

Evaluation Briefing Paper: Sustaining the Impact of Concern Worldwide's Graduation Programme in Burundi



INTRODUCTION

Concern Worldwide has been implementing graduation programmes in a number of countries since 2008 including Zambia, Haiti, Rwanda and Burundi. These programmes are intended to address extreme poverty at the household level in a sustainable manner. The graduation approach provides an integrated and sequenced package of support (social assistance, livelihood development, access to finance services) to support a *pathway out of extreme poverty*. Concern's programmes consist of five core components including:

- A **comprehensive targeting** exercise that makes sure extreme poor households are identified as programme participants.
- The provision of **income support** (where feasible in the form of a cash transfer) to help programme participants meet their basic needs as they are supported to develop or diversify their livelihood strategies.
- The provision of **skills training and regular coaching** which focuses on enhancing human capital and includes providing access to practical training sessions related to income generation as well as routine coaching and monitoring visits.



Figure One: The five components of the Graduation Model

- Facilitating access to **financial services** and promoting routine saving to help extremely poor people manage risk, build resilience to lifecycle shocks and stresses and reduce the likelihood of having to resort to negative coping strategies.
- The final element is a **capital/asset transfer** to help programme participants establish a new, or expand an existing, economic activity. Most commonly, this is used for establishing or expanding a small business but it could feasibly be used to support access to formal employment.

Burundi's version of the Graduation programme also known as Terintambwe ('Take a Step Forward'), was launched in two of the poorest provinces of the country, Cibitoke and Kirundo, in 2013.



Map showing programme area

METHODOLOGY

In an effort to find out whether our Graduation interventions have worked, and whether certain elements are more important than others, the Centre for Social Protection (CSP) at the Institute of Development Studies, designed and implemented a quasi-experimental randomised control research programme. This included three rounds of quantitative household surveys (at baseline, midline and endline), administered to both an intervention and control (or comparison) group to allow for difference-in-difference analysis, as well as a substantial qualitative research component.

The research was designed to look at the effectiveness of the skills training and coaching component; this is often seen as the 'X-factor' that makes the difference between success and failure on graduation programmes. The *Terintambwe* programme distinguished between 'high' and 'low' treatment, with some participants receiving more intensive support from Concern case managers than others. Each household was randomly assigned to a high treatment group (T1=1,000), a low treatment group (T2=1,000) or a control group (C=600 households). By tracking changes in key outcome indicators among treatment households over time, while controlling for changes in these indicators among control group households, impacts can be quantified that are attributable to the programme. The participation of households from a single colline or commune in all three study groups increased the risk of spillover effects, creating challenges in terms of isolating programme impacts between the three groups.

The qualitative research component complemented the quantitative research by providing an in-depth understanding of contextual factors. These included eliciting opinions and perceptions of programme participants, non-participants, community members and programme staff on participant selection and targeting, transfers and payments, coaching and support services, among others. Two rounds of qualitative data collection were undertaken. The first round took place in May 2013 in Cibitoke, and June 2013 in Kirundo. The second round took place in February 2015 in Cibitoke, and April 2015 in Kirundo.

This paper draws from the various rounds of data collection. Findings are presented on several key result areas.

KEY FINDINGS

The living conditions of programme participants generally improved because of participation in *Terintambwe*. The programme has had a significant impact on house ownership, the quality of material that the house is constructed from, the household's access to hygienic toilet facilities and their source of lighting, as well as the number of plots of land used and owned. The research has shown that these are amongst the first things that participants spend their transfers on. The following section looks in more detail at some of the highlights from the research in terms of assets, income, savings and borrowings and food consumption.

ASSET HOLDINGS

To capture changes in asset holdings over time, we recorded the participant's ownership of a core set of assets across the three survey rounds, and converted these into a monetary value. In terms of small domestic assets (including kitchen utensils, furniture, bedding) those in T1 had increased the value of their assets to BiF 192,825 by the end of the programme, while those in the Control Group¹ had increased the value of their assets to BiF 84,912, a difference of BiF 108,850 between the groups².

