractures. The ability to respond to health issues since the end of the programme is mixed; some former participants renewed their health insurance cards that were provided through the programme at their own expense, but others indicated that they were not able to do so. One respondent explained that the experience of having health insurance triggered him to renew it, even after programme end: “*all my life I had never used a health insurance, and probably I would have never used it if I hadn’t known it in the program. It is when I got it that I saw its importance and I still use it*” [FGD-M-Bus, 2018].

Responses by those no longer having health insurance suggest that children do not get receive health care: “*She has eye problems since last week, and suffered from malaria sometimes. Except that, no other disease. When she gets sick, she stays home and wait until she gets better. We don’t have health*

insurance” [MG, 2018]. Children under five of years of age, however, are reported to receive free medical care, which has proven crucial in cases of malaria.

Sanitation practices appear to have suffered since the programme came to an end. Respondents almost unanimously reported that children now have fewer clothes than before, and that they are no longer able to ensure that their child is wearing clean clothing. The wife of a former *Terintambwe* participant explained in relation to her 3-year old son: “He had enough clothes and I could change his clothes when he was dirty but now I don’t even shower him because he doesn’t have clean clothes to wear. He takes bath twice a week now while before he was bathing every day” [MA, 2018]. Findings also suggest that purchase of soap or other self-care products such as lotion was deprioritised in light of reduced cash.

#### 5.4. Education and productive wellbeing

Children of *Terintambwe* participants were more likely to attend school and to reduce the number of days that they worked outside of the household as a result of the programme (see Table 5). The programme provided participants with children with school uniforms and materials, offering vital support for caregivers to send children to school: “Concern has given us books, uniforms and other school materials that enabled our children to go to school” [FGD-F-Sig, 2015]. Programme participation also led to children who were working outside the household to do so for fewer days per week.

Table 5 Programme effects in Kirundo – educational and productive wellbeing

	Treatment effects from baseline (2013) to endline (2015)		
	T1 vs Control	T2 vs Control	significance test T1 vs T2
Proportion children having ever attended school - age 5-18 years	0.183***	0.166***	ns
Proportion children attending school - age 5-18 years	0.234***	0.191***	ns
Proportion of children undertaking paid work outside the household - age 5-18 years	-0.078***	-0.039	ns
Number of days per week that children aged 5-18 years worked outside the household	-0.897**	-0.715*	ns

Source: compiled from Devereux et al. (2015)

The ability for children to remain in school after the end of the programme was mixed. Former *Terintambwe* participants acknowledged the importance of education for their children, and various examples provide testimony to the efforts that caregivers put into ensuring that children can continue going to school despite economic hardship. A former female participant explained in relation to her daughters: “Yes there are differences [in trajectories]. My daughters have not been affected as I was. They continued going to school and they were fed at school while I could spend a day without eating. I also make sacrifices for their wellbeing” [ML, 2018].

Nevertheless, a substantial number of children has had to withdraw from school, with illness and lack of money being the most frequently mentioned reasons for children to drop out. This often coincided with taking on more (re)productive activities. In the face of hunger and lack of income, children were either involved in work within households or left the household in search of paid work. This is illustrated by the case of former male participant AM (see Box 1) and his children (see Box 2).

AM's 15-year old daughter Uwimana dropped out of school at the end of 2015 because of an eye infection that was left untreated. She then remained at home to work in and around the household, which contributed to household wealth (see Box 1).

In October 2017, Uwimana and her younger brother Ndayizeye moved to Kirundo town to look for work. Uwimana is reportedly working as a nanny and Ndayizeye is herding someone's goats, and they have both been sending money back home in support of the family. AM doesn't know when his children will return but expects his son to come back after he has earned considerable money. He expressed the expectation his children are better off as a result of moving to Kirundo town: *"my children who went to Kirundo can now eat twice a day, while here we eat once. I think that they are better off than the rest of the household"*.