In terms of farm assets that can be used for productive purposes, including hoes, buckets and machetes, a small relative improvement between the treatment and the control groups was found. This suggests that there is a ceiling for the amount of these a household will own. We also looked at the mean value of the livestock owned - this shows that programme participants increased the value of their livestock holdings by almost BiF 85,000 from baseline to midline, and that this difference continued to increase, albeit at a slower rate, to BiF 100,000 by the endline, suggesting continued acquisition of livestock amongst programme participants.

A composite asset index (combining the values of domestic assets, farming assets and livestock) confirms that participants increased their asset ownership substantially relative to the control group, but that throughout there are no significant differences between high and low treatment households.

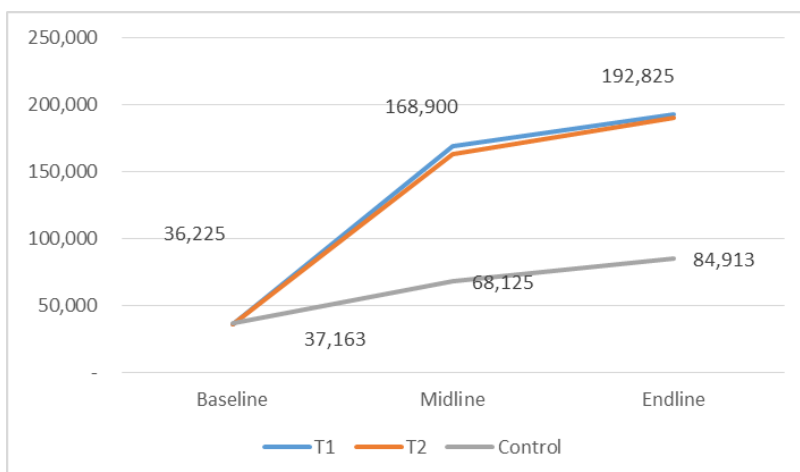


Figure 2: Domestic asset value

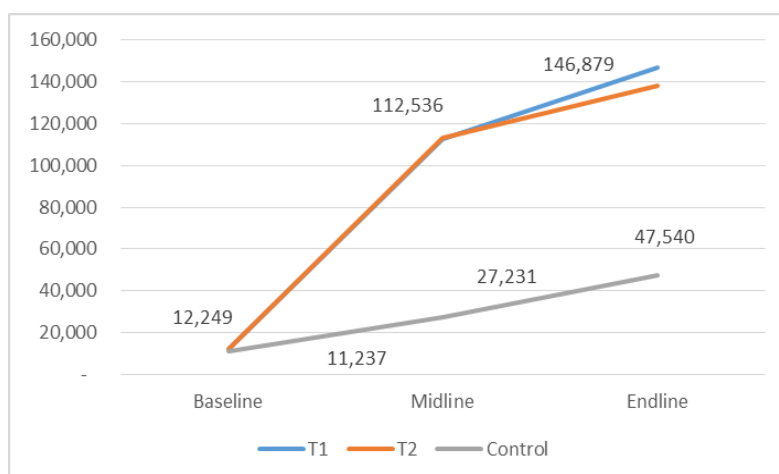


Figure 3: Livestock assets value

Using constant prices over time, our research partners estimated that the change in the value of assets owned by programme participants relative to control group is slightly above BiF197,000. Here it is important to remember that all programme participants received 14 monthly cash transfers of 24,500 BiF, or 343,000 BiF in total, during the first part of programme implementation, suggesting a large part of this (57.4 percent) has been converted into household level assets, rather than consumed.

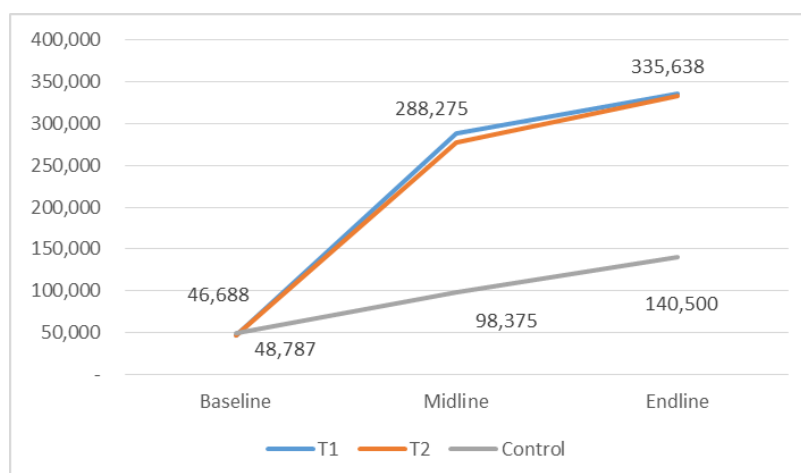


Figure 4: Household assets

We also have to consider how the large transfer has affected programme participants' ownership of physical assets that can be used for income generating activities; these include iron sheets, sacks, wooden mortars to grind seeds, sieve and wooden troughs to produce banana beer or cassava paste. Programme participants from the high and low treatment groups in Cibitoke had a higher value of these assets (about BiF 28,000) compared to control group households, while in Kirundo, programme participants from both treatment groups showed a smaller increase in their value of assets, at around 11,000 BiF.

INCOME AND OCCUPATION

One of the key objectives of the Graduation Programme was to increase the income of programme participants. Due to methodological difficulties we have limited ourselves to looking at income from the two main occupations undertaken; an initial inspection of the results suggest that the programme had a limited impact on this, despite a slight increase for the two treatment groups, and a decrease in the value from the control group. This shows a difference in difference between T₁ and the control group of BiF 46,117 a year and between T₂ and the control of BiF 41,310 a year (or about €2 per month). We have only presented data from baseline and endline here to avoid confusion coming from measuring income from the cash transfers at midline. This figure is almost certainly an underestimation of total income as we expect the households participating in the programme to have considerably diversified their source of income. All figures have been adjusted to take account of inflation.

However, this hides one other highly important finding - that participants' were able to move away from ad-hoc daily labour as their primary occupation and to diversify livelihood activities to help manage risk. At baseline 75 percent of T₁ and T₂ respondents indicated agricultural day labour to be their primary occupation, this had dropped to 47 percent at midline and 18 percent at endline. Respondents diversified into trade and income-generating activities (IGA), with many indicating farming as their primary occupation at endline. While income earned from other occupations may not be as high (yet) as from agricultural day labour, other elements were reported to be important improvements - including greater frequency and reliability of income from the newly set up IGAs that outweighed the potentially smaller amounts of income earned.