Indeed, children's moves away from home – particularly of those in adolescence – were attributed to the drought and worsened living conditions, as described by a female participant: *"I went to work, once back home my children told me that one of their brothers is missing. I searched for him and I heard that he had been seen in Kirundo city. One day I was coming from work and I found him at home sick [...] Once again he left but this time was looked after by his uncle. When he was asked why he keeps on running away from home, he said that it was because of hunger. There are also many cases of kids who moved to Bujumbura"* [FGD-F-Bus].

The aspiration to migrate was present in adult children that still lived with their parents. Respondents described hearing their children telling friends about their desire to migrate, while other children left without notifying their parents after the drought. The departure of some of these children negatively affected the trajectory of their households, as they were contributing to household income or helped with other duties such as fetching water or looking after younger siblings.

### 5.5. *Relational wellbeing*

We explore the dimension of relational wellbeing by considering relationships within the household, caregivers' perceptions about children's behaviour and children's movements across or in and out of households.

Findings from the qualitative evaluation indicate that programme participation contributed to improved household dynamics, particularly in cases of disputes between spouses. *Terintambwe* case managers often proved instrumental in resolving disputes, leading to more harmonious relationships. During an interview at the end of the programme in 2015, male participant MA talked about the relationship with his newly wedded wife AA: *"We used to dispute about who would go to work but since Terintambwe started we decide together about what we do. The case manager has provided us advice that helped us improve our relationship"* [MA, 2015]. Such improved spousal relationships are likely have positive effects on children's relational wellbeing, with home being a more pleasant and secure environment.

It is unclear, however, to what extent positive effects have been maintained. In the case of MA, during an interview in 2018 his spouse AA described: *"We are not in good relationship with my husband. I am mistreated and beaten by him. Some days I leave him and go back home but he comes to take me after. Most of the time we disagree on household management and we fight. Since I came here, I have been in and out the household five times"* [MA, 2018]. Such conflicts cannot necessarily be ascribed to worsening of living conditions, although poverty-induced stress is known to contribute to poor relationships.

Caregivers were also asked about their children's relationships with others in the household and about their overall behaviour. Many children were reported to have good relationships and to do well. In some cases, however, caregivers reported their children to be bad-tempered. A former female Terintambwe participant talked about her 9-year old son's behaviour: *"He fights a lot with [his older brother]. He is also ill-tempered. A few days ago, he threw stones on other kids"* [BM, 2018]. Behavioural issues can be rooted in many problems, but a few caregivers drew an explicit link between the ability for basic needs to be met and children's contentment: *"Children are happier and more fulfilled when they sleep in a house that keeps the rain out or when they go to school well clothed"* [FGD-M-Nya, 2018].

Finally, relational wellbeing is affected by the extent to which children are able to live in stable family environments. A comparison of case studies' life histories across the three time periods for which we have data available – prior to the programme, during the programme, after the programme – reveals that children were much less likely to leave the household during the time of programme implementation. After programme end, and particularly when the effects of the drought and crisis were severely felt, children were reported to have moved away, mostly in search of work. As discussed above, this pertains mostly to adolescents, and we know little about this affected their wellbeing.

Moves away from households are not exclusive to older children however, as illustrated by the case study of 11-year old Carine (see Box 3). Her experience highlights that children can be adversely impacted by losing parental care and moving house. Although changes in relational wellbeing may not be directly linked to graduation from Terintambwe, such experiences highlight that impacts stretch beyond material, physical and educational wellbeing.

*Box 3 Carine from Kagege colline – case study of children's relational wellbeing*

Carine is an 11-year old girl living in Busoni commune. Carine's parents divorced a few years ago and her father left for Rwanda. Her mother remarried and refused to take Carine with her. Carine is currently living with her aunt BN, her spouse NC (who is a former *Terintambwe* participant) and his two adult brothers, and their two young children. Carine joined this household only last year; before that she was living with her other aunt NB (also a former *Terintambwe* participant), who is BN's sister, and with her elderly grandmother. Carine moved into the new household so that she could help with caring for BN's young children and support the household. This move does undermine her schooling though, as reported by both BN and NB and reflected in the quantitative data from 2015.