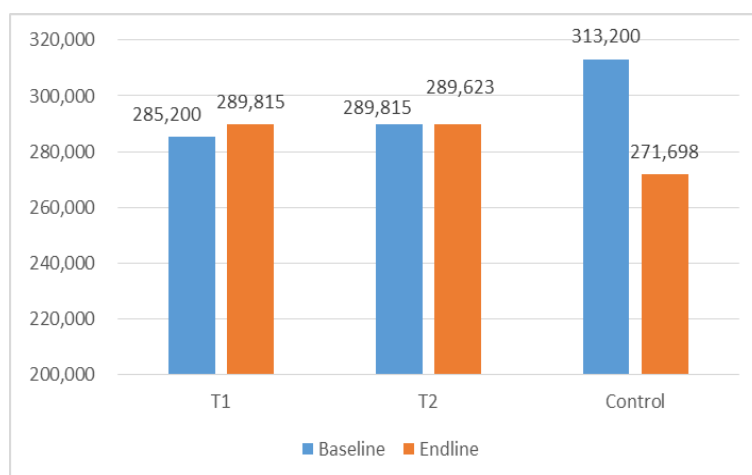


Figure 5: Annual household income from two main occupations

Programme participants generally considered the move away from working as a day labourer for other members of the community, as an important improvement in their lives. Any assessment of the impact of the programme needs to consider the income sources and people's experiences with occupations such as agricultural day labour, farming and IGAs with respect to the amount and frequency of income earned and level of autonomy in earning that income. The qualitative findings suggests that the programme has supported livelihood diversification, leading to more income overall but in the form of smaller amounts from a wider range of sources.

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HUNGER AND FOOD CONSUMPTION

The number of meals consumed per day by adult participants almost doubled between baseline and endline. Before the programme started, adult members of the household were eating an average of 1.2 meals per day; amongst the treatment groups, this increased to 1.9 at midline and to slightly above two at endline, while the control group remained static at 1.3

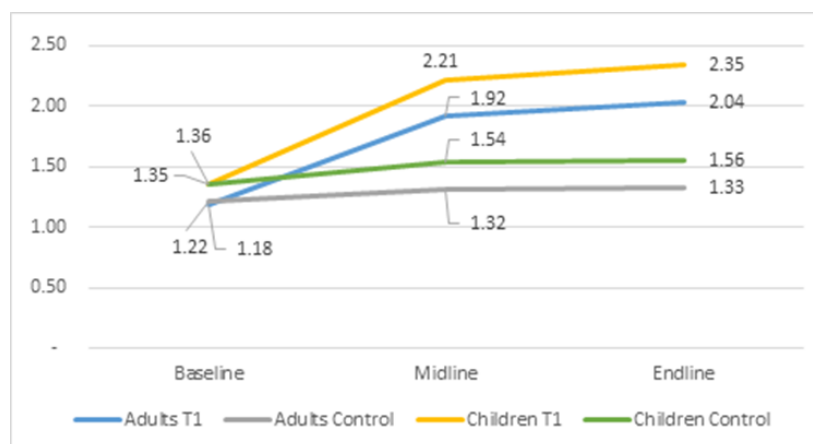


Figure 5: Annual household income from two main occupations

meals per day. This means as many as 4 out of 5 adults were eating only one meal a day at baseline. A comparable positive trend can also be observed for children, differing only in that children usually ate more meals in a day than adults to start with, and they experienced a bigger increase in the frequency of their daily meals. A similar trend can be seen in terms of the number of months household members reported they were hungry. At baseline, households experienced an average of more than 7 months hunger in the 12 months preceding the interview, with as many as one in four of all households at baseline reported being hungry for all 12 months. By the endline this had dropped to 1.6 months for the treatment groups, but remained slightly above six for the control group.

Another way to measure the degree of food insecurity to which households are exposed, is to count the number of food groups that are included in their diet (cereals, meat, vegetables, fats, etc.). The greater the number of food groups consumed in a day, the more food secure is the individual. The Household Dietary Diversity Index (HDDI) was calculated as the sum of all food groups consumed by

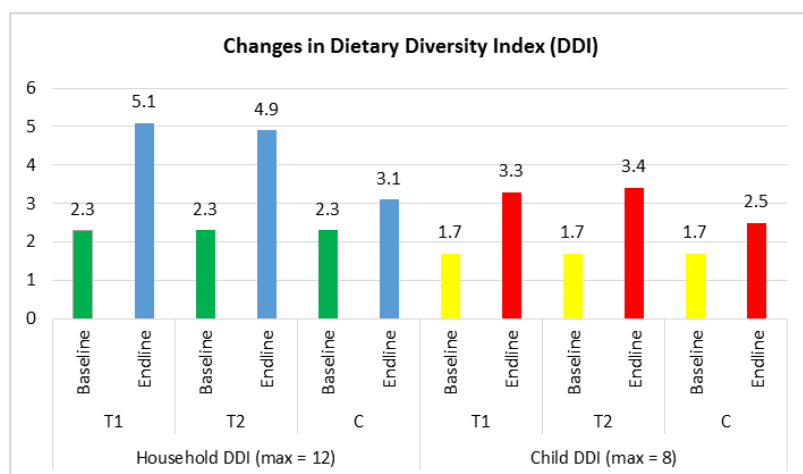


Figure 7: Changes in Dietary Diversity Index

adult members of the household in the past 24 hours, with a similar index for children aged 6 to 24 months, the Child Dietary Diversity Index (CDDI). There are 12 food groups in the former and eight in the latter.

For adults, who started with approximately 2.3 food groups in both treatment and control, their HDDI more than doubled for treated individuals, while dietary diversity rose by only a third in the control group. In terms of the CDDI, the results are similar. The average CDDI for children in *Terintambwe* households doubled from 1.7 to 3.4 between baseline and endline. While it increased by a smaller amount, from 1.7 to 2.5, for children in control group households.

Terintambwe has contributed to substantial improvements in food security among participating households, and food security provides a good example of synergies between components included in the programme. Cash transfers were used to finance food purchases and to invest in farming to grow food for consumption.

Asset transfers generated income to buy extra food. Savings and Internal Lending Committees (SILCs) provided loans and savings that could be drawn on to buy food when needed. Kitchen gardens, introduced as an extra component in 2014, provided vegetables that supported diversified and healthy diets. Training and coaching sessions included advising participants on how to prepare balanced and nutritious meals.

SAVINGS (AND BORROWING)

The introduction of SILCs during the second phase of *Terintambwe* had a major impact on households' financial behaviour. The change in saving and borrowing behaviours, already apparent at midline, is considerable and persistent. Overall, programme participants saved more, more frequently, borrowed more per loan, used the SILCs frequently and kept records of their savings and expenditures. Furthermore, households borrowed on better terms from their SILC 'credit pot' (lower interest rates, flexible repayments) than from informal lenders, and several received zero-interest loans or cash gifts from the SILC 'solidarity pot' during personal crises.

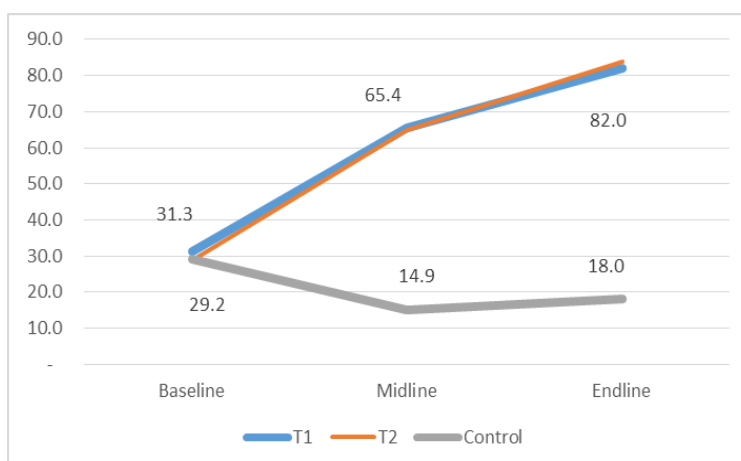


Figure 8: Borrowing

These increases are large and sustained - for instance in response to the question "Have you or your spouse taken a loan/credit in the last 12 months?" Over 80 percent in both treatment groups responded positively to this question, an increase from just over 31 percent at baseline. Not only were treated households more likely to borrow, the amounts that they typically borrowed also increased. At baseline, the average amount last borrowed by those treatment and control households who took a loan was 4,380 BiF. At endline, the average amount last borrowed was 16,870 BiF in treatment groups against 3,200 BiF in control.