Reports by both Carine's aunts suggest that she is affected by the loss of her parents. Her aunt NB said: *"She's not well. Sometimes she thinks of her father and keeps quiet. She's not often happy but when she's with other kids she's fine."* Carine's aunt BN mentioned: *"She is very quiet, and she doesn't respond when you ask her something. It happens that when I ask her to do something, she doesn't do it. When I ask her why, she runs away"*.

## **6. Explaining children's trajectories**

Thematic analysis of qualitative data from 2015 and 2018 give rise to emerging themes that play into children's trajectories during and after the *Terintambwe* programme.

### **6.1. Economic strengthening**

Findings from across all data sources show that economic strengthening as a result of the *Terintambwe* programme had strong and positive effects on child wellbeing. Economic support in terms of the direct provision of cash through the programme and its support to income generation through the establishment of small businesses, incentives to save and borrow and advice on business planning



greatly contributed to improved wellbeing for children across all domains, as it allowed for the purchase of housing materials, food, soap, blankets, health insurance and medication.

Caregivers of children consider household wealth to be closely associated with wellbeing across all domains, as expressed by female respondents: *“A good life for children often depends on the wealth of their families. Indeed children in rich families have what they need at home and so they often stay in school. Children in poor families when, for instance, they realise that their peers have soap to wash their clothes but they do not, they sometimes leave school to work so that they make money and buy what they lack. This impedes on their wellbeing”* [FGD-F-Nya, 2015].

The corollary of these strong links between economic strengthening and child wellbeing is that a decline in household income is likely to worsen outcomes for children, and that overall declines in household trajectories after graduation from the *Terintambwe* programme undermines the potential for intergenerational graduation.

## 6.2. *In-kind support*

In-kind support that directly provided basic necessities for children were crucial in supporting child wellbeing. The provision of books, uniforms and school uniforms were mentioned frequently in terms of helping children into school at the time of programme implementation, but also in relation to keeping children in school after the programme had come to an end. One female respondent explained as follows: *“My kids are still wearing the uniform we got from the program, and those who do not have uniform are chased from school. Without uniform, my kids would have been chased from school”* [FGD-F-Kiv, 2018]. All respondents reported that the school uniforms and materials were worn down, however, and that no replacement was possible for lack of funds.

The provision of a mobile phone was also deemed to be important in supporting children’s care as it afforded women the opportunity to call help for their children or communicate with them in case they were not living with them: *“[...] if my kid get sick during the night I use it to call neighbours asking for help, to take him to the hospital”* [FGD-F-Sig, 2018]. However, with the majority of respondents no longer having their mobile phones, the sustainability of this positive effect is marginal.

## 6.3. *Training and coaching*

Training and coaching components of the programme proved vital for improving child wellbeing, notably in terms of physical wellbeing. Caregivers reported improved knowledge and awareness regarding nutrition, sanitation and health care, and how this benefited their children and themselves. Many respondents also attested to the continued value-added of these lessons, even three years after programme end. The knowledge and ability of putting such knowledge into practice at a time when resources were available offered former participants valuable skills and experience that are sustained into the future. Two examples capture the responses offered by many former participants:

*“We haven’t dropped to worse levels because the program gave us knowledge. For instance, we have been taught to cultivate vegetables in kitchen gardens. Thus, when we have flour, it makes it easier to have a proper meal.”* [FGD-F-Nya, 2018]

*“The coaching and training program especially family planning helped me to space births which was very helpful during the period of food shortage. I was able to move from one place to another searching for food without being obliged to travel with a baby. Also, good hygiene practices taught to us like washing clothing allowed us to be considered in community and have dignity.”* [FGD-F-Kiv, 2018]

#### 6.4. Prioritising children

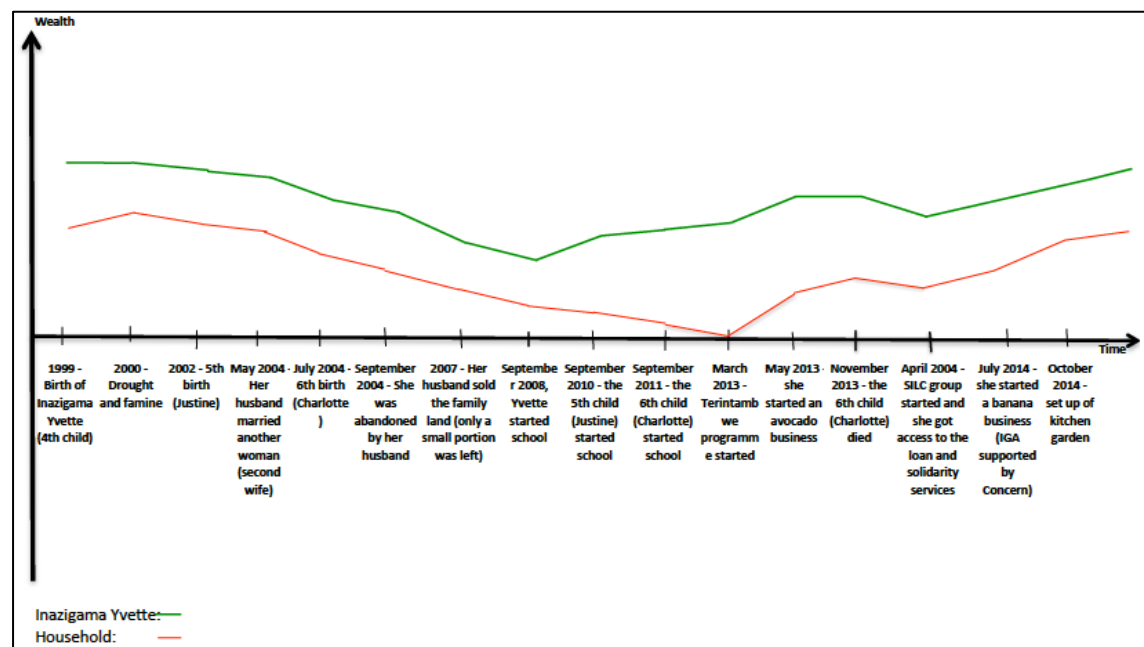
A theme that clearly emerged from the qualitative data is that caregivers are greatly aware of children’s vulnerabilities, and that many go to great lengths to ensure that basic needs of children are met, including nutrition and education. A male respondent explicitly noted the need for prioritising children: *“Kids are more exposed than adults. It is understandable for adults to spend a day with an empty stomach but it is not easy for kids. They need to eat and have access to education”* [FGD-M-Bus, 2018]

Similar observations can be made on the basis of qualitative data from 2015, with respondents indicating that caregivers’ approaches towards care are vital in securing wellbeing for children. Male focus group members explained as follows: *“A good life for children does not always depend on the wealth of the family only but also on parents’ attitudes regardless of whether the family is rich or poor; their advice and guidance are always essential to ensure the wellbeing of their children. It is the same for other different indicators such as education for instance; if parents do not encourage their children to study they may not have a good life in the future given that education is today more valued in every sector”* [FGD-M-Si].

The case study of ML (Box 4) offers more detailed insight into efforts of former Terintambwe participants in supporting their children, both throughout improved living conditions and shocks in household wealth and wellbeing.

*Box 4 ML from Kagege colline – case study of prioritising children’s wellbeing*

ML is a 42-year old mother living in Nyabikenke colline and a former Terintambwe participant. She lives with her 17-year old daughter Yvette and 14-year old daughter Justine. At the end of the programme in 2015, life history diagrams were drawn for the household as a whole and one of her daughters.



ML experienced strong declines in her household wealth since the birth of Yvette and prior to joining *Terintambwe*. ML’s husband abandoned her and sold part of the land, leaving ML with only a small plot. She also lost her youngest daughter shortly after having started *Terintambwe*. Household wealth and wellbeing improved markedly during *Terintambwe* as ML set up avocado and banana businesses.