There has been a similar increase in the proportions saving, with almost all households in the treatment groups identifying that they did so. For all treated households in Cibitoke and Kirundo (i.e. including those with zero savings), the total amount of household savings increased greatly, from zero in both provinces to 22,000 BiF in Kirundo and to as much as 37,000 BiF in Cibitoke between baseline

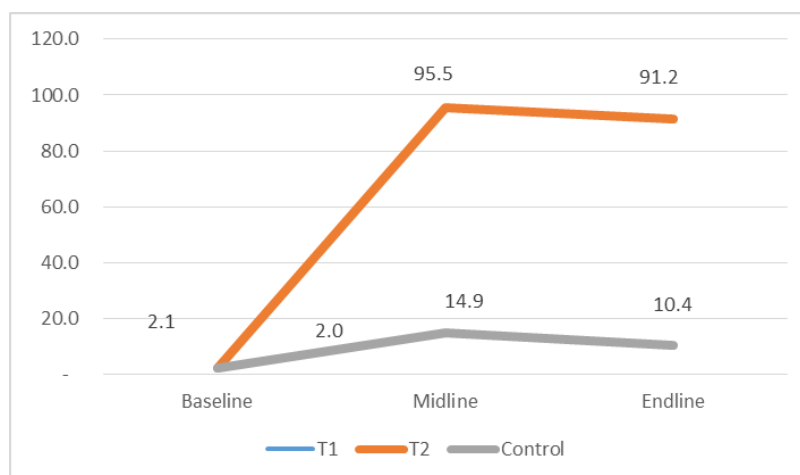


Figure 9: Savings

and endline. By 2015, almost 9 in 10 treated households were saving every week - this is standard practice applied by most SILCs - while 9 in 10 control households still do not save at all.

BEHAVIOUR CHANGE

The research found a large increase in the proportion of respondents of T₁ and T₂ households usually washing their hands after using the toilet, an increase from below 50 percent at baseline to 93 percent at endline. When asked about reasons for this change in practice, two-thirds of T₁ and T₂ respondents indicated that this was due to training as part of the *Terintambwe* programme and one-third responded that the behaviour change was a result of home visits by the *Terintambwe* case manager.

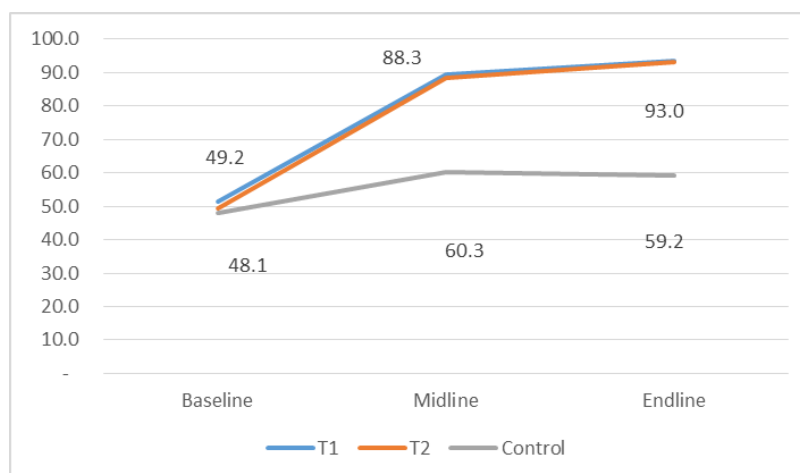


Figure 10: Handwashing practice after toilet use

Results for the control group also convey change in their hygiene practices, albeit much smaller, from 48 percent at baseline to 59 percent at endline. Reasons for such a change include overhearing about good practices from *Terintambwe* participants (32 percent), training that was provided through the *Terintambwe* programme (25 percent) and learning through awareness campaigns by government (18 percent) and NGOs (8 percent).

There is some evidence of women's empowerment through their participation in the programme. For instance, a significant shift was recorded from unilateral to joint decision-making (on issues such as control over income, use of credit, and whether to take sick children to clinic) between male and female partners or spouses within *Terintambwe* households. Not all of these effects should be interpreted positively: women did not only increase their power over decisions formerly made unilaterally by men; many also lost their autonomy in areas where they had previously had decision-making control. Quantitative information about women's decision-making was obtained from a separate module of the questionnaire, administered to the senior woman in a sub-sample of households where a male adult making household decisions is also present.

The shift towards joint decision-making for treatment and control groups is not limited to income earned by the husband but can be observed in other areas of decision-making. In terms of deciding whether to take a sick child to the clinic, for example, the proportion of women deciding on this issue by herself was 53 percent at baseline, and decreased to 12 percent at endline. This compares to 11 percent of cases at baseline in which men were the main decision-makers and 9 percent of cases at endline. As indicated by one participant in the qualitative research *"Now we make decisions together with my wife and we decide together about our children's education"*. A shift from sole decision-making by women to joint decision-making in terms of child rearing suggests a reduction of the burden of care on women.

The qualitative research also highlights the important role of case managers in supporting messaging on decision-making processes in households. A male participant from Kirundo said *"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."* Some women also indicate that contributing to household resources has provided them with greater leverage within household decision-making and has lessened tensions, such as this female participant from Cibitoke: *"Before the programme starts, we were so poor that it constantly caused tensions between my husband and me. Indeed, sometimes my husband would go to have a drink yet we did not have food at home and we would often fight. Since I started IGAs, there is better communication between us because I earn an income and contribute to providing for my family; even though he goes to drink we still have food at home. The case manager also helped us improve our relationship. Now we tell each other how much we make per day and make decisions together."*

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The research into the Graduation Programme found that most participants improved their living conditions.

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EMERGING PICTURE

ON SUSTAINABILITY

Giving poor people cash every month automatically makes them less poor - this is a programme effect - but the true test of impact is what happens when the cash transfers and provision of working capital stops. The research found that households included in the Graduation Programme were able to increase their ownership of domestic and farming assets, as well as the number of livestock they hold, between both baseline and midline and from midline to endline, though the pace at which these are accumulated slow down after participants stopped receiving the monthly income support.

However, the longer term sustainability of any positive changes achieved by the programme will become evident when follow-up surveys are conducted; a year or longer after support stops. However, we can build on some of the earlier findings to suggest why the benefits will be sustainable.

- Many participants bought land and built their own houses on it, or improved their housing, using resources received or income earned through participating in *Terintambwe*. This is unlikely to be reversed.
- Skills they had acquired through training sessions on a variety of subjects, such as hygiene, animal rearing and disaster risk reduction, and to a lesser extent literacy and numeracy (even though these were quite rudimentary) are valuable with a range of applications that will probably not be lost.
- Through the asset transfer or IGA component, participants learned how to run a micro-enterprise, or how to run it more effectively, a skill which translates into higher and more reliable income. Most participants insisted that they will continue to pursue their livelihood activities even after support from Concern ends.
- Financial inclusion (the habit of saving and the ability to borrow on reasonable terms) is expected to support resilience by increasing the ability of households to cope with shocks and life-cycle events. Participants expressed their intention to continue their SILC.

ON COST


In terms of material impacts, the improvements in most key outcome indicators are impressive, but they should be discounted by the substantial value of cash and services transferred to participants, in order to separate out programme effects from programme impacts, and to calculate net benefits derived by participants. On the other hand some of the material impacts are indirect and not immediately obvious. Examining this in more detail will be a key area of work in the future.