Yvette's trajectory did not necessarily follow the overall household trajectory. Most notably, she was able to enter into school in a period of declining household wealth. ML described how she aimed to provide for her children in the face of limited resources: *"We were living in bad conditions in the past few years. I could not buy clothes for my children. However I had made a deal with a tailor: I had to cultivate for her and she would sew clothes for my children out of pieces of fabrics that remained from other clients' fabrics. When my children needed school materials I had to look for someone I could work for to be able to afford what they needed (and my children would miss classes in the meantime). Moreover I could not buy jumpers for my children and they would be cold in class during the rainy season but now we have clothes that keep us warm."* [ML, 2015]

ML's wealth declined considerably after the end of Terintambwe as her businesses collapsed. She was forced to sell her livestock in order to purchase food, and to take out a loan that she only recently managed to pay back. Despite these struggles, she prioritised her daughters' wellbeing: *"My daughters have not been affected as I was. They continued going to school and they were feed at school while I could spend a day without eating. I also make sacrifices for their wellbeing. However, they couldn't afford some products like body lotion and soap as when I was running the business"* [ML, 2005].

### 6.5. Gender dynamics

Analysis across qualitative data suggests that gender dynamics are at play in harnessing positive change for child wellbeing, both in times of affluence and adversity. Female respondents indicated that programme impacts would be more positive for entire household, including children, if the main participant was female: *"The programme made impacts mostly on women because when you give something to a woman, you are giving it to the whole family, which is not necessarily the case with men"* [FGD-F-Kiv, 2018]. Prioritisation of child wellbeing despite declines in household wealth, such as in the case of ML and her daughters (Box 4), was more commonly observed among former female participants. Respondents particularly mentioned the inclusion of vegetables in children's diets and keeping them into school.

These findings go hand-in-hand with the notion that women felt empowered through Terintambwe, both economically and personally. Women refer to having cultivated the ability to support their families, and to stand up to their men. Focus group respondents explained as follows: *"The programme empowered women. We thought that we were unable to perform men's duties. With trainings, we started building houses, educating kids and we have initiated household income generating activities"* [FGD-F-Nya] and *"The programme has given us pride, as women. We have been able to do the work usually reserved for men"* [FGD-F-Sig].

### 6.6. Covariate shocks

All explanatory factors that may enable or disrupt intergenerational graduation of children need to be regarded in light of the large covariate shocks that all former *Terintambwe* participants in Kirundo had to face after programme end. The severity of the drought and political crisis means that children's upwards trajectories post-programme were inevitably disrupted, regardless of the set of enabling factors in place. The breakdown of businesses, discontinuation of SILCs, lack of economic opportunities and lack of harvests resulted in former participants struggling to harness and maintain positive impacts *Terintambwe*. This included key outcomes for children such as availability of food, diversity of diet, having a health insurance card and being able to send children to school. While knowledge, skills, experience, confidence and prioritisation of children's needs help to mitigate the effect of declining household wealth, caregivers face real limits in sustaining child wellbeing in the face of shocks. This is well-recorded elsewhere; research in both Brazil and India found that loss of earnings among poor households resulted in children no longer going to school or having lower grades (Quisumbing, 2009).

## 7. Conclusion

This paper aimed to gain insight into children's trajectories during and after participation of their caregivers in a graduation programme, thereby seeking to answer the question whether programmes aimed at economic strengthening can lead to intergenerational graduation through child wellbeing at present. The paper used a unique combination of qualitative and quantitative longitudinal data, shedding light on children's wellbeing before, during and post-programme implementation. The study focused on Concern Worldwide's *Terintambwe* Graduation Programme in Burundi in a context of widespread poverty, high vulnerability of climatic shocks and political instability.