KEY LESSONS AND CONCLUSION

To put it simply - the graduation programme works; across all indicators major improvements can be seen. This includes large and positive *material* impacts, strong positive *behavioural* impacts, and positive *social* impacts. From the research we see evidence to support the claim that the biggest material gains were achieved in the first year (reduced deprivation, increased assets, improved food security) in a big bang, mainly driven by cash transfers. However, there are also early indications that many of the benefits can be sustained after the programme ends. Our research suggests that *Terintambwe* achieved these positive impacts, not through single components operating in isolation but through the combination of programme components working together. For example, one behavioural change that the programme sought to achieve was improved hygiene and sanitation practices. This required a combination of group training, personal coaching, and cash transfers to pay for building latrines and buying soap.

Looking to the future, and lessons for other Graduation programmes, we suggest the following:

1. Targeting should prioritise people with income-earning potential - and recognise there will always be some amongst the extreme poor for whom this type of programme is not appropriate, and which may need to be referred to other programmes (such as a government run social protection scheme).
2. Change the sequencing of programme components, introducing the livelihood-related activities, in particular the SILCs, earlier in the cycle, potentially alongside the cash transfers, rather than focussing on a sequenced package.
3. The synergies between the components are key and need to be maximised.
4. As has always been recognised, mentoring is the 'X-Factor', however, it needs to be restated that we should never underestimate the importance of dedicated and professional staff in the contribution to this success.
5. The need to find better ways of measuring the social capital amongst the target group, while also taking account of some of the more negative social costs (such as resentment), and how to deal with slow movers.
6. The 'graduation model' package is complex, but *Terintambwe* introduced additional components (such as the mobile phones and kitchen gardens) that made it even more complex, but potentially more effective. There is a need to be careful of over-burdening these programmes with too many additional 'bit and pieces'.



Although the research tried to distinguish differences between ‘high’ and ‘low’ treatment groups in terms of the number of visits they received from the case manager (the most expensive element of the programme) the differences we have seen have been negligible. This has largely been attributed to the research design rather than actual impacts: firstly, the differences in support received by the high- and low-treatment groups were too small for capturing differential impacts, and secondly, there were substantial ‘spillover’ and ‘contamination’ effects between households in the various groups, as they were all neighbours in the same villages. These effects are likely to underestimate programme impacts. The first of these points do however suggest that there is still some space to experiment with different means of delivering the mentoring, for instance through community groups.

In terms of future research, in the short term we plan to interrogate the existing datasets to examine in more detail the role of mentoring in the graduation programme; the heterogeneity in livelihood trajectories post-cash transfer exposure; the impact of the graduation programmes on food security and the education impacts of graduation programmes. It is our intention to make all the final datasets ‘open source’ for further analysis.

In the long term, we plan to look in more detail at the following issues:

- The enablers of graduation, and the characteristics of the groups or individuals that have seen a downturn after the programme finished and the factors driving this.
- How a graduation programme fits into a Political Economy framework.
- Examine the role of the coaching and support from the case manager from the programme participant perspective, what do they see as being the core attributes of a successful case manager. This could be expanded to look at issues of difference between using volunteers and those who are paid.
- Intra household tensions and how much of the benefits actually go to the whole household, and the role of gender awareness in this.
- Linked to the above, how can graduation address issues of gender and empowerment.
- The impact of the political crisis - what role has being involved in the Graduation programme in Burundi played in decisions to stay or leave.

ACKNOWLEDGEMENTS

The Graduation programme was funded by Irish Aid. The views expressed do not necessarily reflect any official policies of Irish Aid.

COVER IMAGE

Thaddée Niyonzima, programme participant of the Graduation Programme Burundi, withdrawing this Cash Transfer of 25.000 Fbu (€12) at the post office in Mugina Commune in Cibitoke Province. Photo by Jason Basso, Video Consultant, March 2014.

FURTHER READING

For those interested in reading more about Concern's graduation work in Burundi, please see <https://www.concern.net/insights>

REFERENCES AND CONTENT NOTES

1. Throughout the lifetime of the programme an approximate exchange rate of €1 = BIF2,000 has been used.
2. The difference between the T_1 and in T_2 groups throughout are so small it can be difficult to distinguish on the graphs

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