Findings show that economic strengthening has a positive impact on all aspects of child wellbeing, including material, physical, educational and productive, and relational domains. In a context of extreme poverty, greater availability of cash through programme transfers and income generating activities allows for securing children's basic needs such as diverse diets, health care, schooling and more stable and harmonious household dynamics. Additional in-kind support such as school materials, and training and coaching, reinforce these positive effects. We don't find evidence for increased demands on household economic resources or children's time to undermine child wellbeing.

Children and their wellbeing are negatively affected by large covariate shocks, including climatic shocks political instability. Households struggle to mitigate its adverse consequences with coping mechanisms including sale of productive and domestic assets, thereby compromising household wealth and the ability to generate income. Positive economic effects that are achieved through the graduation programme are largely eroded, leading to a drop-improve-decline pattern with programme participants, including their children, experiencing considerable drops in their wealth and wellbeing. Older children appear particularly affected with poverty and hunger acting as push factors into paid work, sometimes in towns far removed from their families.

At the same time, changes in child wellbeing across the material, physical and educational domains are harnessed with improved housing structures, dietary diversity and school attendance being maintained to the best extent possible. Overall, caregivers seek to guarantee the highest levels of wellbeing possible for their children, with evidence that they aim to smooth consumption in ways to maintain children's outcomes despite to the best extent possible. Caregivers are aware of children's vulnerabilities, and seek to prioritise good nutrition, sanitation, healthcare and schooling.

We do also find evidence for a gendered effect, with children of female programme participants more likely to experience positive changes in their wellbeing, or to be protected in times of adversity. This is observed particularly in relation diet and schooling. This goes hand-in-hand with women's empowerment in productive and personal realms as a result of programme participation. That said, we observe no changes in gendered distribution of care responsibilities, meaning that positive effects on child wellbeing are achieved by playing into, rather than challenging gender norms.

Finally, we learn that economic strengthening through graduation programmes holds important potential for intergenerational graduation through improving child wellbeing, but that such potential is weakened considerably in the face of large covariate shocks. The erosion of impacts after programme end due to lack of mechanisms, such as emergency support or micro-credit facilities, that avoid households having to adopt coping strategies that are detrimental to their wealth and opportunities for income generation are of concern in relation to graduation programmes more broadly. Sustainable change, including intergenerational graduation, requires sustained support over time.

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## Annex

Table A1 Overview of case studies

Case	Colline	Commune	Sex	Age range	Spouse	Children (currently in household)	quant evaluation data (2013-2015)	qual baseline data (2013)	qual endline data (2015)	new qual data (2018)
AM	Nyabikenke	Bugabira	Male	40-50	Yes	5 children, age range 5-19	yes	yes	yes	yes
ML	Nyabikenke	Bugabira	Female	40-50	No	2 children, age range 15-17	yes	N/A	yes	yes
MP	Nyabikenke	Bugabira	Female	40-50	No	1 child, age 23	yes	yes	yes	yes
DB	Rugarama	Busoni	Male	20-30	Yes	3 children, age range 2-12	yes	N/A	N/A	yes
NN	Sigu	Busoni	Male	40-50	Yes	2 children, age range 2-4	yes	yes	yes	yes
MG	Sigu	Busoni	Male	50-60	Yes	5 children, age range 10-22; 1 grandchild, age 2	yes	yes	yes	yes
BM	Sigu	Busoni	Female	40-50	No	7 children, age range 1-23	yes	yes	yes	yes
DK	Sigu	Busoni	Female	60+	No	no children	yes	yes	yes	yes
NE	Kivo	Busoni	Male	30-40	Yes	5 children, age range 4-16	yes	N/A	yes	yes
NC	Kagege	Busoni	Male	20-30	Yes	2 children, age range 0-2; 2 brothers, age range 21-23; 1 niece, age 11	yes	yes	yes	yes
MA	Kagege	Busoni	Male	40-50	Yes	1 child, age 3	yes	N/A	yes	yes
NzN	Kagege	Busoni	Male	20-30	Yes	1 child, age 1	yes	yes	yes	yes
NB	Kagege	Busoni	Female	15-20	No	1 niece, age 11	yes	yes	yes	yes